



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**American College of Nurse Practitioners Political Action Committee**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>	<input type="text" value="66899.87"/>	<input type="text" value="66899.87"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="58030.35"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="770.00"/>	<input type="text" value="10334.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="58800.35"/>	<input type="text" value="77233.87"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="6601.29"/>	<input type="text" value="25034.81"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="52199.06"/>	<input type="text" value="52199.06"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="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

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**American College of Nurse Practitioners Political Action Committee**

Report Covering the Period: From:  /  /  To:  /  /

<b>I. Receipts</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	275.00	4623.00
(ii) Unitemized .....	495.00	5711.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	770.00	10334.00
(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) .....	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.) (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	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
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal 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
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	6500.00	24500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. 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 (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(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 .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	6601.29	25034.81
32. 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
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	770.00	10334.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	770.00	10334.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	101.29	534.81
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. 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		FOR LINE NUMBER: (check only one)	PAGE 6 OF 11
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 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**

**A. Deborah Anderson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2730 COLORADO AVE.  
 City State Zip Code  
 LONGVIEW WA 98632  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 PEACEHEALTH MEDICAL GROUP Nurse Practitioner  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 850.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 13 / 2012  
**Transaction ID : 7854588**  
 Amount of Each Receipt this Period  
 50.00

**B. Janet Selway**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1718 Hunter Mill Road  
 City State Zip Code  
 White Hall MD 21161  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Johns Hopkins Department of Surgery Nurse Practitioner  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 13 / 2012  
**Transaction ID : 7854592**  
 Amount of Each Receipt this Period  
 75.00

**C. Joan E Zaccardi**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4 Katie Drive  
 City State Zip Code  
 Middletown NJ 07748  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Urogynecology Arts of N.J. Nurse Practitioner  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 19 / 2012  
**Transaction ID : 7866325**  
 Amount of Each Receipt this Period  
 50.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	175.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 11
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**American College of Nurse Practitioners Political Action Committee**

**A. Marsha Siegel-Carpenter**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2345 E Riding Club Rd  
 City Cheyenne State WY Zip Code 82009  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Department of Veteran's Affairs Occupation Nurse Practitioner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 19 / 2012  
**Transaction ID : 7866326**  
 Amount of Each Receipt this Period  
 50.00

**B. Linda Gehrke**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2301 Georgetown Road  
 City Iowa Falls State IA Zip Code 50126  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer McFarland Clinic PC Occupation Nurse Practitioner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 545.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 18 / 2012  
**Transaction ID : 7892254**  
 Amount of Each Receipt this Period  
 50.00

**C.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	100.00
<b>TOTAL</b> This Period (last page this line number only).....▶	275.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American College of Nurse Practitioners Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Fundraising By Net**

Mailing Address 1101 Pennsylvania Avenue, NW  
6th Floor

City Washington State DC Zip Code 20004

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

**001**  
Category/  
Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 7854595**

Amount of Each Disbursement this Period

Credit Card Processing Fees

Full Name (Last, First, Middle Initial)

**B. Fundraising By Net**

Mailing Address 1101 Pennsylvania Avenue, NW  
6th Floor

City Washington State DC Zip Code 20004

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

**001**  
Category/  
Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 7892257**

Amount of Each Disbursement this Period

Credit Card Processing Fee

Full Name (Last, First, Middle Initial)

**C. Fundraising By Net**

Mailing Address 1101 Pennsylvania Avenue, NW  
6th Floor

City Washington State DC Zip Code 20004

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

**001**  
Category/  
Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 7892259**

Amount of Each Disbursement this Period

Credit Card Processing Fee

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American College of Nurse Practitioners Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Fundraising By Net**

Mailing Address 1101 Pennsylvania Avenue, NW  
6th Floor

City Washington State DC Zip Code 20004

Purpose of Disbursement  
Credit Card Processing Fee

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 7896501**

Amount of Each Disbursement this Period

Credit Card Processing Fee

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American College of Nurse Practitioners Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Cathy McMorris Rodgers For Congress**

Mailing Address Box 137

City Spokane State WA Zip Code 99210

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Cathy McMorris Rodgers**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: WA District: 05

Date of Disbursement

MM / DD / YYYY  
09 / 11 / 2012

**Transaction ID : 7853422**

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Nancy Pelosi For Congress**

Mailing Address 700 13th Street, Nw  
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement

011

Candidate Name

**Rep. Nancy Pelosi**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: CA District: 12

Date of Disbursement

MM / DD / YYYY  
09 / 19 / 2012

**Transaction ID : 7866500**

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**C. TFP-FOJB Committee**

Mailing Address 320 First Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Contribution Allocated to Candidate Committee

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 25 / 2012

**Transaction ID : 7878630**

Amount of Each Disbursement this Period

1000.00

Contribution Allocated to Candidate Committee

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

5500.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American College of Nurse Practitioners Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Friends Of Sherrod Brown**

Mailing Address PO Box 76187

City Washington State DC Zip Code 20013

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Sen. Sherrod Brown**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: OH District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
09 / 27 / 2012

**Transaction ID : 7892181**

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

1000.00

**TOTAL** This Period (last page this line number only)..... ▶

6500.00