24038353611

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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. 12FR4M5

American Academy of Nurse Practitioners
Political Action Committee

ADDRESS (number and street) ▼ P.O. Box 40473

Check if different than previously reported. (ACC)

Washington DC 20016

CITY ▲ STATE ▲ ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼ C00358903

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

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

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

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

Election on _____ in the State of _____

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

Election on _____ in the State of _____

5. Covering Period 01 01 2004 through 03 31 2004

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 Swanson

Signature of Treasurer [signature] Date 04 10 2004

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							

FEC FORM 3X (Rev. 02/2003)

FEC/N087

24038353612

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American Academy of Nurse Practitioners - PAC

Report Covering the Period: From: 01 01 2004 To: 03 31 2004

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2004		97,010.32
(b) Cash on Hand at Beginning of Reporting Period	97,010.32	
(c) Total Receipts (from Line 19)	14,824.00	14,824.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	111,834.32	111,834.32
7. Total Disbursements (from Line 31)		
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	111,834.32	111,834.32
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)		

☐ 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. 02/2003)

Write or Type Committee Name

American Academy of Nurse Practitioners - PAC

Report Covering the Period: From 01 01 2004 To: 03 31 2004

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)	6500.00	
(ii) Unitemized	8324.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii)) ▶	14824.00	14824.00
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)		
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 39, page 5) ▶	14824.00	14824.00
12. Transfers From Affiliated/Other Party Committees		
13. All Loans Received		
14. Loan Repayments Received		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		
17. Other Federal Receipts (Dividends, Interest, etc.)		
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)		
(b) Levin Funds (from Schedule H5)		
(c) Total Transfers (add 18(a) and 18(b))		
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) ▶	14824.00	14824.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) ▶		

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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) PAGE OF

☐ 11a ☐ 11b ☐ 11c ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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 - PAC

A.
Full Name (Last, First, Middle Initial): Imogene Bell
Mailing Address: P.O. Box 1444
City: Nogales State: AZ Zip Code: 85621
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation: Nurse Practitioner
Receipt For: ☐ Primary ☒ General ☐ Other (specify)
Aggregate Year-to-Date: 5000.00
Date of Receipt: 01 20 2004
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial): Imogene Bell
Mailing Address: P.O. Box 1444
City: Nogales State: AZ Zip Code: 85621
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation: Nurse Practitioner
Receipt For: ☐ Primary ☒ General ☐ Other (specify)
Aggregate Year-to-Date: 650.00
Date of Receipt: 03 21 2004
Amount of Each Receipt this Period: 150.00

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:
Amount of Each Receipt this Period:

SUBTOTAL of Receipts This Page (optional) ▶ 6500.00

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

FEC-A-007

FEC Schedule A (Form 3X) Rev. 02/2003

24038353615

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

PAGE ___ OF ___

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NAME OF COMMITTEE (In Full)
American Academy of Nurse Practitioners - PAC

A.

Full Name (Last, First, Middle Initial): Grassley Committee

Date of Disbursement: 12 12 2003

Mailing Address: 5327 Holmes Run Pkwy.

City: Alexandria State: VA Zip Code: 22304

Not reported on end of year report

Purpose of Disbursement: Senate Contribution

Category/Type

Candidate Name: Charles Grassley

Amount of Each Disbursement this Period: 1,000.00

Office Sought: House / [X] Senate / President

State: District:

Disbursement For: Primary / [X] General / Other (specify)

B.

Full Name (Last, First, Middle Initial):

Date of Disbursement:

Mailing Address:

City: State: Zip Code:

Purpose of Disbursement:

Category/Type

Candidate Name:

Amount of Each Disbursement this Period:

Office Sought: House / Senate / President

State: District:

Disbursement For: Primary / General / Other (specify)

C.

Full Name (Last, First, Middle Initial):

Date of Disbursement:

Mailing Address:

City: State: Zip Code:

Purpose of Disbursement:

Category/Type

Candidate Name:

Amount of Each Disbursement this Period:

Office Sought: House / Senate / President

State: District:

Disbursement For: Primary / General / Other (specify)

SUBTOTAL of Disbursements This Page (optional) ▶ 1,000.00

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

FE2AN007

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Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

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

☐ Hand Delivered	Date of Receipt
☐ USPS First Class Mail	Postmarked
☐ USPS Registered/Certified/Priority/Express Mail	Postmarked (RC)
☐ Postmark Illegible	
☐ No Postmark	
☑ Overnight Delivery Service (Specify): Fedex	Shipping Date 4-9-04
☐ Received from House Records & Registration Office	Date of Receipt
☐ Received from Senate Public Records Office	Date of Receipt
☐ Received from Electronic Filing Office	Date of Receipt
☐ Other (Specify):	Date of Receipt or Postmarked
PREPARER	DATE PREPARED 4-12-04

(2/2004)