Image# 12971264791 PAGE 1 / 10

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

						Office Use Only	
1. NAME OF COMMITTEE (in full)	TYPE OR PRINT V		ample: If typirer the lines.	ng, type	12FE4M5		
American College of Nu	urse Practition	ners Political	Action Co	mmittee			1
ADDRESS (number and street)	225 Reinekers La	ne					
V	Suite 525						
Check if different than previously reported. (ACC)	Alexandria				VA	22314	- []
2. FEC IDENTIFICATION NUI	MBER ▼	CITY 🛦		S	STATE 🛦	ZIP CC	DDE 🛦
C C00382440		3. IS THIS REPORT		NEW OR	AM (A)	ENDED	
4. TYPE OF REPORT (Choose One)	(b) Monthly Report Due On:	Feb 20 (M2)		May 20 (M5)	Aug	20 (M8)	Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:	Buo on.	Mar 20 (M3)		Jun 20 (M6)		20 (M9)	Dec 20 (M12) (Non-Election Year Only)
April 15 Quarterly Report (Q1	,	Apr 20 (M4)		Jul 20 (M7)	Oct 2	20 (M10)	Jan 31 (YE)
July 15 Quarterly Report (Q2	(C) 12-Day PRE-Ele		Primary (12F	_	General (Runoff (12R)
October 15 Quarterly Report (Q3	Report	for the:	Convention (12C)	Special (12S)	
January 31 Year-End Report (YE		Election on	M = M /	D D /	Y	in the State o	of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day		General (300	G)	Runoff (3	0R)	Special (30S)
Termination Report (TER)	Report	Election on	M = M /	D = D /	Y	in the State o	of
5. Covering Period 05	/ D D / Y	2012	through	M M M	/ 31 /	2012	
I certify that I have examined this	Report and to the	e best of mv kno	wledge and l	pelief it is true	e. correct and	l complete.	
Type or Print Name of Treasurer	•						
Signature of Treasurer Wade	S Williams		[Electronically	Filed] Da	ate 06	13	2012
NOTE: Submission of false, erroned	ous, or incomplete i	information mav si	ubject the pers	son sianina thi	is Report to th	ne penalties of 2	U.S.C. &437a.
Office Use Only			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		2	FEC FOF Rev. 12/2	RM 3X

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

2012 05 2012 Report Covering the Period: 31 From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 66899.87 January 1, 2012 (b) Cash on Hand at 70351.68 Beginning of Reporting Period..... 7773.00 544.00 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 70895.68 74672.87 6(a) and 6(c) for Column B)..... 5524.60 9301.79 Total Disbursements (from Line 31)...... Cash on Hand at Close of 8. Reporting Period 65371.08 65371.08 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D)

×

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)

Write or Type Committee Name

American College of Nurse Practitioners Political Action Committee

R	eport Covering the Period: From: 05	01 2012 To:	05 31 2012
	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)	192.00	3912.00
	(ii) Unitemized(iii) TOTAL (add	352.00	3861.00
	Lines 11(a)(i) and (ii)▶	544.00	7773.00
	(b) Political Party Committees	0.00	0.00
	(such as PACs)(d) Total Contributions (add Lines	0.00	0.00
	11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)▶	544.00	7773.00
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
	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16.	Refunds of Contributions Made to Federal Candidates and Other		0.00
17.	Political Committees Other Federal Receipts	0.00	0.00
18.	(Dividends, Interest, etc.)	0.00	0.00
	(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))▶	544.00	7773.00
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)▶	544.00	7773.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Operating Expenditures: (a) Allocated Federal/Non-Federal	Total Tills I Gliou	Calcilual Teal-10-Date
Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non Fodoral Chara	0.00	0.00
(ii) Non-Federal Share(b) Other Federal Operating	0.00	0.00
Expenditures	24.60	301.79
(c) Total Operating Expenditures		
(add 21(a)(i), (a)(ii), and (b))▶	24.60	301.79
Transfers to Affiliated/Other Party	0.00	0.00
Committees Contributions to	0.00	0.00
Federal Candidates/Committees and Other Political Committees	5500.00	9000.00
Independent Expenditures	0.00	0.00
(use Schedule E) Coordinated Party Expenditures	0.00	0.00
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
(doc corroddio 1)		
Loan Repayments Made	0.00	0.00
Loans Made	0.00	0.00
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	0.00	0.00
(such as PACs)	0.00	
(d) Total Contribution Refunds		
(add Lines 28(a), (b), and (c))▶	0.00	0.00
Other Disbursements		
Other Disbursements	0.00	0.00
Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity		
(from Schedule H6)		0.00
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(ii) Levin Share(b) Federal Election Activity Paid Entirely	5.55	
With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add		
Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	5524.60	9301.79
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	5524.60	9301.79

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	544.00	7773.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
85. Net Contributions (other than loans) (subtract Line 34 from Line 33)	544.00	7773.00
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	24.60	301.79
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	24.60	301.79

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE	_	: PAGE	E 6 OF	10
(check only	y one)			
X 11a	11b	11c	12	
13	14	15	16	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.

or for commercial purposes, other than using the	ne name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American College of Nurse Pra	actitioners Political Action Committe	ee
Full Name (Last, First, Middle Initial) Linda Gehrke		Date of Receipt
Mailing Address 2301 Georgetown Road		05 09 2012
City	State Zip Code	Transaction ID : 7610083
Iowa Falls	IA 50126	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	
McFarland Clinic PC	Nurse Practitioner	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	345.00	
Full Name (Last, First, Middle Initial) 3. DEBBIE C ANDERSON		Date of Receipt
Mailing Address 2730 COLORADO AVE.		05 09 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 7610086
LONGVIEW	WA 98632	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	
PEACEHEALTH MEDICAL GROUP	Nurse Practitioner	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	
Full Name (Last, First, Middle Initial) Linda Gehrke		Date of Receipt
Mailing Address 2301 Georgetown Road		05 27 2012
City	State Zip Code	Transaction ID : 7610189
Iowa Falls	IA 50126	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	
McFarland Clinic PC	Nurse Practitioner	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	395.00	
SUBTOTAL of Receipts This Page (optional)	·····	150.00
TOTAL This Period (last page this line numbe	r only)	

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

FOR LINE NUMBER: PAGE Use separate schedule(s) (check only one) X 11a 11b 11c

7 OF 10

for each category of the 12 Detailed Summary Page 13 14 15 16 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)

$\overline{}$	American College of Nurse Prac	titioners Political Action Committe	ee
۸.	Full Name (Last, First, Middle Initial) Susan Apold Giampietro Mailing Address 25 Pamela Lane		Date of Receipt
	City New Rochelle	State Zip Code NY 10804	05 27 2012 Transaction ID : 7610191 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	42.00
	Name of Employer American College of Nurse Practitioner Receipt For:	Occupation Director, Department of Nursing	
	Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 234.00	
3.	Full Name (Last, First, Middle Initial)		Date of Receipt
	Mailing Address City	State Zip Code	M = M / D = D / Y = Y = Y
	FEC ID number of contributing federal political committee.	С	Amount of Each Receipt this Period
	Name of Employer	Occupation	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
).	Full Name (Last, First, Middle Initial)		Date of Receipt
	Mailing Address	7.0.4	M = M / D = D / Y = Y = Y
	City	State Zip Code	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	
	Name of Employer	Occupation	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
s	UBTOTAL of Receipts This Page (optional)	>	42.00
т	OTAL This Period (last page this line number of	only)	192.00

S	CHEDULE B (FEC Form 3X)			י פכ	INIT N	LIMPED				PAGE	8	OF	10
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	NAME OF COMMITTEE (In Full)												
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$ \rangle$	American College of Nurse Practition	oners F	Political Actio	n Co	mmitt	ee				
\angle										
^	Full Name (Last, First, Middle Initial)					D - :	4 Di-l-			
Α.	Bonamici For Congress						f Disburse			
	Mailing Address 2236 SE 10th Ave					05	0.		2012	Y
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٥.	Walden For Congress					M M	/		Y	V
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		State	Zip Code			Trans	saction ID	: 7572444		
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	Rep. Gregory Walden			Ту					100	0.00
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C.	Hatch Election Committee Inc					Date o	f Disburse	ment		
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	Mailing Address PO Box 900427					05	2:	2	2012	
	City	State	Zip Code							
		UT	84090			Trans	saction ID	: 7593251		
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5	SUBTOTAL of Disbursements This Page (optional)				▶				3000	0.00
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ITEMIZED DISBURSEMENTS Use separate so for each catego Detailed Summa Any information copied from such Reports and Statements may not be	of the y Page 21b 22 X 23 24 25 29
or for commercial purposes, other than using the name and address of	
NAME OF COMMITTEE (In Full) American College of Nurse Practitioners Politica	Action Committee
/	
Full Name (Last, First, Middle Initial) Allyson Schwartz For Congress	Date of Disbursement
- Allyson Schwartz For Congress	M M / D D / Y Y Y
Mailing Address P.O. Box 2232	05 31 2012
City State Zip C	Transaction ID • 7605316
Jenkintown PA 1904	Transaction ib . 7003310
Purpose of Disbursement Contribution	011 Amount of Each Disbursement this Perio
Candidate Name	Category/ 2500.00
Rep. Allyson Schwartz	Type 2500.00
President Other (specify)	eneral Contribution
State: PA District: 13	
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Candidate Name	Category/ Type
President Other (specify)	eneral
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TOTAL This Period (last page this line number only)	5500.00