Image# 11971553728							PAGE	1/8
FEC FORM 3X	A	EPORT (ND DISB Other Than An	URSE	MENT	S		Office Use Only	
1. NAME OF	ТҮР	e or print 🔻	Exa	mple: If typ	oing, type	12FE4M5		
COMMITTEE (in full)				r the lines.				
American College	of Nurs	e Practitione	rs Political	Action C				
ADDRESS (number and stre		501 Wilson Blvd.						
Check if different		uite 509						
than previously reported. (ACC)		Arlington				VA	22209	
2. FEC IDENTIFICATIO	ON NUMB	ER 🔻	CITY 🔺		S		ZIP COD	E 🔺
C C00382440			3. IS THIS REPORT	×	NEW (N) OR	AME (A)	ENDED	
 4. TYPE OF REPOR (Choose One) (a) Quarterly Reports 		b) Monthly Report Due On:	Feb 20 (M2) Mar 20 (M3)		May 20 (M5) Jun 20 (M6)		0 (M9)	Nov 20 (M11) Non-Election Year Only) Dec 20 (M12) Non-Election Year Only)
April 15			Apr 20 (M4)		Jul 20 (M7)	× Oct 20	D (M10)	Jan 31 (YE)
Quarterly Re July 15 Quarterly Re		(c) 12-Day PRE-Elect	ion	Primary (12	2P)	General (1	2G) F	Runoff (12R)
Quarterly Re October 15		Report for	the:	Convention	(12C)	Special (12	2S)	
Quarterly Re January 31 Year-End Re			Election on	M	/ D D /	Y Y Y Y Y	in the State of	
July 31 Mid- Report (Non- Year Only) (N	Year election	(d) 30-Day POST -Ele	ction	General (30)G)	Runoff (30		Special (30S)
Termination F (TER)	Report	Report for	the: Election on	M M	/ D D /	Y Y Y Y Y	in the State of	
5. Covering Period	09	01 / Y	2011	through	M M 09	/ D D / 30	2011	
I certify that I have examine	ned this R	eport and to the I	pest of my know	wledge and	belief it is tru	e, correct and	complete.	
Type or Print Name of Tre	easurer V	Vade S Williams						
Signature of Treasurer	Wade S Wi	illiams		[Electronica	lly Filed]	ate 10	/ D D / Y 06	2011
NOTE: Submission of false,	erroneous	, or incomplete info	ormation may su	bject the pe	erson signing th	is Report to the	penalties of 2 U.	S.C. §437g.
Office Use Only							FEC FORM Rev. 12/200	

10/06/2011 15 : 29

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

Page **2**

FEC Form 3X (Rev. 02/2003) Write or Type Committee Name

American College of Nurse Practitioners Political Action Committee

R	Report Covering the Period: From:		Fo: 09 / 0 - 0 / 9 - 9 - 9 - 9 - 9 - 9 - 9 - 9 - 9 - 9
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2011		55441.38
	(b) Cash on Hand at Beginning of Reporting Period	60014.91	
	(c) Total Receipts (from Line 19)	295.00	5190.54
	 (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) 	60309.91	60631.92
7.	Total Disbursements (from Line 31)	42.26	364.27
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	60267.65	60267.65
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

X

	- DET	TAILED SUMMARY PAGE of Receipts	Г
	FEC Form 3X (Rev. 06/2004)		Page 3
	Vrite or Type Committee Name		
ŀ	American College of Nurse Practitione	ers Political Action Committee	
R	eport Covering the Period: From:	/ D D / Y Y Y Y 01 2011 To:	09 / D D / Y Y Y Y 2011
	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)	125.00	1575.00
	(ii) Unitemized	170.00	3570.00
	(iii) TOTAL (add Lines 11(a)(i) and (ii)►	295.00	5145.00
	(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)	295.00	5145.00
12.	Transfers From Affiliated/Other Party Committees	0.00	0.00
13.	All Loans Received	0.00	0.00
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
10	(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	45.54
18.	(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))►	295.00	5190.54
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)►	295.00	5190.54

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DETAILED SUMMARY PAGE

of Disbursements

A Period	COLUMN B Calendar Year-to-Date
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0.00 42.26 42.26	0.00
42.26 42.26	318.73
42.26	
0.00	318.7
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0.00	0.00
0.00	45.54
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0.00	0.00
0.00	0.00
42.26	364.2
42.26	364.27
	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0

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I

DETAILED SUMMARY PAGE

of Disbursements

II. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
 Total Contributions (other than loans) (from Line 11(d), page 3) 	295.00	5145.00
 Total Contribution Refunds (from Line 28(d)) 	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	295.00	5145.00
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))►	42.26	318.73
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	42.26	318.73

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER:

PAGE

6 OF

8

IТ	EMIZED RECEIPTS		Use separate schedule(s)	(che	eck only	y or	ne)					
11			for each category of the Detailed Summary Page		11a 13		11b 14	11c 15	12	Г	17	
Ar or	ny information copied from such Reports and S for commercial purposes, other than using the	tatements ma name and a	y not be sold or used by any poddress of any political committee	erson f e to so	for the	pur ntrib	oose of a	soliciting	g contri	ibutio	ons	
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) American College of Nurse Prac	ctitioners	Political Action Comm	ittee								
<u> </u>	Full Name (Last, First, Middle Initial) Jan DiSantostefano				Date of	f Re	ceipt					
	Mailing Address 2437 Maxton Crest Drive				M M M		03	/ Y	2011		7	
	City Apex	State NC	Zip Code 27539		Trans		ion ID : 7 Each Re		2			
	FEC ID number of contributing federal political committee.	С					3			25.0	0	
	Name of Employer SAS Healthcare Receipt For:	Occupation Nurse Pract										
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 275.00									
в.	Full Name (Last, First, Middle Initial) Susan Apold Giampietro Mailing Address 25 Pamela Lane				Date of		ceipt	/ Y	Y	V V	_	
	City	State	09 20 2011									
	New Rochelle FEC ID number of contributing federal political committee.	C	10804		Amount	t of	Each Re	eceipt th		iod 50.0	0	
	Name of Employer American College of Nurse Practitioner	Occupation Director, De	partment of Nursing									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00									
с.	Full Name (Last, First, Middle Initial) Helen Ruddy				Date of	f Re	ceipt					
	Mailing Address 21-26 21st Rd				м м 09	/	D D 20	/ Y	2011			
	City Astoria	State NY	Zip Code 11105				i on ID : 7 Each Re			iod		
	FEC ID number of contributing federal political committee.	С					7			50.0	0	
	Name of Employer	Occupation										
	NYU Health Service Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00									
s	UBTOTAL of Receipts This Page (optional)			• •			7			25.00	4	
Т	OTAL This Period (last page this line number	only)	•••••	•			7		1:	25.00	U	

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\backslash	NAME OF COMMITTEE (In Full)	_		_												
	American College of Nurse Practiti	oners P	olitical Action	n Co	m	mitte	e									
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