

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

American College of Nurse Practitioners Political Action Committee

ADDRESS (number and street)

 Check if different than previously reported. (ACC)

2. **FEC IDENTIFICATION NUMBER ▼** **CITY ▲** **STATE ▲** **ZIP CODE ▲**

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 Year-End 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 / / in the State of

5. Covering Period / / through / /

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 Wade S Williams

Signature of Treasurer Wade S Williams [Electronically Filed] Date / /

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

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American College of Nurse Practitioners Political Action Committee

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>		66899.87
(b) Cash on Hand at Beginning of Reporting Period.....	67062.29	
(c) Total Receipts (from Line 19)	5882.00	6064.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	72944.29	72963.87
7. Total Disbursements (from Line 31).....	65.34	84.92
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	72878.95	72878.95
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

American College of Nurse Practitioners Political Action Committee

Report Covering the Period: From: / / To: / /

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).....	3540.00	3540.00
(ii) Unitemized	2342.00	2524.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	5882.00	6064.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	5882.00	6064.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (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))..... ▶	5882.00	6064.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	5882.00	6064.00

DETAILED SUMMARY PAGE

of Disbursements

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	65.34	84.92
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	65.34	84.92
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (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) 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
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	65.34	84.92
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	65.34	84.92

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
33. Total Contributions (other than loans) (from Line 11(d), page 3)	5882.00	6064.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5882.00	6064.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	65.34	84.92
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	65.34	84.92

**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 6 OF 10
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 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 College of Nurse Practitioners Political Action Committee

Full Name (Last, First, Middle Initial) A. Ruth E Busch		Date of Receipt MM / DD / YYYY 02 / 16 / 2012 Transaction ID : 7360383
Mailing Address 2450 N. Woodlawn		Amount of Each Receipt this Period 180.00
City Wichita	State KS	Zip Code 67220
FEC ID number of contributing federal political committee. C	Name of Employer ARCK	Occupation Nurse Practitioner
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 180.00	

Full Name (Last, First, Middle Initial) B. Donald Gardenier		Date of Receipt MM / DD / YYYY 02 / 16 / 2012 Transaction ID : 7360385
Mailing Address 2621 Palisade Ave 3D		Amount of Each Receipt this Period 40.00
City Bronx	State NY	Zip Code 10463
FEC ID number of contributing federal political committee. C	Name of Employer Mt. Sinai School of Medicine	Occupation Nurse Practitioner
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 40.00	

Full Name (Last, First, Middle Initial) C. JOAN E ZACCARDI		Date of Receipt MM / DD / YYYY 02 / 16 / 2012 Transaction ID : 7360387
Mailing Address 4 KATIE DRIVE		Amount of Each Receipt this Period 50.00
City MIDDLETOWN	State NJ	Zip Code 07748
FEC ID number of contributing federal political committee. C	Name of Employer Urogynecology Arts of N.J.	Occupation Nurse Practitioner
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 50.00	

SUBTOTAL of Receipts This Page (optional).....▶	270.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 7 OF 10
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American College of Nurse Practitioners Political Action Committee

A. Ruth E Busch
 Full Name (Last, First, Middle Initial)
 Mailing Address 2450 N. Woodlawn
 City State Zip Code
 Wichita KS 67220
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 ARCK Nurse Practitioner
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 280.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 16 / 2012
Transaction ID : 7360400
 Amount of Each Receipt this Period
 100.00

B. JOAN E ZACCARDI
 Full Name (Last, First, Middle Initial)
 Mailing Address 4 KATIE DRIVE
 City State Zip Code
 MIDDLETOWN NJ 07748
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Urogynecology Arts of N.J. Nurse Practitioner
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 16 / 2012
Transaction ID : 7360401
 Amount of Each Receipt this Period
 200.00

c. Jill Olmstead
 Full Name (Last, First, Middle Initial)
 Mailing Address 1847 Sunnycrest Drive
 City State Zip Code
 Fullerton CA 92835
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 St. Jude Heritage Health Nurse Practitioner
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 16 / 2012
Transaction ID : 7360402
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 550.00
TOTAL This Period (last page this line number only)..... ▶

**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 8 OF 10
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American College of Nurse Practitioners Political Action Committee

A. Glen David Mason
 Full Name (Last, First, Middle Initial)
 Mailing Address 2625 N Pocomoke Street
 City State Zip Code
 Arlington VA 22207
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Mason Consulting, LLC Nurse Practitioner
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 16 / 2012
Transaction ID : 7360406
 Amount of Each Receipt this Period
 500.00

B. Donald Gardenier
 Full Name (Last, First, Middle Initial)
 Mailing Address 2621 Palisade Ave 3D
 City State Zip Code
 Bronx NY 10463
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Mt. Sinai School of Medicine Nurse Practitioner
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1040.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 16 / 2012
Transaction ID : 7360410
 Amount of Each Receipt this Period
 1000.00

C. Cynthia Edwards Tuttle
 Full Name (Last, First, Middle Initial)
 Mailing Address 3617 Swallowtail Ln.
 City State Zip Code
 Sylvania OH 43560
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 ProMedica Nurse Practitioner
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 16 / 2012
Transaction ID : 7360413
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1750.00
TOTAL This Period (last page this line number only)..... ▶

**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 9 OF 10
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American College of Nurse Practitioners Political Action Committee

A. DEBBIE C ANDERSON
Full Name (Last, First, Middle Initial)

Mailing Address 2730 COLORADO AVE.

City LONGVIEW	State WA	Zip Code 98632
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FEC ID number of contributing federal political committee. **C**

Name of Employer PEACEHEALTH MEDICAL GROUP	Occupation Nurse Practitioner
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
02	/	16	/	2012

Transaction ID : 7360416

Amount of Each Receipt this Period

300.00

B. DEBBIE C ANDERSON
Full Name (Last, First, Middle Initial)

Mailing Address 2730 COLORADO AVE.

City LONGVIEW	State WA	Zip Code 98632
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FEC ID number of contributing federal political committee. **C**

Name of Employer PEACEHEALTH MEDICAL GROUP	Occupation Nurse Practitioner
---	----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
02	/	16	/	2012

Transaction ID : 7360422

Amount of Each Receipt this Period

200.00

C. Linda Gehrke
Full Name (Last, First, Middle Initial)

Mailing Address 2301 Georgetown Road

City Iowa Falls	State IA	Zip Code 50126
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FEC ID number of contributing federal political committee. **C**

Name of Employer McFarland Clinic PC	Occupation Nurse Practitioner
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **245.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
02	/	29	/	2012

Transaction ID : 7377012

Amount of Each Receipt this Period

245.00

SUBTOTAL of Receipts This Page (optional).....▶	745.00
TOTAL This Period (last page this line number only).....▶	

**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 10 OF 10
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American College of Nurse Practitioners Political Action Committee

Full Name (Last, First, Middle Initial) A. Julie Stanik-Hutt		Date of Receipt MM / DD / YYYY 02 / 16 / 2012 Transaction ID : 7428508
Mailing Address 516 Bay Hills Drive		Amount of Each Receipt this Period 225.00
City Arnold	State MD	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 225.00
Name of Employer John Hopkins University School of Nurs	Occupation Nurse Practitioner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B.		Date of Receipt MM / DD / YYYY
Mailing Address		Amount of Each Receipt this Period
City	State Zip Code	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C.		Date of Receipt MM / DD / YYYY
Mailing Address		Amount of Each Receipt this Period
City	State Zip Code	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	225.00
TOTAL This Period (last page this line number only).....▶	3540.00