

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (In full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
 American College of Nurse Practitioners Political Action Committee

ADDRESS (number and street) P.O. Box 7135
 Check if different than previously reported. (ACC) Washington DC 20044 - 7135

2. **FEC IDENTIFICATION NUMBER** CITY STATE ZIP CODE

C00382440

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

4. TYPE OF REPORT (Choose One)	(a) Quarterly Reports:	(b) Monthly Report Due On:	Feb 20 (M2)	May 20 (M5)	Aug 20 (M8)	Nov 20 (M11) (Non-Election Year Only)
	April 15 Quarterly Report(Q1)	Mar 20 (M3)	Jun 20 (M6)	Sep 20 (M9)	Dec 20 (M12) (Non-Election Year Only)	
	July 15 Quarterly Report(Q2)	Apr 20 (M4)	Jul 20 (M7)	Oct 20 (M10)	Jan 31 (YE)	
	October 15 Quarterly Report(Q3)	(c) 12-Day PRE-Election Report for the:	Primary (12P)	General (12G)	Runoff (12R)	
	January 31 Quarterly Report(YE)	Convention (12C)	Special (12G)			
	<input checked="" type="checkbox"/> July 31 Mid-Year Report(Non-election Year Only) (MY)	Election on			in the State of	
	Termination Report (TER)	(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 2003 through 06 30 2003

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 Wade S. Williams

Signature of Treasurer Electronically Filed by Wade S. Williams Date 07 09 2003

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							
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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

Report Covering the Period: From: ^M01 ^D01 ^Y2003 To: ^M06 ^D30 ^Y2003

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 ^Y 2003		181.00
(b) Cash on Hand at Beginning of Reporting Period	181.00	
(c) Total Receipts (from Line 19)	14099.49	14099.49
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	14280.49	14280.49
<hr/>		
7. Total Disbursements (from Line 31)	1046.00	1046.00
<hr/>		
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	13234.49	13234.49
<hr/>		
9. Debts and Obligations owed TO the committee (itemize all on Schedule C and/or Schedule D)	0.00	
<hr/>		
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**

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Page 3

Write or Type Committee Name

American College of Nurse Practitioners Political Action Committee

Report Covering the Period: From: ^M01 ⁻01 ⁻2003 To: ^M06 ⁻30 ⁻2003

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)	4920.00	
(ii) Unitemized	9179.49	
(iii) TOTAL (add Lines 11(a)(i) and (ii))	14099.49	14099.49
(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)	14099.49	14099.49
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 Transfer (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))	14099.49	14099.49
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	14099.49	14099.49

DETAILED SUMMARY PAGE

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared 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.....	46.00	46.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	46.00	46.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1000.00	1000.00
24. Independent Expenditure (use Schedule E).....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (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) Shared 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 ActMty (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))..	1046.00	1046.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	1046.00	1046.00

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

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)	14099.49	14099.49
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	14099.49	14099.49
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	46.00	46.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	46.00	46.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 6 / 11	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 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 College of Nurse Practitioners Political Action Committee

Full Name (Last, First, Middle Initial) A. Susan Apold		Date of Receipt M / D / Y 01 / 10 / 2003
Mailing Address 25 Pamela Lane		Transaction ID: 7871298
City New Rochelle	State NY	Zip Code 10804
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 365.00
Name of Employer College of Mt. St. Vincent	Occupation Director, Department of Nursing	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

Full Name (Last, First, Middle Initial) B. Catharine M Pary		Date of Receipt M / D / Y 01 / 10 / 2003
Mailing Address 10071 Clovercrest		Transaction ID: 7871877
City Colorado Springs	State CO	Zip Code 80920
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 365.00
Name of Employer Evercare	Occupation Nurse Practitioner	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

Full Name (Last, First, Middle Initial) C. Edward P		Date of Receipt M / D / Y 01 / 10 / 2003
Mailing Address 1815 West Wedgewood Avenue		Transaction ID: 7871880
City Spokane	State WA	Zip Code 99208
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 365.00
Name of Employer	Occupation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

SUBTOTAL of Receipts This Page (optional)	▶	1095.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 11	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American College of Nurse Practitioners Political Action Committee

Full Name (Last, First, Middle Initial) A. Lynn Chilton		Date of Receipt M / D / Y 01 / 10 / 2003
Mailing Address 117 Sonia Drive		Transaction ID: 7871522
City	State	Zip Code
Columbus	MS	39702
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 365.00
Name of Employer	Occupation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

Full Name (Last, First, Middle Initial) B. Naretha Alexander		Date of Receipt M / D / Y 03 / 03 / 2003
Mailing Address 117 N Moodus Rd		Transaction ID: 7954450
City	State	Zip Code
Moodus	CT	64602
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer	Occupation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Elizabeth C. Dayan		Date of Receipt M / D / Y 03 / 03 / 2003
Mailing Address 1029 Manley Lane		Transaction ID: 7954454
City	State	Zip Code
Brentwood	TN	37027
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 365.00
Name of Employer	Occupation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

SUBTOTAL of Receipts TN's Page (optional)	▶	830.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 8 / 11	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American College of Nurse Practitioners Political Action Committee

Full Name (Last, First, Middle Initial) A. M.J. Henderson		Date of Receipt M / D / Y 03 / 03 / 2003
Mailing Address 810 Encino Drive		Transaction ID: 7954457
City Aptos	State CA	Zip Code 95003
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer	Occupation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dabra Bergstrom		Date of Receipt M / D / Y 04 / 24 / 2003
Mailing Address 501 S. Oak		Transaction ID: 8224886
City Chandler	State AZ	Zip Code 85226
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Neighborhood Family Pract- ice	Occupation President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Linda Gehlke		Date of Receipt M / D / Y 04 / 24 / 2003
Mailing Address 2301 Georgetown Road		Transaction ID: 8224885
City Iowa Falls	State IA	Zip Code 50128
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 385.00
Name of Employer McFarland Clinic PC	Occupation Nurse Practitioner	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 385.00	

SUBTOTAL of Receipts This Page (optional)	▶	1115.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 9 / 11	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American College of Nurse Practitioners Political Action Committee

Full Name (Last, First, Middle Initial) A. Eileen O'GRADY		Date of Receipt M / D / Y 05 / 08 / 2003
Mailing Address 1513 Linden Hurst Avenue		Transaction ID: 8227183
City Mc Lean	State VA	Zip Code 22101
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation Nurse Practitioner	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Kathryn Lemley		Date of Receipt M / D / Y 05 / 08 / 2003
Mailing Address 15624 Lemley Dr		Transaction ID: 8227184
City Soldiers Grove	State WI	Zip Code 54655
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

Full Name (Last, First, Middle Initial) C. Elaine Falkow		Date of Receipt M / D / Y 05 / 14 / 2003
Mailing Address 528 Galen Circle		Transaction ID: 8236771
City Ann Arbor	State MI	Zip Code 48103
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 365.00
Name of Employer	Occupation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

SUBTOTAL of Receipts This Page (optional)	1365.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 10 / 11	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American College of Nurse Practitioners Political Action Committee

Full Name (Last, First, Middle Initial) A. Linda Plush		Date of Receipt M / D / Y 05 / 16 / 2003
Mailing Address 39428 Chantilly Lane		Transaction ID: 8248874
City Palmdale	State CA	Zip Code 93551
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 365.00
Name of Employer	Occupation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

Full Name (Last, First, Middle Initial) B. Lynn Chilton		Date of Receipt M / D / Y 08 / 09 / 2003
Mailing Address 117 Sonia Drive		Transaction ID: 8318980
City Columbus	State MS	Zip Code 39702
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer	Occupation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 465.00	

Full Name (Last, First, Middle Initial) C. Mary Neheisel		Date of Receipt M / D / Y 08 / 09 / 2003
Mailing Address U. S. L. Box 41932		Transaction ID: 8330380
City Lafayette	State LA	Zip Code 70504
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer	Occupation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	▶	515.00
TOTAL This Period (last page this line number only)	▶	4920.00

**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)

PAGE 11 / 11

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

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NAME OF COMMITTEE (In Full)
American College of Nurse Practitioners Political Action Committee

Full Name (Last, First, Middle Initial) A. Mary Bono Committee		Transaction ID: 7952591 Date of Disbursement 03 / 11 / 2003
Mailing Address PO Box 3370		Amount of Each Disbursement this Period 500.00 Contribution
City Palm Springs	State CA	
Zip Code 92263	011 Category/ Type	
Purpose of Disbursement Contribution	Candidate Name Rep. Mary Bono	
Office Sought: <input checked="" type="checkbox"/> House Senate President State: CA District: 45	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Friends Of Lois Capps		Transaction ID: 8025858 Date of Disbursement 04 / 01 / 2003
Mailing Address PO Box 23840		Amount of Each Disbursement this Period 500.00 Contribution
City Santa Barbara	State CA	
Zip Code 93121	011 Category/ Type	
Purpose of Disbursement Contribution	Candidate Name Rep. Lois Capps	
Office Sought: <input checked="" type="checkbox"/> House Senate President State: CA District: 23	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	1000.00