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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example:If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines American College of Nurse Practitioners Political Action Committee 1501 Wilson Blvd. ADDRESS (number and street) Suite 509 Check if different than previously Arlington ٧A 22209 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE A CITY A IS THIS NEW **AMENDED** C00382440 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Oct 20 (M10) Jul 20 (M7) Jan 31 (YE) April 15 Quarterly Report(Q1) 12-Day (c) Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Runoff (30R) Post -Election General (30G) Special (30S) Report for the: Termination Report (TER) in the Election on State of 0 1 2009 30 2009 1 1 11 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Wade S, Williams Type or Print Name of Treasurer Electronically Filed by Wade S, Williams 12 0 7 2009 Signature of Treasurer Date 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 **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

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FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name American College of Nurse Practitioners Political Action Committee

D D [®]D 11 0 1 2009 3 0 2009 11 From: Report Covering the Period: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 2009° 39273.76 January 1 (b) Cash on Hand at 45863.28 Begining of Reporting Period 2220.00 8995.00 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 48083.28 48268.76 6(a) and 6(c) for Column B) 181.80 367.28 Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 47901.48 47901.48 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D)

X 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) 3 / 7

Write or Type Committee Name

American College of Nurse Practitioners Political Action Committee

м м 1 1 0 1 м°м 1 1 3 0 2009 2009 Report Covering the Period: From: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 500.00 2650.00 (i) Itemized (use Schedule A) 1720.00 6345.00 (ii) Unitemized (iii) TOTAL (add 2220.00 8995.00 Lines 11(a)(i) and (ii) 0.00 0.00 (b) Political Party Committees Other Political Committees 0.00 0.00 (such as PACs) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 8995.00 2220.00 Totals to Line 33, page 5) 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees 0.00 0.00 13. All Loans Received 0.00 0.00 14. Loan Repayments Received 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) 16. Refunds of Contributions Made to Federal candidates and Other 0.00 0.00 Political Committees 17. Other Federal Receipts 0.00 0.00 (Dividends, Interest, etc.) 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3)

0.00

0.00

2220.00

2220.00

0.00

0.00

8995.00

8995.00

- (b) Levin Funds (from Schedule H5)
- (c) Total Transfer (add 18(a) and 18(b)).
- Total Receipts (add Lines 11(d),
 12, 13, 14, 15, 16, 17, and 18(c))
- 20. Total Federal Receipts (subtract Line 18(c) from Line 19)

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003) of Disbu

of Disbursements

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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)	0.00	0.00					
	(i) Federal Share							
	(ii) Non-Federal Share	0.00	0.00					
	(b) Other Federal Operating	181.80	367.28					
	Expenditures(c) Total Operating Expenditures	101.00	307.20					
	(add 21(a)(i), (a)(ii) and (b))	181.80	367.28					
22.	Transfers to Affiliated/Other Party	0.00	0.00					
3.	Contributions to	0.00	0.00					
	Federal Candidates/Committeesand Other Political Committees	0.00	0.00					
4.	Independent Expenditure	0.00	0.00					
5.	(use Schedule E)							
	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00					
26.	Loan Repayments Made	0.00	0.00					
7	Loans Made	0.00	0.00					
	Refunds of Contributions To:	0.00	0.00					
	(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					
	(400 = 1100 = 0 (4), (2), 4114 (0), 11111111							
9.	Other Disbursements	0.00	0.00					
0.	Federal Election Activity (2 U.S.C 431(20))							
	(a) Shared Federal Election Activity							
	(from Schedule H6) (i) Federal Share	0.00	0.00					
	(i) i edelai Silaie	2.22						
	(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	0.00	0.00					
	Lines 30(a)(i), 30(a)(ii) and 30(b))							
31.	Total Disbursements (add Lines 21(c), 22,							
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	181.80	367.28					
32.	Total Federal Disbursements							
	(subtract Line 21(a)(ii) and Line 30(a)(ii)							
	from Line 31)	181.80	367.28					

DETAILED SUMMARY PAGE

of Disbursements

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	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)	2220.00	8995.00
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	2220.00	8995.00
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	181.80	367.28
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	181.80	367.28

FE6AN026

A.

В.

PAGE 6/7 FOR LINE NUMBER: SCHEDULE A (FEC Form 3X) Use separate schedule(s) (check only one) for each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 13 14 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) Date of Receipt Linda Gehrke Mailing Address 2301 Georgetown Road 1.1 11 2009 City State Zip Code Transaction ID: 5581347 Iowa Falls IΑ 50126 Amount of Each Receipt this Period FEC ID number of contributing 250.00 C federal political committee. Name of Employer McFarland Clinic PC Occupation **Nurse Practitioner** Receipt For: Aggregate Year-to-Date Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) Martha J Arietti Date of Receipt Mailing Address 165 Ridge Gate Court 11 2009 City State Zip Code Transaction ID: 5581355 Lewisville NC 27023 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer Forsyth Cardiology Associ-Occupation Nurse Practitioner ates Receipt For: Aggregate Year-to-Date Primary General

250.00

		500.00
SUBTOTAL of Receipts This Page (optional)		300.00
TOTAL This Period (last page this line number only)	•	500.00

Other (specify)

State:

A.

District:

CHEDIII E D /EEC Form 2V													
SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: (check only one)					: PAGE 7/7						
TEMIZED DISBURSEMENTS	for each category of the	(cn		ıy ol	<u> </u>							_	
	Detailed Summary Page	X	21b	Ш	22	_	23	Ш	24	Ш	25	_	26
		Ш	27		28a		28b		28c		29	;	30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name													
NAME OF COMMITTEE (In Full)													
American College of Nurse Practitioners Po	olitical Action Committee												
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Full Name (Last, First, Middle Initial)					Trane	actio	on ID:	- 5	58720	20			
Fundraising By Net					Transaction ID: 5587299 Date of Disbursement								
- and along = , 1101						- 3.10 0 10.00.00							
Mailing Address 1101 Pennsylvania Avenu	ıe, NW				11		1	1		. 2	0 0 9		
6th Floor													
<i>y</i>	State Zip Code				Amou	nt of	Each	Dis	burser	nent	this Pe	eriod	
Washington	DC 20004				_	-	-				•		
Purpose of Disbursement		v	-							_18	31.80		
Credit Card Processing Fees		001	1,										
Candidate Name		Categ	ory/										
		Тур	e										
Office Sought: House Disburse	ment For:			1.	- II.	_				_			
Senate	Primary General				Sredit es	Ca	ra Pr	oce	essing	rе	-		
President	Other (specify) ▼			'	,,,								
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SUBTOTAL of Disbursements This Page (optional)	•	181.80
TOTAL This Period (last page this line number only)	<u> </u>	181.80