09/20/2010 15:45

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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3X	For Othe	r Than An	Authorized	Committe	ee		Office Us	se Only
1. NAME OF COMMITTEE (in full)		MAILING LABI OR PRINT 🗑		nple:If typing, the lines	type		011100 00	
American College of Nurse F	Practitioners	Political Action	Committee		1 1 1 1		1 1 1 1 1	
1						1 1 1		1
ADDRESS (number and street)	1501 W	ilson Blvd.						
•	Suite 50	9						
Check if different than previously reported. (ACC)	Arlingto	n 				VA	22	2209
2. FEC IDENTIFICATION NUM	MBER ₩		CITY 🛕			STATE		ZIPCODE A
C00382440		3	. IS THIS REPORT		IEW N) OR		AMENDED (A)	
4. TYPE OF REPORT (Choose One)		port	Feb 20 (M2)	N	May 20 (M5)		Aug 20 (M8)	Nov 20 (M11 (Non-Election Year Only)
(a) Quarterly Reports:	Du	ie On:	Mar 20 (M3)	J	lun 20 (M6)	X	Sep 20 (M9)	Dec 20 (M12 (Non-Election Year Only)
April 15			Apr 20 (M4)	J	lul 20 (M7)		Oct 20 (M10)	Jan 31 (YE)
Quarterly Report(C July 15 Quarterly Report(C	(c)	12-Day PRE-Election		Primary (12P)	F	=	eral (12G)	Runoff (12R)
October 15 Quarterly Report(0	23)	Report for the	e:	Convention (1	(2C)	Spe	cial (12S)	
January 31 Quarterly Report(Y		EI	ection on					in the State of
July 31 Mid-Year Report(Non-electic Year Only) (MY)	on (d)	30-Day Post -Election		General (30G	i)	Rur	off (30R)	Special (30S)
Termination Repor	t	Report for the	9:				-	in the
(121)		El	ection on	<u></u>		-		State of
5. Covering Period 0	8 01	2010		through	0 8	3 1	2010	
I certify that I have examined this	Report and t	o the best of m	y knowledge a	nd belief it is	true, correct	and comp	olete.	
Type or Print Name of Treasurer	Wade	S, Williams						
Signature of Treasurer Electro	onically Filed	by Wade S,	Williams		[Date	09 20	2010
NOTE : Submission of false, erro	neous, or inc	complete inform	ation may sub	ject the perso	on signing thi	s Report	to the penalties	of 2 U.S.C 437g.
Office Use							FEC	FORM 3X

FE6AN026

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

2/8

Write or Type Committee Name

FEC Form 3X (Rev. 02/2003)

American College of Nurse Practitioners Political Action Committee

D D " D 08 0 1 2010 0.8 31 2010 From: Report Covering the Period: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 2010° 47855.56 January 1 (b) Cash on Hand at 50687.68 Begining of Reporting Period 485.00 3615.38 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 51172.68 51470.94 6(a) and 6(c) for Column B) 50.53 348.79 Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 51122.15 51122.15 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D)

X 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

FE6AN026

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) 3 / 8

Write or Type Committee Name

American College of Nurse Practitioners Political Action Committee

Report Covering the Period:

From:

01

2010

. 0.8

^D 31

Y Y Y Y 2 0 1 0

I. Receipts		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	Contributions (other than loans) From: a) Individuals/Persons Other		
	Than Political Committees (i) Itemized (use Schedule A)	50.00	900.00
	(ii) Unitemized	435.00	2660.00
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	485.00	3560.00
(b) Political Party Committees	0.00	0.00
`	(c) Other Political Committees (such as PACs)	0.00	0.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	485.00	3560.00
	Fransfers From Affiliated/Other Party Committees	0.00	0.00
3. <i>F</i>	All Loans Received	0.00	0.00
	oan Repayments Received Strate of the street of th	0.00	0.00
(Refunds, Rebates, etc.) Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	8.26
t	o Federal candidates and Other Political Committees	0.00	0.00
	Other Federal Receipts Dividends, Interest, etc.)	0.00	47.12
	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 Transfer (add 18(a) and 18(b)).	0.00	0.00
	Total Receipts (add Lines 11(d), 2, 13, 14, 15, 16, 17, and 18(c))	485.00	3615.38
	otal Federal Receipts subtract Line 18(c) from Line 19)	485.00	3615.38

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

of Disbursements

4/8

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	Operating Expenditures: (a) Shared Federal/Non-Federal		
,	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share	0.00	0.00
	(ii) Non-Federal Share	0.00	0.00
((b) Other Federal Operating Expenditures	50.53	301.67
((c) Total Operating Expenditures		
	(add 21(a)(i), (a)(ii) and (b))	50.53	301.67
	Transfers to Affiliated/Other Party Committees	0.00	0.00
3. (Contributions to	0.00	
 	Federal Candidates/Committeesand Other Political Committees	0.00	0.00
	Independent Expenditure	0.00	0.00
5. ((use Schedule E)	0.00	0.00
	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
6. I	Loan Repayments Made	0.00	0.00
	Loans Made	0.00	0.00
	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
9. (Other Disbursements	0.00	47.12
0.	Federal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity		
	(from Schedule H6)	0.00	0.00
	(i) Federal Share		
	(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
1.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	50.53	348.79
32.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)	E0 E0	040.70
	from Line 31)	50.53	348.79

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) 5 / 8

	III. Net Contributions/Operating Expenditures			
33.	Total Contributions (other than loans) from Line 11(d), page 3)	485.00	3560.00	
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00	
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	485.00	3560.00	
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	50.53	301.67	
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	8.26	
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	50.53	293.41	

FE6AN026

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s)	FOR LINE NUMBER: PAGE 6 / 8 (check only one)									
			for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17								
Ar or	ny information copied from such Reports and Stat for commercial purposes, other than using the na	tements may	y not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.								
$\overline{\ }$	NAME OF COMMITTEE (In Full)											
\rangle	American College of Nurse Practitioners	Political A	Action Committee									
	Full Name (Last, First, Middle Initial) Jan DiSantostefano			Date of Receipt								
	Mailing Address 2437 Maxton Crest Drive)		0 8 1 9 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y								
	City	State	Zip Code	Transaction ID: 6233620								
	Apex	NC	27539	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	C		50.00								
	Name of Employer SAS Healthcare	Occupatio Nurse Pr	n actitioner									
	Receipt For: Primary General Other (specify)		Year-to-Date ▼ 250.00									

SUBTOTAL of Receipts This Page (optional)	•	50.00
TOTAL This Period (last page this line number only)	•	50.00

В.

C.

OOUEDIU E D (EEO E OV)			
SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE (check only	NUMBER: PAGE 7/8
ITEMIZED DISBURSEMENTS	for each category of the	X 21b	7 cne) 7 22
	Detailed Summary Page	27	28a 28b 28c 29 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full)			
American College of Nurse Practitioners Po	olitical Action Committee	e 	
Full Name (Last, First, Middle Initial) Fundraising By Net			Transaction ID: 6173668 Date of Disbursement
Mailing Address 1101 Pennsylvania Avenu 6th Floor	ue, NW		$\begin{bmatrix} 0 & 8 & M \\ 0 & 8 & M \end{bmatrix} / \begin{bmatrix} D & D \\ 0 & 1 \end{bmatrix} / \begin{bmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 0 \end{bmatrix}$
City	State Zip Code DC 20004		Amount of Each Disbursement this Period
Purpose of Disbursement		004	7.07
Credit Card Processing Fees Candidate Name		001 Category/ Type	
Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify)		Credit Card Processing Fees
Full Name (Last, First, Middle Initial)			T ID 0170001
Fundraising By Net			Transaction ID: 6173681 Date of Disbursement
Mailing Address 1101 Pennsylvania Avenu 6th Floor	ue, NW		$\begin{bmatrix} 0 & 8 & M \\ 0 & 8 & M \end{bmatrix} / \begin{bmatrix} D & D \\ 0 & 1 \end{bmatrix} / \begin{bmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 0 \end{bmatrix}$
,	State Zip Code DC 20004		Amount of Each Disbursement this Period
Purpose of Disbursement	20004		6.30
Credit Card Fees Candidate Name		001 Category/	
Office Sought: House Senate President State: Disburse	ment For: Primary General Other (specify)	Туре	Credit Card Fees
Full Name (Last, First, Middle Initial)			Transaction ID: 6233612
Fundraising By Net			Date of Disbursement
Mailing Address 1101 Pennsylvania Avenu 6th Floor	ue, NW		$\begin{bmatrix} 0 & 8 & M \\ 0 & 8 & M \end{bmatrix}$ $\begin{bmatrix} 0 & 0 & 0 \\ 0 & 0 & 6 \end{bmatrix}$ $\begin{bmatrix} 0 & 0 & 0 \\ 0 & 0 & 0 \\ 0 & 0 & 0 \end{bmatrix}$ $\begin{bmatrix} 0 & 0 & 0 \\ 0 & 0 & 0 \\ 0 & 0 & 0 \end{bmatrix}$
	State Zip Code DC 20004		Amount of Each Disbursement this Period
Purpose of Disbursement Credit Card Processing Fees		001	6.72
Candidate Name		Category/ Type	
Office Sought: House Disburse Senate President	ment For: Primary General Other (specify) ▼	т урс	Credit Card Processing Fe- es
State: District:			
SUBTOTAL of Disbursements This Page (optional) .			20.09

TOTAL This Period (last page this line number only)

В.

District:

President

age# 10991206465														
SCHEDULE B (FEC Form 3X)	Use separate schedule(s) for each category of the FOR LINE NUMBER: (check only one)							PAGE 8/8						
TEMIZED DISBURSEMENTS		ummary Page	X	21b 27	H	22 28a		23 28b		24 28c		25 29		26 30b
Any Information copied from such Reports and State or for commercial purposes, other than using the nan														
NAME OF COMMITTEE (In Full) American College of Nurse Practitioners I	Political Actio	on Committee)											
Full Name (Last, First, Middle Initial) Fundraising By Net Mailing Address 1101 Pennsylvania Ave 6th Floor	nue, NW					Date		isburs				0 1 0	Υ	
City Washington Purpose of Disbursement		Zip Code 20004				Amou	nt o	f Each	Di	sburse	-	t this P	_	od
Credit Card Processing Fees Candidate Name			00 Categ	ory/										
Office Sought: House Disburs Senate President State: District:	ement For: Primary Other (speci	General fy) ▼				Credit es	t Ca	ard Pi	oc	essing	j Fe	-		
Full Name (Last, First, Middle Initial) Fundraising By Net						Date o		isburs				0 1 0	Y	
Mailing Address 1101 Pennsylvania Ave 6th Floor	nue, NW					0 8		2	2 6		. 2	010		
City Washington		Zip Code 20004				Amou	nt o	f Each	Di	sburse	men		-	od
Purpose of Disbursement Credit Card Processing Fees Candidate Name			00 Categ	jory/		L.	•	•			•	9.30		
Office Sought: House Disburs Senate	ement For: Primary	General				Credit es	Ca	ard Pi	ос	essing	j Fe	-		

		20.44
SUBTOTAL of Disbursements This Page (optional)		30.44
TOTAL This Period (last page this line number only)	•	50.53

Other (specify)

State: