Image# 12950048472				PAGE 1 / 8
FEC A	EPORT OF F ND DISBURS Other Than An Author	SEMENTS	Office	lse Only
	PE OR PRINT V	Example: If typing, type	12FE4M5	
COMMITTEE (in full)		over the lines.		
American College of Nur	se Practitioners Poli	tical Action Committ	ee	
ADDRESS (number and street)	1501 Wilson Blvd.			
Check if different	Suite 509			
than previously reported. (ACC)	Arlington		VA 2220	9
2. FEC IDENTIFICATION NUM	BER V CITY	<b></b>	STATE 🔺	ZIP CODE
C C00382440	3. IS RE	~	AMENDED (A)	
<ul> <li><b>4. TYPE OF REPORT</b> (Choose One)</li> <li>(a) Quarterly Reports:</li> </ul>	Report Due On:	0 (M2) May 20 ( 0 (M3) Jun 20 (N		Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only)
April 15	Apr 20	D (M4) Jul 20 (N	17) Oct 20 (M10)	X Jan 31 (YE)
Quarterly Report (Q1) July 15 Quarterly Report (Q2)	(c) 12-Day PRE-Election	Primary (12P)	General (12G)	Runoff (12R)
October 15 Quarterly Report (Q3)	Report for the:	Convention (12C)	Special (12S)	
January 31 Year-End Report (YE)	Election	on / D D		in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day <b>POST</b> -Election	General (30G)	Runoff (30R)	Special (30S)
Termination Report (TER)	Report for the:	on / D = D	/ Y = Y = Y = Y	in the State of
5. Covering Period 12	/ D D / Y Y Y Y 01 2011	through 12		Y Y 11
I certify that I have examined this	Report and to the best of n	ny knowledge and belief it i	s true, correct and comple	ete.
Type or Print Name of Treasurer	Wade S Williams			
Signature of Treasurer	Villiams	[Electronically Filed]	Date 01 / D	) / Y Y Y Y Y 2012
NOTE: Submission of false, erroneou	s, or incomplete information	may subject the person signi	ng this Report to the penalt	ies of 2 U.S.C. §437g.
Office Use Only				<b>C FORM 3X</b> Rev. 12/2004

### 01/10/2012 13 : 20

6.

7.

8.

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X

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name American College of Nurse Practitioners Political Action Committee M Y М N 01 2011 2011 Report Covering the Period: 12 12 31 From: To: COLUMN A COLUMN B This Period Calendar Year-to-Date (a) Cash on Hand 55441.38 January 1, 2011 (b) Cash on Hand at 66732.23 Beginning of Reporting Period..... 12305.01 182.00 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 66914.23 67746.39 6(a) and 6(c) for Column B)..... 14.36 846.52 Total Disbursements (from Line 31)..... Cash on Hand at Close of Reporting Period 66899.87 66899.87 (subtract Line 7 from Line 6(d)) ..... Debts and Obligations Owed TO the Committee (Itemize all on

 Schedule C and/or Schedule D)
 0.00

 10. Debts and Obligations Owed BY 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

		TAILED SUMMARY PAGE of Receipts	Г
	FEC Form 3X (Rev. 06/2004)		Page <b>3</b>
	Irite or Type Committee Name		
A	American College of Nurse Practition	ners Political Action Committee	
R	eport Covering the Period: From:	/ D D / Y Y Y Y Y 01 2011 To:	12 / D D / Y Y Y Y Y 31 2011
	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11.	Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees		
	(i) Itemized (use Schedule A)	145.00	3645.00
	(ii) Unitemized (iii) TOTAL (add	37.00	8547.00
	Lines 11(a)(i) and (ii)	7 7 182.00	12192.00
	<ul><li>(b) Political Party Committees</li><li>(c) Other Political Committees</li></ul>	0.00	0.00
	(such as PACs) (d) Total Contributions (add Lines	0.00	0.00
	11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)▶	182.00	12192.00
12.	Transfers From Affiliated/Other Party Committees	0.00	0.00
13.	All Loans Received	0.00	0.00
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
16	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	0.00
10.	to Federal Candidates and Other Political Committees	0.00	0.00
	Other Federal Receipts (Dividends, Interest, etc.) Transfers from Non-Federal and Levin Funds	0.00	113.01
10.	(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
	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))► Total Federal Receipts	182.00	12305.01
	(subtract Line 18(c) from Line 19)►	182.00	12305.01

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### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)	COLUMN A	COLUMN B
II. Disbursements	Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.0
(ii) Non-Federal Share	0.00	0.0
(b) Other Federal Operating Expenditures	14.36	846.5
(c) Total Operating Expenditures		
(add 21(a)(i), (a)(ii), and (b))► Transfers to Affiliated/Other Party	14.36	846.5
Committees Contributions to	0.00	0.0
Federal Candidates/Committees and Other Political Committees	0.00	0.00
Independent Expenditures	0.00	0.0
(use Schedule E) Coordinated Party Expenditures (2 U.S.C. §441a(d))		
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.0
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	0.0
(b) Delitical Darty Committees	0.00	0.0
<ul><li>(b) Political Party Committees</li><li>(c) Other Political Committees</li></ul>	7 7 7 0.00	
(such as PACs)	0.00	0.0
(d) Total Contribution Refunds		
(add Lines 28(a), (b), and (c))►	0.00	0.00
Other Disbursements	0.00	0.00
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	0.0
(b) Federal Election Activity Paid Entirely		
(c) Total Federal Election Activity (add	0.00	0.0
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))	14.36	846.5
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	14.36	846.52

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### DETAILED SUMMARY PAGE

of Disbursements

II. Net Contributions/Operating Ex- penditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date					
. Total Contributions (other than loans) (from Line 11(d), page 3)	182.00	12192.00					
. Total Contribution Refunds (from Line 28(d))	0.00	0.00					
. Net Contributions (other than loans) (subtract Line 34 from Line 33)	182.00	12192.00					
Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))►	14.36	846.52					
Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00					
Net Operating Expenditures (subtract Line 37 from Line 36)	14.36	846.52					

# SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER:

PAGE 6 OF

8

IT	EMIZED RECEIPTS		Use separate schedule(s) for each category of the	`	eck onl	y or	ne) 11b	11c	1	2	
			Detailed Summary Page		13		14	15		6	17
	ny information copied from such Reports and S for commercial purposes, other than using the										
	NAME OF COMMITTEE (In Full) American College of Nurse Prac	ctitioners	Political Action Commi	ittee							
<b>A</b> .	Full Name (Last, First, Middle Initial) Jan DiSantostefano Mailing Address 2437 Maxton Crest Drive				Date o		ceipt		Y	Y	
	City	State	Zip Code		12		13	722813	201		
	Арех	NC	27539		Amoun	t of	Each F	Receipt tl	nis Pe	riod	
	FEC ID number of contributing federal political committee.	С					,	5	_	25.0	0
	Name of Employer	Occupation									
	SAS Healthcare	Nurse Pract	itioner								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 350.00								
в.	Full Name (Last, First, Middle Initial) Susan Apold Giampietro				Date o	f Re	ceipt				
	Mailing Address 25 Pamela Lane						22		201 <sup>°</sup>	Y Y	7
	City New Rochelle	State NY	Zip Code 10804					7228133 Receipt tl	3		_
	FEC ID number of contributing federal political committee.	С					7			50.0	0
	Name of Employer American College of Nurse Practitioner	Occupation Director, De	partment of Nursing								
	Receipt For:         Primary       General         Other (specify) ▼	Aggregate	Year-to-Date ▼ 450.00								
— C.	Full Name (Last, First, Middle Initial) Nanette Alexander				Date o	f Re	ceipt				
	Mailing Address 117 North Moodus Rd.				M M 12		22		201		
	City Moodus	State CT	Zip Code 06469					722813			
	FEC ID number of contributing federal political committee.	C			Amoun	t of	Each F	Receipt t	is Pei	riod 20.0	00
	Name of Employer		_								
	Prime Health Center										
	Receipt For:	Aggregate	Year-to-Date ▼ 335.00								
	UBTOTAL of Receipts This Page (optional)		· ·				7			95.0	0

## SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

FOR LINE NUMBER:

(check only one)

PAGE 7 OF

8

	for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
	d Statements may not be sold or used by any per the name and address of any political committee	
NAME OF COMMITTEE (In Full) American College of Nurse P	ractitioners Political Action Commi	ttee
A. Full Name (Last, First, Middle Initial) Helen Ruddy Mailing Address 21-26 21st Rd	State Zip Code	Date of Receipt
Astoria FEC ID number of contributing federal political committee.	NY 11105	Amount of Each Receipt this Period
Name of Employer NYU Health Service Receipt For: Primary General Other (specify)	Occupation Nurse Practitioner Aggregate Year-to-Date ▼ 450.00	-
BMailing Address		Date of Receipt
City FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify) ▼	State     Zip Code       C     Occupation       Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
C. Full Name (Last, First, Middle Initial) Mailing Address City	State Zip Code	Date of Receipt
FEC ID number of contributing federal political committee.         Name of Employer         Receipt For:         Primary       General         Other (specify) ▼	C Occupation Aggregate Year-to-Date	Amount of Each Receipt this Period
	Der only)	145.00

ITEMIZED DISBORSEMENTS       for each category of the Detailed Summary Page       [clock 210 ] 22 ] 23 ] 24 ] 25 ] 28 ] 28 ] 28 ] 28 ] 28 ] 28 ] 28	SC	HEDULE B (FEC Form 3X)			F	OR	LIN	IE NI						OF 8				
Detailed Summary Page       27       28a       28c       28c       28c       28c         Any information copied from such Reports and Statements may not be solid or used by any person for the purposes of soliditing contributions from such committees       NAME OF COMMITTEE (In Full)         American College of Nurse Practitioners Political Action Committee       Full Name (Last. First. Middle Initial)         A. Fundraising By Net       Date of Disbursement         Mailing Address 1101 Pennsylvania Avenue, NW       001         6in floor       DC       20004         Purpose of Disbursement       Date of Disbursement this Perio         Credit Card Processing Fees       001         Candidate Name       Other (specify) ▼         B. Fundraising By Net       Date of Disbursement this Perio         Candidate Name       Diabursement For:         Office Sought:       House       Diabursement For:         B. Fundraising By Net       Date of Disbursement         Mailing Address 1101 Pennsylvania Avenue, NW       001         Giffice Sought:       House         Distaursement       Disbursement         B. Fundraising By Net       Date of Disbursement         Mailing Address 1101 Pennsylvania Avenue, NW       001         Giffice Sought:       House       Disbursement For:	ITI	EMIZED DISBURSEMENTS		(C			-	ly one)										
ar 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 Full Name (Last, First, Middle Initial) A. Fundraising By Net  Mailing Address Transaction ID : 7247763 Amount of Each Disbursement Credit Card Processing Fees Full Name (Last, First, Middle Initial) B. Fundraising By Net  Mailing Address 1101 Pennsylvania Avenue, NW B. Fundraising By Net  Mailing Address 1101 Pennsylvania Avenue, NW B. Fundraising By Net  Mailing Address 1101 Pennsylvania Avenue, NW B. Fundraising By Net  Mailing Address 1101 Pennsylvania Avenue, NW B. Fundraising By Net  Mailing Address 1101 Pennsylvania Avenue, NW B. Fundraising By Net  Mailing Address 1101 Pennsylvania Avenue, NW B. Fundraising By Net  Mailing Address 1101 Pennsylvania Avenue, NW B. Fundraising By Net  Mailing Address 1101 Pennsylvania Avenue, NW B. Fundraising By Net  Mailing Address 1101 Pennsylvania Avenue, NW B. Fundraising By Net  Mailing Address 1101 Pennsylvania Avenue, NW B. Fundraising By Net  Mailing Address 1101 Pennsylvania Avenue, NW B. Fundraising By Net  Mailing Address 1101 Pennsylvania Avenue, NW B. Fundraising By Net  Mailing Address 1101 Pennsylvania Avenue, NW B. Fundraising By Net  Mailing Address 1102  Credit Card Processing Fees  Credit Card Processing Fees  Credit Card Processing Fees Credit Card Processing Fees Credit Card Processing Fees Credit Card Processing Fees Credit Card Processing Fees Credit Card Processing Fees Credit Card Processing Fees Credit Card Processing Fees Credit Card Processing Fees Credit Card Processing Fees Credit Card Processing Fees Credit Card Processing Fees Credit Card Processing Fees Credit Card Processing Fees Credit Card Processing Fees Credit Card Processing Fees Credit Card Processing Fees Credit C			Detailed									L		30b				
American College of Nurse Practitioners Political Action Committee         Full Name (Last, First, Middle Initial)         A. Fundraising By Net         Mailing Address 1101 Pennsylvania Avenue, NW         Gity       State         Washington       Dc         Dc       20004         Purpose of Diabursement       Category/ Type         Office Sought:       House         Disbursement       Disbursement For:         Category/ Type       Credit Card Processing Fees         Office Sought:       House         Disbursement       Disbursement For:         Office Sought:       B Fundraising By Net         Mailing Address       1101 Pennsylvania Avenue, NW         B. Fundraising By Net       Date of Disbursement         Mailing Address       1101 Pennsylvania Avenue, NW         Gity       State         Washington       Dc         Purpose of Disbursement       Dc         Credit Card Processing Fees       001         Category/ Type       Transaction ID : 7247764         Amount of Each Disbursement this Penio       Category/ Type         Office Sought:       House       Disbursement For:         District:       Disbursement For:       Credit Card Processing Fees																		
Full Name (Last, First, Middle Initial)         A. Fundraising By Net         Mailing Address 1101 Pennsylvania Avenue, NW         6th Floor         City         Washington         Purpose of Disbursement         Credit Card Processing Fees         Cardidate Name         Credit Card Processing Fees         Cardidate Name         Office Sought:         Prosident         Disbursement         Purpose of Disbursement         Provisiont         Disbrat:         Purpose of Disbursement         State:         Disbrat:         Purpose of Disbursement         Credit Card Processing Fees         Credit Card Processing Fees         Tansaction ID : 7247764         Mailing Address         112       22         Office Sought:       State         Purpose of Disbursement         Credit Card Processing Fees         Cardidate Name       001         Cardidate Name       001         Credit Card Processing Fees       001         Cardidate Name       011         Credit Card Processing Fees       001         Credit Card Processing Fees       011      <	$\square$		-		~													
A. Fundraising By Net       Date of Disbursement         Mailing Address       101 Pennsylvania Avenue, NW         6th Floor       00         City       State       Zip Code         Purpose of Disbursement       DC       20004         Credit Card Processing Fees       001         Cardidate Name       Credit Card Processing Fees       001         Cardidate Name       Disbursement For:       General         Office Sought:       President       Disbursement For:       Credit Card Processing Fees         State:       Disbursement       Credit Card Processing Fees       Credit Card Processing Fees         Full Name (Last, First, Middle Initial)       Date of Disbursement       12       22         Mailing Address       1101 Pennsylvania Avenue, NW       Eth Floor       Date of Disbursement         City       State       Zip Code       Purpose of Disbursement       12       22         Office Sought:       House       Disbursement For:       Credit Card Processing Fees       001       12       22         City       State       Disbursement For:       Credit Card Processing Fees       001       12.13         Office Sought:       House       Disbursement For:       Disbursement For:       Credit Card Processing Fees <td></td> <td>American College of Nurse Practiti</td> <td>oners P</td> <td>olitical Actio</td> <td>on Co</td> <td>om</td> <td>imi</td> <td>ttee</td> <td>9</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>		American College of Nurse Practiti	oners P	olitical Actio	on Co	om	imi	ttee	9									
Mailing Address 1101 Pennsylvania Avenue, NW       12       03       2011         City       State       Zip Code       Transaction ID : 7247763         Purpose of Dibbursement       Other (specify)       Credit Card Processing Fees       Credit Card Processing Fees         Candidate Name       Disbursement For:       Credit Card Processing Fees       Credit Card Processing Fees         Office Sought:       House       Disbursement For:       Credit Card Processing Fees         State:       District:       Disbursement For:       Credit Card Processing Fees         Full Name (Last, First, Middle Initial)       B.       Date of Disbursement         Mailing Address       101       Category/         City       State       Zip Code         Washington       DC       2004         Purpose of Dibbursement For:       Category/         Credit Card Processing Fees       001         Category/       Transaction ID : 7247764         Amount of Each Disbursement this Perio       Category/         Office Sought:       House       Disbursement For:         State:       Disbursement For:       Credit Card Processing Fees         State:       Disbursement For:       Credit Card Processing Fees         City       State       Zip Co									Date of	of Di	sburse	ement						
City       State       Zip Code       Transaction ID : 7247763         Washington       DC       20004       Amount of Each Disbursement this Perio         Candidate Name       001       Category/ Type       Amount of Each Disbursement this Perio         Office Sought:       House       Disbursement For:       01         State:       District:       Credit Card Processing Fees       Credit Card Processing Fees         Full Name (Last, First, Middle Initial)       Date of Disbursement       Date of Disbursement         B. Fundraising By Net       Date of Disbursement       Transaction ID : 7247764         Mailing Address       1001       Category/ Type       Transaction ID : 7247764         Mailing Address       101 Pennsylvania Avenue, NW 6th Floor       Date of Disbursement 12 / 22 / 2011       Transaction ID : 7247764         Mauter Processing Fees       001       Category/ Type       Transaction ID : 7247764         Office Sought:       House President       Disbursement For:       001       Credit Card Processing Fees         City       State       Disbursement For:       0ther (specify)       Credit Card Processing Fees       Credit Card Processing Fees         City       State       Disbursement For:       0ther (specify)       Credit Card Processing Fees       Credit Card Processing Fees		-								/					Y			
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Category       2.23         Office Sought:       House         State:       District:         Full Name (Last, First, Middle Initial)       B.         B.       Fundraising By Net         Mailing Address       1101 Pennsylvania Avenue, NW 6th Floor         City       State         Quite Gradidate Name       001         Credit Card Processing Fees       001         Category/ Type       Transaction ID : 7247764         Amount of Each Disbursement Credit Card Processing Fees       001         Category/ Type       12.13         Office Sought:       House President       Disbursement For: Other (specify) ▼         State:       Disbursement For: District:       Credit Card Processing Fees         City       State       Other (specify) ▼         Full Name (Last, First, Middle Initial)       Credit Card Processing Fees         City       State       Disbursement For: Category/ Type         Office Sought:       House Disbursement       Amount of Each Disbursement         City       State       Zip Code         Purpose of Disbursement       Category/ Type       Amount of Each Disbursement this Perio         City       State       Disbursement For: Category/ Type       Amount of Each Disbursement this Perio					C	001			Amount of Each Disburgement this Parior									
Senate       Primary       General       Credit Card Processing Fees         State:       District:       Other (specify)       Credit Card Processing Fees         Full Name (Last, First, Middle Initial)       Date of Disbursement       Date of Disbursement         Mailing Address       112       22       2011         Mailing Address       110 Pennsylvania Avenue, NW 6th Floor       DC       20004         City       State       Zip Code       Transaction ID : 7247764         Maunut of Each Disbursement Credit Card Processing Fees       001       Amount of Each Disbursement this Perio         Candidate Name       Disbursement For:       Senate       Primary       General         Office Sought:       House       Disbursement For:       Credit Card Processing Fees       Credit Card Processing Fees         Full Name (Last, First, Middle Initial)       Cter of Disbursement       Credit Card Processing Fees       Credit Card Processing Fees         Full Name (Last, First, Middle Initial)       Date of Disbursement       Mailing Address       Credit Card Processing Fees         City       State       Zip Code       Purpose of Disbursement       Mailing Address         City       State       Zip Code       Amount of Each Disbursement this Perio         Office Sought:       House		Candidate Name									7		,		2.23			
Full Name (Last, First, Middle Initial)       Date of Disbursement         Mailing Address       1101 Pennsylvania Avenue, NW       12       22       2011         Gth Floor       12       22       2011       12       22       2011         City       State       Zip Code       22004       Transaction ID : 7247764         Purpose of Disbursement       Office Sought:       House       Disbursement For:       001         Candidate Name       Disbursement For:       Other (specify)       Credit Card Processing Fees       Credit Card Processing Fees         Office Sought:       House       Disbursement For:       Other (specify)       Credit Card Processing Fees         Cluber of Disbursement       Other (specify)        Date of Disbursement         Ctage       President       Other (specify)        Credit Card Processing Fees         City       State       Zip Code       Date of Disbursement          Mailing Address       City       State       Zip Code       Amount of Each Disbursement this Perio         Office Sought:       House       Disbursement For:       Category/ Type       Amount of Each Disbursement this Perio         Office Sought:       House       Disbursement For:       Category/ Type       Category/ Type<		Senate President	Primary						Credit	Card	Proce	essing	ees					
Mailing Address 1101 Pennsylvania Avenue, NW       12       22       2011         Gth Floor       12       22       2011         City       State       Zip Code       Transaction ID : 7247764         Purpose of Disbursement       Credit Card Processing Fees       001       Category/ Type       Amount of Each Disbursement this Perio         Candidate Name       Disbursement For:       General       001       Credit Card Processing Fees         Office Sought:       House       Disbursement For:       Credit Card Processing Fees       Credit Card Processing Fees         Full Name (Last, First, Middle Initial)       C.       Date of Disbursement       Date of Disbursement         City       State       Zip Code       Amount of Each Disbursement       Mailing Address         City       State       Zip Code       Amount of Each Disbursement this Perio         Mailing Address       Disbursement       Category/ Type       Y       Y         Office Sought:       House       Disbursement For:       Category/ Type       Amount of Each Disbursement this Perio         Office Sought:       House       Disbursement For:       Category/ Type       Amount of Each Disbursement this Perio         Office Sought:       House       Disbursement For:       Category/ Type       Amoun	в.	Full Name (Last, First, Middle Initial)											- M		- Y -			
Washington       DC       20004       Transaction ID : 7247/64         Purpose of Disbursement Credit Card Processing Fees       001       Amount of Each Disbursement this Perio         Candidate Name       001       Category/ Type       Amount of Each Disbursement this Perio         Office Sought:       House       Disbursement For:       Credit Card Processing Fees         State:       District:       Other (specify)       Credit Card Processing Fees         Full Name (Last, First, Middle Initial)       C       Date of Disbursement         City       State       Zip Code         Purpose of Disbursement       Category/ Type       Amount of Each Disbursement this Perio         Office Sought:       House       Disbursement For:       Date of Disbursement this Perio         City       State       Zip Code       Amount of Each Disbursement this Perio         Office Sought:       House       Disbursement For:       Amount of Each Disbursement this Perio         Office Sought:       House       Disbursement For:       Amount of Each Disbursement this Perio         Office Sought:       House       Disbursement For:       Amount of Each Disbursement this Perio         Office Sought:       House       Disbursement For:       Amount of Each Disbursement this Perio		· · · · · · · · · · · · · · · · · · ·													Ŷ			
Credit Card Processing Fees       001       Amount of Each Disbursement this Period         Candidate Name       Disbursement For:       Category/ Type       12.13         Office Sought:       House       Disbursement For:       Credit Card Processing Fees         State:       District:       Credit Card Processing Fees       Credit Card Processing Fees         Full Name (Last, First, Middle Initial)       C.       Date of Disbursement         Mailing Address       City       State       Zip Code         Purpose of Disbursement       Category/ Type       Amount of Each Disbursement this Perio         Office Sought:       House       Disbursement For:       Amount of Each Disbursement this Perio         Office Sought:       House       Disbursement For:       Category/ Type		Washington							Tran	sact	ion ID	) : 7247	764					
Office Sought:       House       Disbursement For:       Type         State:       District:       Other (specify) ▼       Credit Card Processing Fees         Full Name (Last, First, Middle Initial)       Date of Disbursement         City       State       Zip Code         Purpose of Disbursement       Category/ Type       Amount of Each Disbursement this Perio         Candidate Name       Disbursement For:       Senate         Office Sought:       House       Disbursement For:         Senate       Primary       General         Office Sought:       House       Disbursement For:         Senate       Primary       General         Office Sought:       House       Disbursement For:         Senate       Primary       General         Other (specify)       ▼					(	001			Amount of Each Disbursement t						Period			
Senate       Primary       General       Credit Card Processing Fees         State:       District:       District:       District:         Full Name (Last, First, Middle Initial)       Date of Disbursement       Date of Disbursement         Mailing Address       City       State       Zip Code         Purpose of Disbursement       Candidate Name       Category/ Type       Amount of Each Disbursement this Perio         Office Sought:       House       Disbursement For:       General         Office Sought:       House       Disbursement For:       General         Other (specify)       ✓       ✓       ✓														1	2.13			
Full Name (Last, First, Middle Initial)       Date of Disbursement         Mailing Address       Image: City       State       Zip Code         Purpose of Disbursement       Image: City       State       Zip Code         Purpose of Disbursement       Image: City       Amount of Each Disbursement this Perio         Candidate Name       Image: City       Disbursement For:       Amount of Each Disbursement this Perio         Office Sought:       House       Disbursement For:       General         Office Sought:       President       Other (specify)       Image: City		Senate President	Primary				Credit Card Processing Fees											
C.       Date of Disbursement         Mailing Address       Image: City         City       State       Zip Code         Purpose of Disbursement       Image: City         Candidate Name       Category/ Type         Office Sought:       House       Disbursement For: Senate         President       Primary       General         Other (specify)       ✓																		
Mailing Address         City       State       Zip Code         Purpose of Disbursement       Image: Category/ Type       Amount of Each Disbursement this Perior         Candidate Name       Category/ Type       Category/ Type         Office Sought:       House       Disbursement For:         Senate       Primary       General         Other (specify)       ✓	C.												Y	YY	Y			
Purpose of Disbursement       Image: Candidate Name       Amount of Each Disbursement this Perio         Candidate Name       Category/ Type       Category/ Type         Office Sought:       House       Disbursement For:         Senate       Primary       General         Other (specify)       ✓		Mailing Address							L.		L		L.					
Candidate Name       Category/ Type       Amount of Each Disbursement this Perior         Office Sought:       House       Disbursement For:         Senate       Primary       General         President       Other (specify)       ✓		City	State	Zip Code														
Candidate Name     Category/ Type       Office Sought:     House       Disbursement For:       Senate       Primary       General       President       Other (specify)		Purpose of Disbursement																
Office Sought:     House     Disbursement For:       Senate     Primary     General       President     Other (specify)     ▼		Candidate Name							Amour	nt of	Each	Disbur	seme	nt this	Period			
		Senate President	Primary								7		7 <sup>1</sup>					
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SUBTOTAL of Disbursements This Page (optional)	$\vdash$						-	-	ŀ	-	7		,					