

FEC FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

Office use only

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)

1501 Wilson Blvd.

(Check if address is changed)

Suite 509

Arlington

VA

22209

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

info@pacout.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

703-740-2538

2. DATE

08 / 22 / 2007

3. FEC IDENTIFICATION NUMBER

C C00382440

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

Wade S, Williams

Signature of Treasurer

Electronically Filed by Wade S, Williams

Date

08 / 22 / 2007

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. S437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office Use Only

For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100

FEC FORM 1 (Revised 02/2003)

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 State District

- (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 **1501 Wilson Blvd.**
Suite 509
Arlington **VA** **22209**
 CITY ▲ STATE ▲ ZIP CODE ▲

Relationship **Connected** _____

Type of Connected Organization:

- Corporation Corporation w/o Capital Stock Labor Organization
- Membership Organization Trade Association Cooperative

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 **PAC Outsourcing, LLC**

Mailing Address **7915 Old Branch Avenue**
First Floor
Clinton MD 20735

Title or Position ▼ **CITY ▲ STATE ▲ ZIP CODE ▲**
Custodian of Records 301 856 0770

Telephone number

- 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 **Wade S, Williams**

Mailing Address **7915 Old Branch Avenue**
First Floor
Clinton VA 20735

Title or Position ▼ **CITY ▲ STATE ▲ ZIP CODE ▲**
Treasurer 301 856 0770

Telephone number

Full Name of Designated Agent **Carolyn Hutcherson**

Mailing Address **1501 Wilson Blvd.**
Suite 509
Arlington VA 22209

Title or Position ▼ **CITY ▲ STATE ▲ ZIP CODE ▲**
Assistant Treasurer 703 740 2533

Telephone number

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 ▲