REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM
2001 JAN 29 A 10 23

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (In full)
AMERICAN ACADEMY OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE

ADDRESS (number and street) ☐ Check if different than previously reported
PO BOX 40473

CITY, STATE and ZIP CODE
WASHINGTON DC 20016

2. FEC IDENTIFICATION NUMBER
C 00358903

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

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year End Report
☐ July 31 Mid Year Report (Non-election Year Only)
☐ Termination Report

Monthly Report Due On:
☐ February 20 ☐ June 20 ☐ October 20
☐ March 20 ☐ July 20 ☐ November 20
☐ April 20 ☐ August 20 ☐ December 20
☐ May 20 ☐ September 20 ☐ January 31

☐ 12-Day Pre-Election Report for the _____ (Type of Election)
election on _____ in the State of _____

☒ 30-Day Post-Election Report following the General Election
on _____ in the State of _____

(b) Is this Report an Amendment? ☐ YES ☐ NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 10/1/00 through 11/27/00		
6. (a) Cash on Hand January 1, 19 00		$ 0
(b) Cash on Hand at Beginning of Reporting Period	$ 3764	
(c) Total Receipts (from Line 19)	$ 1367	$ 5140
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 5131	$ 5140
7. Total Disbursements (from Line 30)	$ 2010.06	$ 2019.06
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 3120.94	$ 3120.94
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)	$	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-694-1100

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: Diana (Bee) Swanson

Signature of Treasurer: Diana (Bee) Swanson

Date: 1/26/1

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

FEC FORM 3X
(revised 9/93)

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DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE

REPORT COVERING PERIOD
FROM: TO:

	COLUMN A Total This Period	COLUMN B Calendar Year	
I Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			11(a)
i. Itemized (use Schedule A)			11(a)(i)
ii. Unitemized	1367	5140	11(a)(ii)
iii. Total (add i and ii) ➤	1367	5140	11(a)(iii)
b. Political Party Committees			11(b)
c. Other Political Committees (such as PACs)			11(c)
d. Total Contributions (add a iii, b and c) ➤	1367	5140	11(d)
12. Transfers From Affiliated/Other Party Committees			12
13. All Loans Received			13
14. Loan Repayments Received			14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			16
17. Other Federal Receipts (Dividends, Interest, etc.)			17
18. Transfers from Nonfederal Account for Joint Activity			18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	1367	5140	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	1367	5140	20
II Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			21(a)
i. Federal Share			21(a)(i)
ii. Non-Federal Share			21(a)(ii)
b. Other Federal Operating Expenditures Bk-Ch.	10.06	19.06	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤	10.06	19.06	21(c)
22. Transfers to Affiliated/Other Party Committees			22
23. Contributions to Federal Candidates/Committees and Other Political Committees	2000.-	2000	23
24. Independent Expenditures (use Schedule E)			24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			25
26. Loan Repayments Made			26
27. Loans Made			27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees			28(a)
b. Political Party Committees			28(b)
c. Other Political Committees (such as PACs)			28(c)
d. Total Contribution Refunds (add a, b and c) ➤			28(d)
29. Other Disbursements			29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	2010.06	2019.06	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	2010.06	2019.06	31
III Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	1367	5140	32
33. Total Contribution Refunds (from line 28d)			33
34. Net Contributions (other than loans)(subtract line 33 from 32)	1367	5140	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	10.06	19.06	35
36. Offsets to Operating Expenditures (from line 15)			36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	10.06	19.06	37

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 2

FOR LINE NUMBER

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 Political Action Committee

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
A. JOHN D. DINGELL JR CONGRESS 13912 MICHIGAN AVE DEARBORN MI 48126	FED'L CONT. Disbursement for: [ ] Primary [✓] General [ ] Other (specify)		$200.—
B. RANGEL FOR CONGRESS 2000 PO BOX 5577 NEW YORK NY 10027	FED'L CONT Disbursement for: [ ] Primary [✓] General [ ] Other (specify)		$200.—
C. COMM. TO REELECT ED TOWNS 167 FULTON ST BROOKLYN NY 11213	FED'L CONT Disbursement for: [ ] Primary [✓] General [ ] Other (specify)		$200.
D. PETE STARK REELECT. COMM 39300 CIVIC CTR DR #220 FREMONT CA 94538	FED'L CONT Disbursement for: [ ] Primary [✓] General [ ] Other (specify)		$200
E. FRIENDS OF LOIS CAPPS PO BOX 23940 SANTA BARBARA CA 93121	FED'L CONT Disbursement for: [ ] Primary [✓] General [ ] Other (specify)		200.—
F. CONGRESSMAN WAXMAN CAMP COMM 8665 WILSHIRE BLVD #220 BEVERLY HILLS CA 90211	FED'L CONT Disbursement for: [ ] Primary [✓] General [ ] Other (specify)		$200.—
G. COMM TO RE-ELECT NANCY JOHNSON PO BOX 1986 NEW BRITAIN CT 06053	FED'L CONT Disbursement for: [ ] Primary [✓] General [ ] Other (specify)		$200.—
H. NUSSLE FOR CONGRESS COMM PO BOX 324 MANCHESTER IA 52057	FED'L CONT Disbursement for: [ ] Primary [✓] General [ ] Other (specify)		$200.—
I. UPTON FOR REP'N US PO BOX 4902214 ST JOSEPH MI 49085	FED'L CONT Disbursement for: [ ] Primary [✓] General [ ] Other (specify)		$200

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

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

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 2 OF 2

FOR LINE NUMBER

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NAME OF COMMITTEE (In Full)

American Academy of Nurse Practitioners - Political Action Committee

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
B. Full Name, Mailing Address and ZIP Code ROTH DONATE COMM 2814 B. LANCASTER AVE WILMINGTON DE 19805	Purpose of Disbursement FED'L CONT Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		200.—
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		

SUBTOTAL of Disbursements This Page (optional)	200.—
TOTAL This Period (last page this line number only)	2000.—

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Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

☒	Hand Delivered	Date of Receipt 1/29/01
☐	First Class Mail	POSTMARKED
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☐	Received from the House office of Records and Registration	Date of Receipt
☐	Received from the Senate Office of Public Records	Date of Receipt
☐	Other (Specify):	Postmarked _____ and/or Date of Receipt
☐	Electronic Filing	

CR	1/29/01
PREPARER	DATE PREPARED

(6/2000)