

# FEC FORM 1

# STATEMENT OF ORGANIZATION

(See instructions)

Office use only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines

12FE4M5

American College of Nurse Practitioners Political Action Committee

ADDRESS (number and street)

1501 Wilson Blvd.

Suite 509

(Check if address is changed)

Arlington

VA

22209

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

703-740-2533

2. DATE

08 / 17 / 2006

3. FEC IDENTIFICATION NUMBER

C C00382440

4. IS THIS STATEMENT

NEW (N)

OR

AMENDED (A)

I certify that I have examined this Statement 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

Electronically Filed by Wade S., Williams

Date

08 / 17 / 2006

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. S437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office Use Only

For further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100

FEC FORM 1  
(Revised 02/2003)

5. TYPE OF COMMITTEE (Check One)

- (a)  This committee is a principal campaign committee. (Complete the candidate information below.)
- (b)  This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate \_\_\_\_\_

Candidate Party Affiliation  Office Sought:  House  Senate  President State  District

- (c)  This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate \_\_\_\_\_

- (d)  This committee is a  (National, State (or subordinate) committee of the  (Democratic, Republican, etc.) Party.

- (e)  This committee is a separate segregated fund

- (f)  This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

**American College of Nurse Practitioners**  
 \_\_\_\_\_  
 \_\_\_\_\_

Mailing Address **1501 Wilson Blvd**  
**Suite 509**  
**Arlington** **VA** **22209**  
 CITY ▲ STATE ▲ ZIP CODE ▲

Relationship **Parent** \_\_\_\_\_

Type of Connected Organization:

- Corporation  Corporation w/o Capital Stock  Labor Organization
- Membership Organization  Trade Association  Cooperative

Write or Type Committee Name

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

7. **Custodian of Records:** Identify by name, address, (phone number -- optional), and position of the person in possession of Committee books and records.

Full Name **Political Action Committee Services**

Mailing Address **7700 Old Branch Avenue**  
**Suite D-103**  
**Clinton MD 20735**

Title or Position ▼ **Bookkeeper** CITY ▲ **Clinton** STATE ▲ **MD** ZIP CODE ▲ **20735**

Telephone number **301 868 1888**

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer **Wade S., Williams**

Mailing Address **7700 Old Branch Avenue**  
**Suite D-103**  
**Clinton MD 20735**

Title or Position ▼ **Treasurer** CITY ▲ **Clinton** STATE ▲ **MD** ZIP CODE ▲ **20735**

Telephone number **301 868 1888**

Full Name of Designated Agent **Carolyn Hutcherson**

Mailing Address **1501 Wilson Blvd.**  
**Suite 509**  
**Arlington VA 22209**

Title or Position ▼ **Assistant Treasurer** CITY ▲ **Arlington** STATE ▲ **VA** ZIP CODE ▲ **22209**

Telephone number **703 740 2533**

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

**Bank of America**

Mailing Address

**7810 Old Branch Avenue**

**Clinton**

**MD**

**20735**

CITY ▲

STATE ▲

ZIP CODE ▲