Image# 12940367833 PAGE 1 / 9

# **FEC** FORM 3X

# **REPORT OF RECEIPTS** AND DISBURSEMENTS For Other Than An Authorized Committee

- Orim Oxt	r Other Than An	Authorized Con	imittee		Office Use Only
NAME OF TO COMMITTEE (in full)	YPE OR PRINT ▼	Example: over the li	If typing, type nes.	12FE4M5	
American College of Nu	rse Practitioners	Political Action	n Committee		
ADDRESS (number and street)	225 Reinekers Lane				
Check if different	Suite 525				
than previously reported. (ACC)	Alexandria			VA	22314
2. FEC IDENTIFICATION NUM	IBER ▼	CITY 🛦		STATE A	ZIP CODE ▲
C C00382440		3. IS THIS REPORT	NEW (N) OR	AN (A)	IENDED
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:	Due 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	20 (M10) Jan 31 (YE)
July 15 Quarterly Report (Q2)	(C) 12-Day	n 💾	ry (12P)	X General	
October 15 Quarterly Report (Q3)		ie. Conve	Tition (120)	Special (	123)
January 31 Year-End Report (YE)	_	Election on 1		2012	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day  POST-Electi  Report for the		al (30G)	Runoff (3	Special (30S)
Termination Report (TER)	·	Election on	M / D = D /	Y = Y = Y = Y	in the State of
5. Covering Period 10		012 thro	ough 10	/ D D /	2012
I certify that I have examined this Type or Print Name of Treasurer	Report and to the be Wade S Williams	st of my knowledge	and belief it is tro	ue, correct and	d complete.
	Williams	[Electr	onically Filed] [	Date 10	/ 22 / Y Y Y Y Y Z Y Z 2012
NOTE: Submission of false, erroneo	us, or incomplete inform	mation may subject t	ne person signing t	his Report to th	ne 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 2012 Report Covering the Period: 10 17 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 52199.06 Beginning of Reporting Period..... 12422.68 2088.68 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 54287.74 79322.55 6(a) and 6(c) for Column B)..... 10.13 25044.94 Total Disbursements (from Line 31)...... Cash on Hand at Close of 8. Reporting Period 54277.61 54277.61 (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

Schedule C and/or Schedule D) .....

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

#### For further information contact:

0.00

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

I. Deschote	COLUMN A	COLUMN B
I. Receipts	Total This Period	Calendar Year-to-Date
1. Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees	266.08	4889.08
(i) Itemized (use Schedule A)	200.00	9 9
(ii) Unitemized	1822.60	7533.60
(iii) TOTAL (add		
Lines 11(a)(i) and (ii)▶	2088.68	12422.68
(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	2000 00	12422.68
Totals to Line 33, page 5)	2088.68	12422.00
12. Transfers From Affiliated/Other	0.00	0.00
Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
4. 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
6. Refunds of Contributions Made		· · ·
to Federal Candidates and Other		0.00
Political Committees	0.00	0.00
Other Federal Receipts     (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds	0.00	0.00
(a) Non-Federal Account		
(from Schedule H3)	0.00	0.00
(	7	7
(b) Levin Funds (from Schedule H5)	0.00	0.00
(2) 201111 and (110111 concadio 110) 11111111	7	7 7
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
19. Total Receipts (add Lines 11(d),	2000 60	12422.68
12, 13, 14, 15, 16, 17, and 18(c))▶	2088.68	12422.00
20. Total Federal Receipts		
(subtract Line 18(c) from Line 19)▶	2088.68	12422.68

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	Disbursements COLUMN A Total This Period						
. Operating Expenditures:  (a) Allocated Federal/Non-Federal	Total Tills I Gliou	Calendar Year-to-Date					
Activity (from Schedule H4)							
(i) Federal Share	0.00	0.00					
# T	0.00	0.00					
(ii) Non-Federal Share(b) Other Federal Operating	0.00	0.00					
(b) Other Federal Operating  Expenditures	10.13	544.94					
(c) Total Operating Expenditures	7						
(add 21(a)(i), (a)(ii), and (b))▶	10.13	544.94					
Transfers to Affiliated/Other Party							
Committees Contributions to	0.00	0.00					
Federal Candidates/Committees and Other Political Committees	0.00	24500.00					
Independent Expenditures	7	1.000.00					
(use Schedule E)	0.00	0.00					
Coordinated Party Expenditures (2 U.S.C. §441a(d))	222						
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00					
Lean Danaymente Mada	0.00	0.00					
Loan Repayments Made	, , ,	0.00					
Loans Made	0.00	0.00					
Refunds of Contributions To: (a) Individuals/Persons Other							
Than Political Committees	0.00	0.00					
(I) Palitical Park Consulting	0.00	0.00					
(b) Political Party Committees	0.00	0.00					
(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					
Other Dispursements	0.00	7 7					
Federal Election Activity (2 U.S.C. §431(20))							
(a) Allocated Federal Election Activity							
(from Schedule H6)	0.00	0.00					
(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	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))	10.13	25044.94					
, , , , , , , , , , , , , , , , ,		23011.01					
Total Federal Disbursements							
(subtract Line 21(a)(ii) and Line 30(a)(ii)	10.10	0501101					
from Line 31)	10.13	25044.94					

#### **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)	2088.68	12422.68
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2088.68	12422.68
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	10.13	544.94
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	10.13	544.94

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

federal political committee.

Name of Employer

В.

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

					PAGE	:	6	OF	9		
	(0	che	ck only	ne)							
		X	11a		11b		11c		12		
			13		14		15		16	,	17

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 Full Name (Last, First, Middle Initial) Susan Apold Giampietro Date of Receipt Mailing Address 25 Pamela Lane 10 01 2012 City State Zip Code Transaction ID: 7922427 NY New Rochelle 10804 Amount of Each Receipt this Period FEC ID number of contributing C 42.00

Occupation

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

American College of Nurse Practitioner  Receipt For:  Primary General  Other (specify) ▼	Director, Department of Nursing  Aggregate Year-to-Date ▼  402.00	
Full Name (Last, First, Middle Initial)  Deborah Anderson  Mailing Address 2730 COLORADO AVE.		Date of Receipt  10 03 2012
City	State Zip Code WA 98632	Transaction ID: 7922430
FEC ID number of contributing federal political committee.  Name of Employer PEACEHEALTH MEDICAL GROUP	Occupation Nurse Practitioner	Amount of Each Receipt this Period  50.00
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	
Full Name (Last, First, Middle Initial)  Janet Selway		Date of Receipt
Mailing Address 1718 Hunter Mill Road		10 03 2012
City	State Zip Code	Transaction ID : 7922433

MD White Hall 21161 Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Nurse Practitioner Johns Hopkins Department of Surgery Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 350.00

SUBTOTAL of Receipts This Page (optional)		I	7	Ξ	I	7	16	7.00	
TOTAL This Period (last page this line number only)			7	_	Ξ	7		_	$\Box$

75.00

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

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

FOF	R LINE	NU	MBER	:	PAGE	7	OF	9	
(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

Full Name (Last, First, Middle Initial)  Jill Olmstead  Mailing Address 1847 Sunnycrest Drive		Date of Receipt
City	State Zin Code	10 12 2012
City Fullerton	State Zip Code CA 92835	Transaction ID : 7923037
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period  24.08
Name of Employer	Occupation	
St. Jude Heritage Health	Nurse Practitioner	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  274.08	
Full Name (Last, First, Middle Initial) Alison Joy Mitchell	·	Date of Receipt
Mailing Address 4713 Hummingbird St		M = M / D = D / Y = Y = Y
City	State Zip Code	10 12 2012 Transaction ID : 7022170
Houston	TX 77035	Transaction ID : 7923170  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	25.00
Name of Employer	Occupation	-
Methodist Hospital	Nurse Practitioner	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  215.00	
Full Name (Last, First, Middle Initial) Theresa A Ullrich		Date of Possint
Mailing Address 160 N Buckthorn Drive		Date of Receipt  10 15 2012
City Brea	State Zip Code CA 92823	Transaction ID : 7935081  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer	Occupation	
St. Joseph Hopsital	Nurse	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	220.00	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:					PAGE		8	OF		9
	(check only one)									
	<b>X</b> 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 name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American College of Nurse P	ractitioners Political Action Committe	ee
Full Name (Last, First, Middle Initial) Linda Gehrke  Mailing Address 2301 Georgetown Road		Date of Receipt
City Iowa Falls	State Zip Code IA 50126	10 15 2012  Transaction ID : 7938886  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer  McFarland Clinic PC	Occupation Nurse Practitioner	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 570.00	
Full Name (Last, First, Middle Initial)  3	Date of Receipt	
City	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	Amount of Each Floodipt this Fellou
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		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 ▼	
SUBTOTAL of Receipts This Page (optional)		25.00
TOTAL This Period (last page this line numb	per only)	266.08

## S ľ

S	CHEDULE B (FEC Form 3X)		NUMBER: PAGE 9 OF 9												
	EMIZED DISBURSEMENTS	Use separate schedule(s)			k only			•					-		
•		for each category of the Detailed Summary Page		X	21b		22		23		24		25		26
	information and from such Bounds and Older		1.1		27		28a		28b		28		29		30b
or	ly information copied from such Reports and Statem for commercial purposes, other than using the name	e and address of any politica	a by Il con	any ımit	tee to	on os	olicit co	pur ntrib	pose	or :	om s	uch c	ontribi	ition: ttee.	5
$\setminus$	NAME OF COMMITTEE (In Full)														
$ \rangle$	American College of Nurse Practition	oners Political Action	Cc	m	mitt	ee	)								
<u></u>	Full Name (Last, First, Middle Initial)														
A.	Fundraising By Net		Date of Disbursement												
	Mailing Address 1101 Pennsylvania Avenue, NW					10 09 2012									
	6th Floor			10			,,,			.012					
	,	State Zip Code					Trans	sact	ion ID	):7	79224	129			
	Washington Purpose of Disbursement	DC 20004				-									
	Credit Card Processing Fee		0	01			Amoun	nt of	Each	Di	sburs	emer	nt this	Peri	od
	Candidate Name		Cate		ry/		Г.						1	0.13	П
	Office Sought: House Disbursen	nent For:	Ту	ype		-			7		,	_			
		Primary General					Credit (	Card	l Proce	ess	ing F	ee			
		Other (specify) ▼									ŭ				
_	State: District: Full Name (Last, First, Middle Initial)														
В.	Tail Marie (Last, Flist, Middle Hittal)						Date o	f Di	sburse	eme	ent				
			M = M / D = D / Y = Y = Y												
	Mailing Address						-	4	L	_	ш	-	-		
	City	tate Zip Code													
	Purpose of Disbursement														
	r dipose of Disbursement				Amoun	nt of	Each	Di	sburs	emer	nt this	Peri	od		
	Candidate Name		ry/										П		
	Office Sought: House Disbursen	oont For:	Ty	/pe		-		+	7	_	7				
		Primary General													
		Other (specify) ▼													
_	State: District:														
C.	Full Name (Last, First, Middle Initial)						Date o	of Di	sburse	eme	ent				
							M M	/	D	D	1	Υ	Y Y	Y	
	Mailing Address								L	_	Ш				
	City	State Zip Code													
	Purpose of Disbursement				_	-									
	·						Amoun	nt of	Each	Di	sburs	emer	nt this	Peri	od
	Candidate Name		Cate	egoi ype	ry/										
	Office Sought: House Disbursen	nent For:	• ;	, , , ,		1			7		,				
		Primary General	•												
	State: District:	Other (specify) ▼													
Г								-				_	-		_
s	UBTOTAL of Disbursements This Page (optional)				•		L.		1		, ,		1	0.13	
Γ,	OTAL This Period (last page this line number only)				_		Г.						1	0.13	
Ι'	UIAL THIS FEHOU (IAST PAGE THIS THE HUTTIDER ONLY).			• • • • • • •					7		1				