FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT ▼** Example: If typing, type over the lines. 12FE4M5

AMERICAN ACADEMY OF NURSE PRACTITIONERS/POLITICAL ACTION COMMITTEE

ADDRESS (number and street) ▼ PO Box 40473

☐ Check if different than previously reported. (ACC)

CITY ▲ Washington STATE ▲ DC ZIP CODE ▲ 20016 –

2. **FEC IDENTIFICATION NUMBER ▼** C C00358903

3. IS THIS REPORT ☒ NEW (N) **OR** ☐ AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- ☐ April 15 Quarterly Report (Q1)
- ☐ July 15 Quarterly Report (Q2)
- ☒ October 15 Quarterly Report (Q3)
- ☐ January 31 Year-End Report (YE)
- ☐ July 31 Mid-Year Report (Non-election Year Only) (MY)
- ☐ Termination Report (TER)

(b) Monthly Report Due On:

- ☐ Feb 20 (M2)
- ☐ Mar 20 (M3)
- ☐ Apr 20 (M4)
- ☐ May 20 (M5)
- ☐ Jun 20 (M6)
- ☐ Jul 20 (M7)
- ☐ Aug 20 (M8)
- ☐ Sep 20 (M9)
- ☐ Oct 20 (M10)
- ☐ Nov 20 (M11) (Non-Election Year Only)
- ☐ Dec 20 (M12) (Non-Election Year Only)
- ☐ Jan 31 (YE)

(c) 12-Day **PRE**-Election Report for the: ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R) ☐ Convention (12C) ☐ Special (12S)

Election on M M / D D / Y Y Y Y in the State of

(d) 30-Day **POST**-Election Report for the: ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on M M / D D / Y Y Y Y in the State of

5. Covering Period 07 / 01 / 2012 through 09 / 30 / 2012

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 MARY ELLEN ROBERTS

Signature of Treasurer *MARY ELLEN ROBERTS* ***[Electronically Filed]*** Date 10 / 15 / 2012

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 Use Only							

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

FEC **Form 3X** (Rev. 02/2003)

Write or Type Committee Name

AMERICAN ACADEMY OF NURSE PRACTITIONERS/POLITICAL ACTION COMMITTEE

Report Covering the Period: From: 07 / 01 / 2012 To: 09 / 30 / 2012

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2012		222954.88
(b) Cash on Hand at Beginning of Reporting Period	237183.48	
(c) Total Receipts (from Line 19)	9163.49	29692.89
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	246346.97	252647.77
7. Total Disbursements (from Line 31)	45576.34	51877.14
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	200770.63	200770.63
9. 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

DETAILED SUMMARY PAGE
of Receipts

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

Write or Type Committee Name

AMERICAN ACADEMY OF NURSE PRACTITIONERS/POLITICAL ACTION COMMITTEE

Report Covering the Period: From: 07 / 01 / 2012 To: 09 / 30 / 2012

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)	1250.00	2640.00
(ii) Unitemized	7913.49	27052.89
(iii) TOTAL (add Lines 11(a)(i) and (ii)) ▶	9163.49	29692.89
(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) ▶	9163.49	29692.89
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)) ▶	9163.49	29692.89
20. Total Federal Receipts (subtract Line 18(c) from Line 19) ▶	9163.49	29692.89

DETAILED SUMMARY PAGE
of Disbursements

FEC **Form 3X** (Rev. 02/2003)

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	76.34	127.14
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) ▶	76.34	127.14
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	45500.00	51750.00
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))	45576.34	51877.14
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) ▶	45576.34	51877.14

DETAILED SUMMARY PAGE
of Disbursements

FEC **Form 3X** (Rev. 02/2003)

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)	9163.49	29692.89
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	9163.49	29692.89
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	76.34	127.14
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ▶	76.34	127.14

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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
AMERICAN ACADEMY OF NURSE PRACTITIONERS/POLITICAL ACTION COMMITTEE

A.
Full Name (Last, First, Middle Initial): JANICE DEMARTINO
Mailing Address: PO BOX 12846
City: AUSTIN State: TX Zip Code: 78711
FEC ID number of contributing federal political committee: C
Name of Employer: AANP
Occupation: INTERIM CEO
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1000.00
Date of Receipt: 07 / 11 / 2012
Transaction ID : SA11AI.4586
Amount of Each Receipt this Period: 1000.00

B.
Full Name (Last, First, Middle Initial): THE JADED FACE FAMILY HEALTH PC
Mailing Address: 16 PINE RIDGE DR
City: SMITHTOWN State: NY Zip Code: 11787
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation:
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 250.00
Date of Receipt: 08 / 03 / 2012
Transaction ID : SA11AI.4812
Amount of Each Receipt this Period: 250.00
CHECK TO BE REFUNDED TO CONTRIBUTOR

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:

SUBTOTAL of Receipts This Page (optional) ▶ 1250.00

TOTAL This Period (last page this line number only) ▶ 1250.00

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)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
AMERICAN ACADEMY OF NURSE PRACTITIONERS/POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial): JOHN BARRASSO
Mailing Address: 6896 CASPER MOUNTAIN ROAD
City: CASPER State: WY Zip Code: 82601
Purpose of Disbursement:
Candidate Name:
Category/Type:
Office Sought: ☐ House ☒ Senate ☐ President
State: WY District: 00
Disbursement For: ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 09 / 16 / 2012
Transaction ID : SB23.4710
Amount of Each Disbursement this Period: 1000.00

B. Full Name (Last, First, Middle Initial): KEVIN BRADY
Mailing Address: PO BOX 8277
City: THE WOODLANDS State: TX Zip Code: 77387
Purpose of Disbursement:
Candidate Name:
Category/Type:
Office Sought: ☒ House ☐ Senate ☐ President
State: TX District: 08
Disbursement For: ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 09 / 16 / 2012
Transaction ID : SB23.4735
Amount of Each Disbursement this Period: 1000.00

C. Full Name (Last, First, Middle Initial): SHERROD BROWN
Mailing Address: 37905 HERON LN
City: AVON LAKE State: OH Zip Code: 44011
Purpose of Disbursement:
Candidate Name:
Category/Type:
Office Sought: ☐ House ☒ Senate ☐ President
State: OH District: 00
Disbursement For: ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 09 / 16 / 2012
Transaction ID : SB23.4760
Amount of Each Disbursement this Period: 1000.00

SUBTOTAL of Disbursements This Page (optional) ▶ 3000.00

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)
21b 22 [X] 23 24 25 26
27 28a 28b 28c 29 30b

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NAME OF COMMITTEE (In Full)
AMERICAN ACADEMY OF NURSE PRACTITIONERS/POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial): ANN MARIE BUERKLE
Mailing Address: 3779 UNDERWOOD WAY
City: SYRACUSE State: NY Zip Code: 13215
Purpose of Disbursement:
Candidate Name:
Category/Type:
Office Sought: [X] House [ ] Senate [ ] President
State: NY District: 25
Disbursement For: [ ] Primary [X] General [ ] Other (specify)
Date of Disbursement: 09 / 16 / 2012
Transaction ID : SB23.4741
Amount of Each Disbursement this Period: 1000.00

B. Full Name (Last, First, Middle Initial): DAVE CAMP
Mailing Address: PO BOX 423
City: MIDLAND State: MI Zip Code: 48640
Purpose of Disbursement:
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [X] General [ ] Other (specify)
Date of Disbursement: 09 / 16 / 2012
Transaction ID : SB23.4737
Amount of Each Disbursement this Period: 1000.00

C. Full Name (Last, First, Middle Initial): CANTOR FOR CONGRESS
Mailing Address: P.O. BOX 17813
City: RICHMOND State: VA Zip Code: 23226
Purpose of Disbursement:
Candidate Name:
Category/Type:
Office Sought: [X] House [ ] Senate [ ] President
State: VA District: 07
Disbursement For: [ ] Primary [X] General [ ] Other (specify)
Date of Disbursement: 09 / 16 / 2012
Transaction ID : SB23.4778
Amount of Each Disbursement this Period: 1000.00

SUBTOTAL of Disbursements This Page (optional) ▶ 3000.00

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)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
AMERICAN ACADEMY OF NURSE PRACTITIONERS/POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial): MARIA CANTWELL
Mailing Address: PO BOX 12740
City: SEATTLE State: WA Zip Code: 98111
Purpose of Disbursement:
Candidate Name:
Category/Type:
Office Sought: ☐ House ☒ Senate ☐ President
State: WA District: 00
Disbursement For: ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 09 / 16 / 2012
Transaction ID : SB23.4696
Amount of Each Disbursement this Period: 1000.00

B. Full Name (Last, First, Middle Initial): LOIS CAPPS
Mailing Address: PO BOX 23940
City: SANTA BARBARA State: CA Zip Code: 93121
Purpose of Disbursement:
Candidate Name:
Category/Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 09 / 16 / 2012
Transaction ID : SB23.4698
Amount of Each Disbursement this Period: 2000.00

C. Full Name (Last, First, Middle Initial): BENJAMIN L CARDIN
Mailing Address: PO BOX 21093
City: CATONSVILLE State: MD Zip Code: 21228
Purpose of Disbursement:
Candidate Name:
Category/Type:
Office Sought: ☐ House ☒ Senate ☐ President
State: MD District: 03
Disbursement For: ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 09 / 16 / 2012
Transaction ID : SB23.4745
Amount of Each Disbursement this Period: 1000.00

SUBTOTAL of Disbursements This Page (optional) ▶ 4000.00

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)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
AMERICAN ACADEMY OF NURSE PRACTITIONERS/POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial): CARMONA FOR ARIZONA
Mailing Address: PO BOX 12339
City: TUCSON State: AZ Zip Code: 85732
Purpose of Disbursement:
Candidate Name:
Category/Type:
Office Sought: ☐ House ☒ Senate ☐ President
State: AZ District: 00
Disbursement For: ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 09 / 16 / 2012
Transaction ID : SB23.4781
Amount of Each Disbursement this Period: 1000.00

B. Full Name (Last, First, Middle Initial): SENATOR CASEY
Mailing Address: 888 16TH ST NW
City: WASHINGTON State: DC Zip Code: 20006
Purpose of Disbursement:
Candidate Name:
Category/Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 09 / 16 / 2012
Transaction ID : SB23.4695
Amount of Each Disbursement this Period: 1000.00

C. Full Name (Last, First, Middle Initial): ROSA DELAURO
Mailing Address: 12 TRUMBALL ST
City: NEW HAVEN State: CT Zip Code: 06511
Purpose of Disbursement:
Candidate Name:
Category/Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 09 / 30 / 2012
Transaction ID : SB23.4750
Amount of Each Disbursement this Period: 1000.00

SUBTOTAL of Disbursements This Page (optional) ▶ 3000.00

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)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
AMERICAN ACADEMY OF NURSE PRACTITIONERS/POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial): JOHN DINGELL
Mailing Address: 19855 W OUTER DR #103A-E
City: DEARBORN State: MI Zip Code: 48124
Purpose of Disbursement:
Candidate Name:
Category/Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 09 / 30 / 2012
Transaction ID : SB23.4756
Amount of Each Disbursement this Period: 1000.00

B. Full Name (Last, First, Middle Initial): LLOYD DOGGETT
Mailing Address: 1157 SAN BERNARD ST
City: AUSTIN State: TX Zip Code: 78702
Purpose of Disbursement:
Candidate Name:
Category/Type:
Office Sought: ☒ House ☐ Senate ☐ President
State: TX District: 35
Disbursement For: ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 09 / 16 / 2012
Transaction ID : SB23.4705
Amount of Each Disbursement this Period: 1000.00

C. Full Name (Last, First, Middle Initial): DICK DURBIN
Mailing Address: 101 WEST GRAND AVE #200
City: CHICAGO State: IL Zip Code: 60610
Purpose of Disbursement:
Candidate Name:
Category/Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 09 / 16 / 2012
Transaction ID : SB23.4702
Amount of Each Disbursement this Period: 1000.00

SUBTOTAL of Disbursements This Page (optional) ▶ 3000.00

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)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
AMERICAN ACADEMY OF NURSE PRACTITIONERS/POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial): ANNA ESHOO
Mailing Address: 555 CAPITOL MALL, SUITE 1425
City: SACRAMENTO State: CA Zip Code: 95814
Purpose of Disbursement:
Candidate Name:
Category/Type:
Office Sought: ☒ House ☐ Senate ☐ President
State: CA District: 18
Disbursement For: ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 09 / 30 / 2012
Transaction ID : SB23.4751
Amount of Each Disbursement this Period: 1000.00

B. Full Name (Last, First, Middle Initial): KIRSTEN ELIZABETH GILLIBRAND
Mailing Address: 52 EAST ROAD
City: BRUNSWICK State: NY Zip Code: 12180
Purpose of Disbursement:
Candidate Name:
Category/Type:
Office Sought: ☐ House ☒ Senate ☐ President
State: NY District: 00
Disbursement For: ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 09 / 16 / 2012
Transaction ID : SB23.4687
Amount of Each Disbursement this Period: 1000.00

C. Full Name (Last, First, Middle Initial): TOM HARKIN
Mailing Address: 426 C ST, NE
City: WASHINGTON State: DC Zip Code: 20002
Purpose of Disbursement:
Candidate Name:
Category/Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 09 / 16 / 2012
Transaction ID : SB23.4704
Amount of Each Disbursement this Period: 1000.00

SUBTOTAL of Disbursements This Page (optional) ▶ 3000.00

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)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
AMERICAN ACADEMY OF NURSE PRACTITIONERS/POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial): HATCH ELECTION COMMITTEE INC
Mailing Address: PO BOX 900427
City: SANDY State: UT Zip Code: 84090
Purpose of Disbursement:
Candidate Name:
Category/Type:
Office Sought: ☐ House ☒ Senate ☐ President
State: UT District: 00
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 16 / 2012
Transaction ID : SB23.4784
Amount of Each Disbursement this Period: 1000.00

B. Full Name (Last, First, Middle Initial): JEB HON. HENSARLING
Mailing Address: PO BOX 820504
City: DALLAS State: TX Zip Code: 75382
Purpose of Disbursement:
Candidate Name:
Category/Type:
Office Sought: ☒ House ☐ Senate ☐ President
State: TX District: 05
Disbursement For: ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 09 / 16 / 2012
Transaction ID : SB23.4730
Amount of Each Disbursement this Period: 1000.00

C. Full Name (Last, First, Middle Initial): MAZIE HERONO
Mailing Address: PO BOX 677
City: HONOLULU State: HI Zip Code: 96809
Purpose of Disbursement:
Candidate Name:
Category/Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 09 / 16 / 2012
Transaction ID : SB23.4716
Amount of Each Disbursement this Period: 1000.00

SUBTOTAL of Disbursements This Page (optional) ▶ 3000.00

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)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
AMERICAN ACADEMY OF NURSE PRACTITIONERS/POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial): STENY HOYER
Mailing Address: 7905 MALCOLM RD #102
City: CLINTON State: MD Zip Code: 20735
Purpose of Disbursement:
Candidate Name:
Category/Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 09 / 16 / 2012
Transaction ID : SB23.4701
Amount of Each Disbursement this Period: 1000.00

B. Full Name (Last, First, Middle Initial): EDDIE BERNICE JOHNSON
Mailing Address: 3102 MAPLE AVE #605
City: DALLAS State: TX Zip Code: 75201
Purpose of Disbursement:
Candidate Name:
Category/Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 09 / 16 / 2012
Transaction ID : SB23.4685
Amount of Each Disbursement this Period: 1000.00

C. Full Name (Last, First, Middle Initial): KLOBUCHAR FOR MINNESOTA
Mailing Address: PO BOX 4146
City: ST PAUL State: MN Zip Code: 55104
Purpose of Disbursement:
Candidate Name:
Category/Type:
Office Sought: ☐ House ☒ Senate ☐ President
State: MN District: 00
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 16 / 2012
Transaction ID : SB23.4789
Amount of Each Disbursement this Period: 1000.00

SUBTOTAL of Disbursements This Page (optional) ▶ 3000.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)
AMERICAN ACADEMY OF NURSE PRACTITIONERS/POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial): SANDER M MR LEVIN
Mailing Address: PO BOX 37
City: ROSEVILLE State: MI Zip Code: 48066
Purpose of Disbursement:
Candidate Name:
Category/Type:
Office Sought: ☒ House ☐ Senate ☐ President
State: MI District: 09
Disbursement For: ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 09 / 16 / 2012
Transaction ID : SB23.4727
Amount of Each Disbursement this Period: 1000.00

B. Full Name (Last, First, Middle Initial): CAROLYN MCCARTHY
Mailing Address: 229 BALDWIN RD
City: HEMPSTEAD State: NY Zip Code: 11550
Purpose of Disbursement:
Candidate Name:
Category/Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 09 / 16 / 2012
Transaction ID : SB23.4732
Amount of Each Disbursement this Period: 1000.00

C. Full Name (Last, First, Middle Initial): MCCONNELL SENATE COMMITTEE '14
Mailing Address: PO BOX 1496
City: LOUISVILLE State: KY Zip Code: 40201
Purpose of Disbursement:
Candidate Name:
Category/Type:
Office Sought: ☐ House ☒ Senate ☐ President
State: KY District: 00
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 16 / 2012
Transaction ID : SB23.4794
Amount of Each Disbursement this Period: 1000.00

SUBTOTAL of Disbursements This Page (optional) ▶ 3000.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)
AMERICAN ACADEMY OF NURSE PRACTITIONERS/POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial): PAC TO THE FUTURE
Mailing Address: 700 13TH STREET, NW, SUITE 600
City: WASHINGTON State: DC Zip Code: 20005
Purpose of Disbursement:
Candidate Name:
Category/Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 16 / 2012
Transaction ID : SB23.4797
Amount of Each Disbursement this Period: 2500.00

B. Full Name (Last, First, Middle Initial): JOSEPH PITTS
Mailing Address: 902 COLUMBIA AVE
City: LANCASTER State: PA Zip Code: 17603
Purpose of Disbursement:
Candidate Name:
Category/Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 30 / 2012
Transaction ID : SB23.4755
Amount of Each Disbursement this Period: 1000.00

C. Full Name (Last, First, Middle Initial): HARRY REID
Mailing Address: 426 C ST, NE REAR BLDG
City: WASHINGTON State: DC Zip Code: 20002
Purpose of Disbursement:
Candidate Name:
Category/Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 09 / 16 / 2012
Transaction ID : SB23.4719
Amount of Each Disbursement this Period: 1000.00

SUBTOTAL of Disbursements This Page (optional) ▶ 4500.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)
AMERICAN ACADEMY OF NURSE PRACTITIONERS/POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial): ROCK CITY PAC
Mailing Address: 1015 STONEBRIDGE PARK DRIVE
City: FRANKLIN State: TN Zip Code: 37069
Purpose of Disbursement:
Candidate Name:
Category/Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 16 / 2012
Transaction ID : SB23.4800
Amount of Each Disbursement this Period: 1000.00

B. Full Name (Last, First, Middle Initial): CATHY MCMORRIS RODGERS
Mailing Address: 32 EAST 25TH
City: SPOKANE State: WA Zip Code: 99203
Purpose of Disbursement:
Candidate Name:
Category/Type:
Office Sought: ☒ House ☐ Senate ☐ President
State: WA District: 05
Disbursement For: ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 09 / 16 / 2012
Transaction ID : SB23.4721
Amount of Each Disbursement this Period: 2500.00

C. Full Name (Last, First, Middle Initial): LUCILLE ROYBAL-ALLARD
Mailing Address: PO BOX 582
City: KENSINGTON State: MD Zip Code: 20895
Purpose of Disbursement:
Candidate Name:
Category/Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 09 / 30 / 2012
Transaction ID : SB23.4753
Amount of Each Disbursement this Period: 1000.00

SUBTOTAL of Disbursements This Page (optional) ▶ 4500.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)
AMERICAN ACADEMY OF NURSE PRACTITIONERS/POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial): ALLYSON SCHWARTZ
Mailing Address: 201 LEEDOM ST
City: JENKINGTOWN State: PA Zip Code: 19046
Purpose of Disbursement:
Candidate Name:
Category/Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 09 / 30 / 2012
Transaction ID : SB23.4686
Amount of Each Disbursement this Period: 1000.00

B. Full Name (Last, First, Middle Initial): STABENOW FOR US SENATE
Mailing Address: P.O. BOX 4945
City: EAST LANSING State: MI Zip Code: 48826
Purpose of Disbursement:
Candidate Name:
Category/Type:
Office Sought: ☐ House ☒ Senate ☐ President
State: MI District: 00
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 16 / 2012
Transaction ID : SB23.4805
Amount of Each Disbursement this Period: 1000.00

C. Full Name (Last, First, Middle Initial): PETE STARK
Mailing Address: PO BOX 8331
City: FREMONT State: CA Zip Code: 94537
Purpose of Disbursement:
Candidate Name:
Category/Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 09 / 16 / 2012
Transaction ID : SB23.4703
Amount of Each Disbursement this Period: 1000.00

SUBTOTAL of Disbursements This Page (optional) ▶ 3000.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)
AMERICAN ACADEMY OF NURSE PRACTITIONERS/POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial): TFP-FOJB COMMITTEE
Mailing Address: 320 FIRST STREET SE
City: WASHINGTON State: DC Zip Code: 20003
Purpose of Disbursement:
Candidate Name:
Category/Type:
Office Sought: ☒ House ☐ Senate ☐ President
State: OH District: 08
Disbursement For: ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 09 / 16 / 2012
Transaction ID : SB23.4808
Amount of Each Disbursement this Period: 2500.00

B. Full Name (Last, First, Middle Initial): CHRIS VAN HOLLEN
Mailing Address: 10605 CONCORD ST #202
City: KENSINGTON State: MD Zip Code: 20895
Purpose of Disbursement:
Candidate Name:
Category/Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 09 / 30 / 2012
Transaction ID : SB23.4754
Amount of Each Disbursement this Period: 1000.00

C. Full Name (Last, First, Middle Initial): HENRY WAXMAN
Mailing Address: 6380 WILSHIRE BLVD #1612
City: LOS ANGELES State: CA Zip Code: 90048
Purpose of Disbursement:
Candidate Name:
Category/Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 09 / 16 / 2012
Transaction ID : SB23.4709
Amount of Each Disbursement this Period: 1000.00

SUBTOTAL of Disbursements This Page (optional) ▶ 4500.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
AMERICAN ACADEMY OF NURSE PRACTITIONERS/POLITICAL ACTION COMMITTEE

A.
Full Name (Last, First, Middle Initial): SHELDON WHITEHOUSE
Mailing Address: 10 G. ST, NE SUITE 570
City: WASHINGTON State: DC Zip Code: 20002
Purpose of Disbursement:
Candidate Name: SHELDON WHITEHOUSE
Category/Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 09 / 16 / 2012
Transaction ID : SB23.4691
Amount of Each Disbursement this Period: 1000.00

B.
Full Name (Last, First, Middle Initial):
Mailing Address:
City: State: Zip Code:
Purpose of Disbursement:
Candidate Name:
Category/Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: M M / D D / Y Y Y Y
Amount of Each Disbursement this Period:

C.
Full Name (Last, First, Middle Initial):
Mailing Address:
City: State: Zip Code:
Purpose of Disbursement:
Candidate Name:
Category/Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: M M / D D / Y Y Y Y
Amount of Each Disbursement this Period:

SUBTOTAL of Disbursements This Page (optional) ▶ 1000.00

TOTAL This Period (last page this line number only) ▶ 45500.00