



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

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.....	54277.61	
(c) Total Receipts (from Line 19) .....	237.00	12659.68
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	54514.61	79559.55
7. Total Disbursements (from Line 31).....	3081.78	28126.72
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	51432.83	51432.83
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> 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

Write or Type Committee Name

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

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

<b>I. Receipts</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	192.00	5081.08
(ii) Unitemized .....	45.00	7578.60
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	237.00	12659.68
(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) .....	237.00	12659.68
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))..... ▶	237.00	12659.68
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	237.00	12659.68

**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 .....	81.78	626.72
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	81.78	626.72
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	3000.00	27500.00
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)) ..	3081.78	28126.72
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3081.78	28126.72

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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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) .....	237.00	12659.68
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	237.00	12659.68
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	81.78	626.72
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	81.78	626.72

**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 9
	<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	

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**

**A. Susan Apold Giampietro**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 25 Pamela Lane  
 City New Rochelle State NY Zip Code 10804  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American College of Nurse Practitioner Occupation Director, Department of Nursing  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 444.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 27 / 2012  
**Transaction ID : 8001426**  
 Amount of Each Receipt this Period  
 42.00

**B. Deborah Anderson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2730 COLORADO AVE.  
 City LONGVIEW State WA Zip Code 98632  
 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 ▼ 950.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 04 / 2012  
**Transaction ID : 8001428**  
 Amount of Each Receipt this Period  
 50.00

**C. Theresa M Wadas**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2450 Brookline Drive  
 City Birmingham State AL Zip Code 35226  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University of Alabama at Birmingham Occupation Nurse Practioner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 04 / 2012  
**Transaction ID : 8001429**  
 Amount of Each Receipt this Period  
 25.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	117.00
<b>TOTAL</b> 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 7 OF 9
	<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**

**A.** Full Name (Last, First, Middle Initial)  
**Janet Selway**

Mailing Address 1718 Hunter Mill Road

City State Zip Code  
White Hall MD 21161

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Johns Hopkins Department of Surgery Nurse Practitioner

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
425.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 11 / 04 / 2012  
**Transaction ID : 8001431**

Amount of Each Receipt this Period  
75.00

**B.** 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  
 M M / D D / Y Y Y Y

Amount of Each Receipt this Period

**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  
 M M / D D / Y Y Y Y

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.00
<b>TOTAL</b> This Period (last page this line number only).....▶	192.00

**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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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 College of Nurse Practitioners Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Fundraising By Net**

Mailing Address 1101 Pennsylvania Avenue, NW  
6th Floor

City Washington State DC Zip Code 20004

Purpose of Disbursement  
Credit Card Processing Fee

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 8001425**

Amount of Each Disbursement this Period

Credit Card Processing Fee

Full Name (Last, First, Middle Initial)

**B. Fundraising By Net**

Mailing Address 1101 Pennsylvania Avenue, NW  
6th Floor

City Washington State DC Zip Code 20004

Purpose of Disbursement  
Credit Card Processing Fee

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 8001433**

Amount of Each Disbursement this Period

Credit Card Processing Fee

Full Name (Last, First, Middle Initial)

**C. Fundraising By Net**

Mailing Address 1101 Pennsylvania Avenue, NW  
6th Floor

City Washington State DC Zip Code 20004

Purpose of Disbursement  
Credit Card Processing Fee

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 8027532**

Amount of Each Disbursement this Period

Credit Card Processing Fee

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**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 College of Nurse Practitioners Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Bob Casey For Senate Inc**

Mailing Address 30 South 15th Street Suite 400

City Philadelphia State PA Zip Code 19102

Purpose of Disbursement  
Contribution

011

Candidate Name

**Sen. Robert Casey Jr.**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: PA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		22		2012

**Transaction ID : 7962448**

Amount of Each Disbursement this Period

1000.00
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Contribution

Full Name (Last, First, Middle Initial)

**B. Van Hollen For Congress**

Mailing Address 10537 St. Paul St.

City Kensington State MD Zip Code 20895

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Chris Van Hollen**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: MD District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		22		2012

**Transaction ID : 7963495**

Amount of Each Disbursement this Period

1000.00
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Contribution

Full Name (Last, First, Middle Initial)

**C. Friends Of Carolyn McCarthy**

Mailing Address 151 Linden Road

City Mineola State NY Zip Code 11501

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Carolyn McCarthy**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: NY District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		25		2012

**Transaction ID : 7966404**

Amount of Each Disbursement this Period

1000.00
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Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

3000.00
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**TOTAL** This Period (last page this line number only)..... ▶

3000.00
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