

FEC FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

RECEIVED REG MAIL CENTER

2002 OCT -4 P 3:17

1. NAME OF COMMITTEE (in full)



(Check if name is changed)

Example: if typing, type over the lines.

12FE4M5

American College of Nurse Practitioners Political Action Committee

ADDRESS (number and street)

P.O. Box 7135

(Check if address is changed)

Washington

DC

20044

7135

CITY

STATE

ZIP CODE

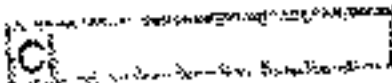
COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

2. DATE

10 04 2002

3. FEC IDENTIFICATION NUMBER



4. IS THIS STATEMENT



NEW (N)

OR



AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Eric G Scharf

Signature of Treasurer

Date

10 04 2002

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only

For further information contact: Federal Election Commission, Toll Free 800-424-9630, Local 202-694-1104

FEC FORM 1 (Revised 1/01)

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5. TYPE OF COMMITTEE (Check One)

- (a)  This committee is a principal campaign committee. (Complete the candidate information below.)
- (b)  This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate

\_\_\_\_\_

Candidate Party Affiliation

Office Sought:

House

Senate

President

District

State

(c)

This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

\_\_\_\_\_

(d)

This committee is a

(National, State or subordinate) committee of the

(Democratic, Republican, etc.) Party.

(e)

This committee is a separate segregated fund.

(f)

This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

American College of Nurse Practitioners

Mailing Address

1111 19th Street NW, Suite 404

Washington

CITY ▲

STATE ▲

ZIP CODE ▲

DC

20036

Relationship

Parent

Type of Connected Organization:

Corporation

Corporation w/o Capital Stock

Labor Organization

Membership Organization

Trade Association

Cooperative

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Write or Type Committee Name

American College of Nurse Practitioners Political Action Committee

7. Custodian of Records: Identify by name, address (phone number - optional) and position of the person in possession of committee books and records.

Full Name: Political Action Committee Services

Mailing Address: 7700 Old Branch Avenue Suite A-205

City: Clinton STATE: MD ZIP CODE: 20735

Title of Position: Bookkeeper Telephone number: 301-868-1888

8. Treasurer: List the name and address (phone number - optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer: Eric G. Scharf

Mailing Address: 1111 19th Street NW Suite 404

City: Washington STATE: DC ZIP CODE: 20036

Title of Position: Treasurer Telephone number: 202-659-2190

Full Name of Designated Agent: Wade S. Williams

Mailing Address: 7700 Old Branch Avenue Suite A-205

City: Clinton STATE: MD ZIP CODE: 20735

Title of Position: Assistant Treasurer Telephone number: 301-868-1888

FEC Form 1 (Revised 1/01)

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Bank of America

Mailing Address

7810 Old Branch Avenue

Clinton

MD

20735

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Federal Election Commission

### ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

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

<input checked="" type="checkbox"/> Hand Delivered	Date of Receipt <i>10-4-02</i>
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