Image# 12972498818 PAGE 1 / 11

# **FEC** FORM 3X

# **REPORT OF RECEIPTS AND DISBURSEMENTS**

TOTAL OX	or Other Than An At	uthorized Committe	ee		Office Use Only
1. NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typin over the lines.	ng, type	12FE4M5	
American College of No	urse Practitioners F	Political Action Co	mmittee		
				1 1 1 1 1	
ADDRESS (number and street)	225 Reinekers Lane				
Check if different	Suite 525				
than previously reported. (ACC)	Alexandria			VA _	22314
2. FEC IDENTIFICATION NU	MBER ▼ C	CITY A		STATE A	ZIP CODE ▲
C C00382440	3.		NEW OR	AM (A)	ENDED
4. TYPE OF REPORT (Choose One)	Report Due On:		May 20 (M5)		20 (M8) Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:	L M	lar 20 (M3)	Jun 20 (M6)		20 (M9) Dec 20 (M12) (Non-Election Year Only)
April 15		pr 20 (M4)	Jul 20 (M7)	X Oct 2	20 (M10) Jan 31 (YE)
Quarterly Report (Q: July 15	(c) 12-Day	Primary (12F	)	General (	12G) Runoff (12R)
Quarterly Report (Q: October 15	Report for the:	Convention (	12C)	Special (	12S)
Quarterly Report (Q:		M = M /	D   D /	Y . Y . Y . Y	in the
Year-End Report (YE		tion on			State of
Report (Non-election Year Only) (MY)	POST-Election Report for the:	General (300	ā)	Runoff (3	OR) Special (30S)
Termination Report (TER)	Elec	etion on	D = D /	Y Y Y Y	in the State of
5. Covering Period 09	01 2012		M M 09	30 /	2012
I certify that I have examined this	s Report and to the best	of my knowledge and I	pelief it is tru	ue, correct and	I complete.
Type or Print Name of Treasurer	Wade S Williams				
Signature of Treasurer Wade	S Williams	[Electronically	Filed] [	Date 10	/ DDD / YDY Y Y Y Y 111 2012
NOTE: Submission of false, errone	ous, or incomplete informat	tion may subject the pers	son signing t	nis Report to th	e penalties of 2 U.S.C. §437g.
Office Use Only					FEC FORM 3X Rev. 12/2004

# 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 09 30 2012 Report Covering the Period: 09 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 58030.35 Beginning of Reporting Period..... 10334.00 770.00 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 58800.35 77233.87 6(a) and 6(c) for Column B)..... 6601.29 25034.81 Total Disbursements (from Line 31)...... Cash on Hand at Close of 8. Reporting Period 52199.06 52199.06 (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: 09		09 30 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)	275.00	4623.00
	(ii) Unitemized(iii) TOTAL (add	495.00	5711.00
	Lines 11(a)(i) and (ii)▶	770.00	10334.00
	(b) Political Party Committees (c) Other Political 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)▶	770.00	10334.00
12.	Transfers From Affiliated/Other Party Committees	0.00	0.00
13.	All Loans Received	0.00	0.00
14.	Loan Repayments Received	0.00	0.00
15.	Offsets To Operating Expenditures (Refunds, Rebates, etc.)		
16.	(Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	0.00
	to Federal Candidates and Other Political Committees	0.00	0.00
	Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18.	Transfers from Non-Federal and Levin Funds (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))▶	770.00	10334.00
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)▶	770.00	10334.00

### **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	1044 1110 1 01104	Guichau Tear to Bate				
Activity (from Schedule H4)						
(i) Federal Share	0.00	0.00				
(ii) Non-Federal Share	0.00	0.00				
(b) Other Federal Operating						
Expenditures	101.29	534.81				
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))▶	101.29	534.81				
Transfers to Affiliated/Other Party	101.20	301.01				
Committees	0.00	0.00				
Contributions to Federal Candidates/Committees and Other Political Committees	6500.00	24500.00				
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				
Loan Repayments Made	0.00	0.00				
Loans MadeRefunds 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	0.00	0.00				
(add Lines 28(a), (b), and (c))▶	0.00	0.00				
Other Disbursements	0.00	0.00				
Federal Election Activity (2 U.S.C. §431(20))						
(a) Allocated Federal Election Activity						
(from Schedule H6) (i) Federal Share	0.00	0.00				
(i) Federal State						
(ii) "Levin" Share	0.00	0.00				
(b) Federal Election Activity Paid Entirely	0.00	0.00				
With Federal Funds (c) Total Federal Election Activity (add	0.00	0.00				
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))	6601.29	25034.81				
Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)						
from Line 31)	6601.29	25034.81				

#### **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
3. Total Contributions (other than loans) (from Line 11(d), page 3)	770.00	10334.00
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	770.00	10334.00
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	101.29	534.81
'. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
3. Net Operating Expenditures (subtract Line 37 from Line 36)	101.29	534.81

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

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

FOF	R LINE	: PAGE 6 OF 11								
(che	ck only	or	ne)							
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 t	he name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American College of Nurse Pr	actitioners Political Action Committe	ee
Full Name (Last, First, Middle Initial)  Deborah Anderson		Date of Receipt
Mailing Address 2730 COLORADO AVE.		09 13 2012
City	State Zip Code	Transaction ID: 7854588
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:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	850.00	
Full Name (Last, First, Middle Initial)  3. Janet Selway		Date of Receipt
Mailing Address 1718 Hunter Mill Road		09 13 2012
City	State Zip Code	Transaction ID: 7854592
White Hall	MD 21161	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	75.00
Name of Employer	Occupation	
Johns Hopkins Department of Surgery	Nurse Practitioner	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	
Full Name (Last, First, Middle Initial)  C. Joan E Zaccardi		Date of Receipt
Mailing Address 4 Katie Drive		09 19 2012 _
City	State Zip Code	Transaction ID : 7866325
Middletown	NJ 07748	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	
Urogynecology Arts of N.J.	Nurse Practitioner	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	300.00	
SUBTOTAL of Receipts This Page (optional).	•	175.00
TOTAL This Period (last page this line number	er only)	

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

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

FOR LINE	NUMBER	: PAGE	E 7 OF	11
(check only	/ one)			
X 11a	11b	11c	12	
13	14	15	16	17

	the name and address of any political committee	
, ,	ractitioners Political Action Commit	ttee
Full Name (Last, First, Middle Initial)  Marsha Siegel-Carpenter  Mailing Address 2345 E Riding Club Rd		Date of Receipt
City Cheyenne	State Zip Code WY 82009	09
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer  Department of Veteran's Affairs  Receipt For:  Primary General  Other (specify) ▼	Occupation Nurse Practitioner  Aggregate Year-to-Date ▼  285.00	
Full Name (Last, First, Middle Initial)  Linda Gehrke  Mailing Address 2301 Georgetown Road		Date of Receipt
City Iowa Falls  FEC ID number of contributing federal political committee.	State Zip Code IA 50126	O9 18 2012  Transaction ID: 7892254  Amount of Each Receipt this Period  50.00
Name of Employer McFarland Clinic PC  Receipt For:  Primary General Other (specify) ▼	Occupation  Nurse Practitioner  Aggregate Year-to-Date ▼  545.00	
Full Name (Last, First, Middle Initial)  Mailing Address  City	State Zip Code	Date of Receipt
FEC ID number of contributing federal political committee.  Name of Employer	Occupation	Amount of Each Receipt this Period
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional	)	100.00
TOTAL This Period (last page this line num	ber only)	275.00

## S 17

S	CHEDULE B (FEC Form 3X)		F05 :	NUMBER: PAGE 8 OF 11					
	EMIZED DISBURSEMENTS	Use separate schedule(s)	FOR LINE (check only	NOMBER.					
П	EIVIIZED DISDUNSEIVIEN IS	for each category of the	X 21b	22 23 24 25 26					
		Detailed Summary Page	27	28a 28b 28c 29 30b					
Αr	ny information copied from such Reports and Statem	nents may not be sold or us	sed by any nerso	on for the purpose of soliciting contributions					
or	for commercial purposes, other than using the nam	ne and address of any politi	cal committee to	solicit contributions from such committee.					
$\setminus$	NAME OF COMMITTEE (In Full)								
$  \rangle$	American College of Nurse Practition	oners Political Actio	on Committe	ee					
$\angle$									
	Full Name (Last, First, Middle Initial)								
A.	Fundraising By Net			Date of Disbursement					
	Mailing Address 1101 Depositionic Avenus ANAL			09 05 2012					
	Mailing Address 1101 Pennsylvania Avenue, NW 6th Floor			09 00 2012					
		State Zip Code							
		DC 20004		Transaction ID: 7854595					
	Purpose of Disbursement								
	Credit Card Processing Fees		001	Amount of Each Disbursement this Period					
	Candidate Name		Category/	29.31					
	Office County		Туре	20.01					
	Office Sought: House Disbursem								
		Primary General Other (specify) ▼		Credit Card Processing Fees					
	State: District:	Outer (specify)							
_	Full Name (Last, First, Middle Initial)								
В.				Date of Disbursement					
	. and along by Not			M M / D D / Y Y Y Y					
	Mailing Address 1101 Pennsylvania Avenue, NW			09 18 2012					
	6th Floor								
	•	State Zip Code		Transaction ID : 7892257					
	Washington Purpose of Disbursement	DC 20004							
	Credit Card Processing Fee		001	Amount of Each Disbursement this Period					
	Candidate Name								
			Category/ Type	9.02					
	Office Sought: House Disbursem	nent For:	. 7   -	, , , , , , , , , , , , , , , , , , , ,					
		Primary General		Credit Card Processing Fee					
	President	Other (specify) ▼		3					
_	State: District:								
	Full Name (Last, First, Middle Initial)								
C.	Fundraising By Net			Date of Disbursement					
				M M / D D / Y Y Y Y					
	Mailing Address 1101 Pennsylvania Avenue, NW			09 18 2012					
	City S	State Zip Code							
		DC 20004		Transaction ID: 7892259					
	Purpose of Disbursement								
	Credit Card Processing Fee		001	Amount of Each Disbursement this Period					
	Candidate Name		Category/	20.72					
			Type	23.73					
	Office Sought: House Disbursem								
		Primary General		Credit Card Processing Fee					
		Other (specify) ▼							
_	State: District:								
_ ا	UDTOTAL of Bides and Till Day of the Control			62.06					
$L^{\mathrm{s}}$	SUBTOTAL of Disbursements This Page (optional)		······	02.00					
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ITEMIZED DISBURSEMENTS	,		parate schedule(sometime) arategory of the		(check only one)		¬		7.00						
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or for commercial purposes, other than usin															,
NAME OF COMMITTEE (In Full)					_										
American College of Nurse	Practition	oners P	olitical Acti	on (	Com	mitte	ee								
Full Name (Last, First, Middle Initial)							5 :		N:-!						
A. Fundraising By Net							Date	ot E	Disbur	sem		Y	Y Y	Υ	
Mailing Address 1101 Pennsylvania Aven	ue, NW						0	9	Ĺ	05			2012		
6th Floor City	S	tate	Zip Code												
Washington		DC	20004				Tra	ınsac	tion I	D : '	7896	6501			
Purpose of Disbursement Credit Card Processing Fee				Г	001	$\neg$	Δmo	unt o	of Fac	h D	ishu	rseme	nt this	Perio	nd
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Full Name (Last, First, Middle Initial)															
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Mailing Address							M	M	/ D	■ D		Y	Y	Υ	
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Full Name (Last, First, Middle Initial)															
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Senate		Primary	General												
State: President District:		Other (spe	ecity) 🔻												
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SUBTOTAL of Disbursements This Page (	optional)					•			(10)			- ·	39	9.23	
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TOTAL This Period (last page this line nur	nber only).					•			- 1			7	10	.∠9	

SCHEDULE B (FEC Form 3X)				FOR LINE NUMBER: PAGE 10 O									OF	11
ITI	EMIZED DISBURSEMENTS	Use sepa				only one)								
			category of the Summary Page			21b	22	X	_		24	25		26
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	y information copied from such Reports and Statem for commercial purposes, other than using the nam													is 
	NAME OF COMMITTEE (In Full)													
<u>/</u>	American College of Nurse Practition	oners P	olitical Action	n Co	m	mitte	ee							
	Full Name (Last, First, Middle Initial)						<b>.</b>	, D:						
Α.	Cathy Mcmorris Rodgers For Cong	ress					Date c	_		emen				
	Mailing Address Box 137						09			1	/ Y	2012	" Y	
	•	State	Zip Code				Trans	eact	ion ID	. 79	53/122			
		WA	99210				IIaii	sacı	םו ווטו	. 10.	JJ422			
	Purpose of Disbursement Contribution			0	11		Amour	ıt of	Each	Disb	urseme	ent this	Peri	iod
	Candidate Name			Cate	non	2//		-	-	-	-	-	_	
	Rep. Cathy McMorris Rodgers				/pe	y'			7		7	250	00.00	2
		nent For:												
		Primary	∑ General				Contrib	utior	า					
	State: WA District: 05	Other (spe	CITY) 🔻											
	Full Name (Last, First, Middle Initial)													
В.	Nancy Pelosi For Congress						Date o	f Di	sburse	emen	t			
	Mailing Address 700 13th Street, Nw					-	09	7		9	/ Y	2012	■ Y	
	Suite 600						1							
	•	State DC	Zip Code 20005				Tran	sact	ion ID	: 78	66500			
	Purpose of Disbursement		20003											
				0	11		Amour	t of	Each	Disb	urseme	ent this	Peri	iod
	Candidate Name			Cate	gor	y/			-			200	00.00	
	Rep. Nancy Pelosi			Ту	/pe			-	7	-	7	200	30.00	
	Office Sought: House Disbursem	nent For: Primary	2012 General											
		Other (spe												
	State: CA District: 12	(-1	- <i>37</i>											
	Full Name (Last, First, Middle Initial)													
C.	TFP-FOJB Committee						Date o	f Di	sburse	emen	t			
	Moiling Address 200 First Street SE						M = M	1	D 1	.5	/ Y	y y 2012	Y	
	Mailing Address 320 First Street, SE						03			.5		2012		
	•	State	Zip Code				Tran	sact	ion ID	. 78	78630			
	Washington Purpose of Disbursement	DC	20003											
	Contribution Allocated to Candidate Committee			0	11		Amour	ıt of	Fach	Dish	urseme	nt this	Peri	ind
	Candidate Name			Cate	aor	v/	Airiodi		Luon	Diob	aroome		-	
					/pe				7		7	100	00.00	
	Office Sought: House Disbursem		Canaral											
		Primary Other (spe	General				Contrib	utior	n Alloc	ated	to Can	didate	Comi	mittee
	State: District:	2.1.0. (ope	~,, <b>▼</b>											
	I							-	-	-	-	_	_	_
S	UBTOTAL of Disbursements This Page (optional)					•			7		7	550	00.00	
т	OTAL This Period (last page this line number only).													

SCHEDULE B (FEC Form 3X)		FOR LINE I	NUMBER: PAGE 11 OF 11
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 27	
Any information copied from such Reports and State or for commercial purposes, other than using the national commercial purposes.			
NAME OF COMMITTEE (In Full) American College of Nurse Practit	ioners Political Action	Committe	ee
Full Name (Last, First, Middle Initial)			
Friends Of Sherrod Brown			Date of Disbursement
Mailing Address PO Box 76187			09 27 2012
Washington	State Zip Code DC 20013		Transaction ID: 7892181
Purpose of Disbursement Contribution		011	Amount of Each Disbursement this Period
Candidate Name Sen. Sherrod Brown	-	Category/ Type	1000.00
Senate President	ment For: 2012 Primary		Contribution
State: OH District:  Full Name (Last, First, Middle Initial)			Data of Dishumannant
·			Date of Disbursement
Mailing Address			
City	State Zip Code		
Purpose of Disbursement	Г		Amount of Each Disbursement this Period
Candidate Name		Category/ Type	
Senate President	ment For: Primary General Other (specify)		
State: District:  Full Name (Last, First, Middle Initial)			Date of Disbursement
Mailing Address			M M M / D D / Y Y Y Y
	State Zip Code		
Purpose of Disbursement			
Candidate Name		Category/ Type	Amount of Each Disbursement this Period
Senate	ment For: Primary General Other (specify)	7,50	
State: President State:			
			1000.00