

**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"/>		66899.87
(b) Cash on Hand at Beginning of Reporting Period.....	52199.06	
(c) Total Receipts (from Line 19)	2088.68	12422.68
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	54287.74	79322.55
7. Total Disbursements (from Line 31).....	10.13	25044.94
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	54277.61	54277.61
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	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: / /

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).....	266.08	4889.08
(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 Totals to Line 33, page 5)	2088.68	12422.68
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))..... ▶	2088.68	12422.68
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	2088.68	12422.68

DETAILED SUMMARY PAGE

of Disbursements

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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	10.13	544.94
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	10.13	544.94
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	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)) ..	10.13	25044.94
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	10.13	25044.94

DETAILED SUMMARY PAGE
of Disbursements

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

**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 9
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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. Susan Apold Giampietro
 Full Name (Last, First, Middle Initial)
 Mailing Address 25 Pamela Lane
 City New Rochelle State NY Zip Code 10804
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American College of Nurse Practitioner Occupation Director, Department of Nursing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 402.00

Date of Receipt 10 / 01 / 2012
Transaction ID : 7922427
 Amount of Each Receipt this Period 42.00

B. Deborah Anderson
 Full Name (Last, First, Middle Initial)
 Mailing Address 2730 COLORADO AVE.
 City LONGVIEW State WA Zip Code 98632
 FEC ID number of contributing federal political committee. **C**
 Name of Employer PEACEHEALTH MEDICAL GROUP Occupation Nurse Practitioner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 10 / 03 / 2012
Transaction ID : 7922430
 Amount of Each Receipt this Period 50.00

C. Janet Selway
 Full Name (Last, First, Middle Initial)
 Mailing Address 1718 Hunter Mill Road
 City White Hall State MD Zip Code 21161
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Johns Hopkins Department of Surgery Occupation Nurse Practitioner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 10 / 03 / 2012
Transaction ID : 7922433
 Amount of Each Receipt this Period 75.00

SUBTOTAL of Receipts This Page (optional).....▶	167.00
TOTAL 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 9
	<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. Jill Olmstead
Full Name (Last, First, Middle Initial)

Mailing Address 1847 Sunnycrest Drive

City Fullerton State CA Zip Code 92835

FEC ID number of contributing federal political committee. **C**

Name of Employer St. Jude Heritage Health Occupation Nurse Practitioner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **274.08**

Date of Receipt
 / /
10 / 12 / 2012

Transaction ID : 7923037

Amount of Each Receipt this Period
 24.08

B. Alison Joy Mitchell
Full Name (Last, First, Middle Initial)

Mailing Address 4713 Hummingbird St

City Houston State TX Zip Code 77035

FEC ID number of contributing federal political committee. **C**

Name of Employer Methodist Hospital Occupation Nurse Practitioner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **215.00**

Date of Receipt
 / /
10 / 12 / 2012

Transaction ID : 7923170

Amount of Each Receipt this Period
 25.00

C. Theresa A Ullrich
Full Name (Last, First, Middle Initial)

Mailing Address 160 N Buckthorn Drive

City Brea State CA Zip Code 92823

FEC ID number of contributing federal political committee. **C**

Name of Employer St. Joseph Hopsital Occupation Nurse

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt
 / /
10 / 15 / 2012

Transaction ID : 7935081

Amount of Each Receipt this Period
 25.00

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text"/> 74.08
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**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 8 OF 9
	<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	

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

Full Name (Last, First, Middle Initial) A. Linda Gehrke		Date of Receipt M M / D D / Y Y Y Y 10 / 15 / 2012 Transaction ID : 7938886
Mailing Address 2301 Georgetown Road		Amount of Each Receipt this Period 25.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 570.00	

Full Name (Last, First, Middle Initial) B.		Date of Receipt M M / D D / Y Y Y Y
Mailing Address		Amount of Each Receipt this Period
City	State	Zip Code
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) C.		Date of Receipt M M / D D / Y Y Y Y
Mailing Address		Amount of Each Receipt this Period
City	State	Zip Code
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional).....▶	25.00
TOTAL This Period (last page this line number only).....▶	266.08

**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 : 7922429

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)..... ▶