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## FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example:If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines American College of Nurse Practitioners Political Action Committee 1501 Wilson Blvd. ADDRESS (number and street) Suite 509 Check if different than previously Arlington ٧A 22209 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE A CITY A IS THIS NEW **AMENDED** C00382440 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) 12-Day Х (c) Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12S) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the 11 02 2010 Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Runoff (30R) Post -Election General (30G) Special (30S) Report for the: **Termination Report** (TER) in the Election on State of 10 0 1 2010 10 13 2010 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Wade S, Williams Type or Print Name of Treasurer Electronically Filed by Wade S, Williams 10 18 2010 Signature of Treasurer 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. Office **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

## **SUMMARY PAGE**

OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name

FEC Form 3X (Rev. 02/2003)

American College of Nurse Practitioners Political Action Committee

D D 1.0 2010 10 0 1 2010 13 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 51446.69 Begining of Reporting Period ..... 125.00 4100.38 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 51571.69 51955.94 6(a) and 6(c) for Column B) ..... 9.30 393.55 Total Disbursements (from Line 31) ..... Cash on Hand at Close of Reporting Period 51562.39 51562.39 (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

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## DETAILED SUMMARY PAGE OF RECEIPTS

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Write or Type Committee Name

American College of Nurse Practitioners Political Action Committee

Report Covering the Period:

From:

D D D

2010

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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)	0.00	945.00				
(ii) Unitemized	125.00	3100.00				
(iii) TOTAL (add Lines 11(a)(i) and (ii)	125.00	4045.00				
(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)	125.00	4045.00				
Transfers From Affiliated/Other     Party Committees	0.00	0.00				
3. All Loans Received	0.00	0.00				
Loan Repayments Received     Offsets To Operating Expenditures	0.00	0.00				
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	8.26				
to Federal candidates and Other Political Committees	0.00	0.00				
7. 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				
9. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	125.00	4100.38				
. Total Federal Receipts (subtract Line 18(c) from Line 19)	125.00	4100.38				

### **DETAILED SUMMARY PAGE**

FEC Form 3X (Rev. 02/2003)

of Disbursements

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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							
(ii) Non-Federal Share	0.00	0.00					
(b) Other Federal Operating	9.30	346.43					
Expenditures(c) Total Operating Expenditures	0.00	0.10.10					
(add 21(a)(i), (a)(ii) and (b))	9.30	346.43					
. Transfers to Affiliated/Other Party  Committees	0.00	0.00					
. Contributions to	0.00	0.00					
Federal Candidates/Committeesand Other Political Committees	0.00	0.00					
. Independent Expenditure (use Schedule E)	0.00	0.00					
. Coordinated Expenditures Made by Party							
Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00					
. Loan Repayments Made	0.00	0.00					
. Loans Made	0.00	0.00					
. Refunds of Contributions To: (a) Individuals/Persons Other	0.00						
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					
. Other Disbursements	0.00	47.12					
. Federal Election Activity (2 U.S.C 431(20))							
(a) Shared Federal Election Activity							
(from Schedule H6) (i) Federal Share	0.00	0.00					
() 1 33514 3743	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					
. Total Disbursements (add Lines 21(c), 22,							
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	9.30	393.55					
2. Total Federal Disbursements							
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	9.30	393.55					

## **DETAILED SUMMARY PAGE**

of Disbursements

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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)	125.00	4045.00
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	125.00	4045.00
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	9.30	346.43
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	8.26
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	9.30	338.17

FE6AN026

В.

President

District:

.90// 10001007 177			
SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBE	R: PAGE 6/6
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only one)    X   21b   22   28a	23 24 25 26 28b 28c 29 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name	nents may not be sold or used by and address of any political co	any person for the pu	rpose of soliciting contributions ibutions from such committee
NAME OF COMMITTEE (In Full)  American College of Nurse Practitioners P	olitical Action Committee		
Full Name (Last, First, Middle Initial) Fundraising By Net  Mailing Address 1101 Pennsylvania Aven	ue, NW	Date	action ID: 6289005 of Disbursement
6th Floor City Washington	State Zip Code DC 20004	Amou	nt of Each Disbursement this Period
Purpose of Disbursement Credit Card Processing Fees Candidate Name		001 Category/	4.84
	ement For: Primary General Other (specify)	Туре	t Card Processing Fe-
Full Name (Last, First, Middle Initial) Fundraising By Net  Mailing Address 1101 Pennsylvania Aven	ue, NW	Date	action ID: 6289013 of Disbursement
6th Floor City Washington Purpose of Disbursement Credit Card Processing Fees Candidate Name	State Zip Code DC 20004	001 Category/	nt of Each Disbursement this Period 4.46
Office Sought: House Disburse Senate	ement For:  Primary General	Type Credi	t Card Processing Fe-

SUBTOTAL of Disbursements This Page (optional)					9.	.30	
						20	
TOTAL This Period (last page this line number only)			 		9.	.30	

Other (specify)

State: