04/12/2011 16:22

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# **FORM 3X**

### **REPORT OF RECEIPTS AND DISBURSEMENTS**

	For Other Than An Au	thorized Committee	Office Us	e Only
NAME OF COMMITTEE (in full)	USE FEC MAILING LABEL OR TYPE OR PRINT	Example:If typing, type over the lines		
American College of Nurse F	Practitioners Political Action Co	ommittee		
ADDRESS (number and street)	1501 Wilson Blvd.			
Check if different	Suite 509			
than previously reported. (ACC)	Arlington		VA 22	2209
2. FEC IDENTIFICATION NUM	MBER ¥ C	ITY A	STATE	ZIPCODE A
C00382440		IS THIS X NEW (N)	OR AMENDED (A)	
4. TYPE OF REPORT (Choose One)	Report	eb 20 (M2) May 20	(M5) Aug 20 (M8)	Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:	Due On:	ar 20 (M3) Jun 20	(M6) Sep 20 (M9)	Dec 20 (M12) (Non-Election Year Only)
April 15		or 20 (M4) Jul 20 (	M7) Oct 20 (M10)	Jan 31 (YE)
Quarterly Report(C	Q1) (c) 12-Day	Primary (12P)	General (12G)	Runoff (12R)
Quarterly Report(C	PRE-Election Report for the:	Convention (12C)	Special (12G)	_
Quarterly Report(C	23)			in the
January 31 Quarterly Report(Y	(E) Elect	tion on		in the State of
July 31 Mid-Year Report(Non-election Year Only) (MY)  Termination Report (TER)	Post -Election	General (30G)	Runoff (30R)	Special (30S)
		tion on		in the State of
5. Covering Period 0	3 01 2011	through	03 31 2011	
I certify that I have examined this	Report and to the best of my k	nowledge and belief it is true, co	orrect and complete.	
Type or Print Name of Treasurer	Wade S, Williams			
Signature of Treasurer Electron	onically Filed by Wade S, Wi	illiams	Date 0 4 1 2	2011
NOTE : Submission of false, erro	oneous, or incomplete informati	on may subject the person sign	ing this Report to the penalties	of 2 U.S.C 437g.
Office Use				FORM 3X v. 12/2004)

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FEC Form 3X (Rev. 02/2003)

## SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

Page 2

Write or Type Committee Name American College of Nurse Practitioners Political Action Committee

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand  January 1  2011		55441.38
	(b) Cash on Hand at Begining of Reporting Period	55575.01	
	(c) Total Receipts (from Line 19)	1135.54	1285.54
	(d) Subtotal (add lines 6(b) and		
	6(c) for Column A and Lines 6(a) and 6(c) for Column B)	56710.55	56726.92
	Total Disbursements (from Line 31)	52.61	68.98
١.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	56657.94	56657.94
	Debts and Obligations owed the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
0.	Debts and Obligations owed the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

X 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) Page 3

Write or Type Committee Name

American College of Nurse Practitioners Political Action Committee

м м 0 1 м м 3 1 2011 2011 Report Covering the Period: From: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 250.00 250.00 (i) Itemized (use Schedule A) ...... 840.00 990.00 (ii) Unitemized ..... (iii) TOTAL (add 1090.00 1240.00 Lines 11(a)(i) and (ii) ...... 0.00 0.00 (b) Political Party Committees ..... Other Political Committees 0.00 0.00 (such as PACs) ..... Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 1090.00 1240.00 Totals to Line 33, page 5) ..... 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees ..... 0.00 0.00 13. All Loans Received ..... 0.00 0.00 14. Loan Repayments Received ..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) ..... 16. Refunds of Contributions Made to Federal candidates and Other 0.00 0.00 Political Committees ..... 17. Other Federal Receipts 45.54 45.54 (Dividends, Interest, etc.) ..... 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3) ..... 0.00 0.00 (b) Levin Funds (from Schedule H5) ...... 0.00 0.00 (c) Total Transfer (add 18(a) and 18(b)). 19. Total Receipts (add Lines 11(d), 1135.54 1285.54 12, 13, 14, 15, 16, 17, and 18(c)) ......

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20. Total Federal Receipts

(subtract Line 18(c) from Line 19) .....

1135.54

1285.54

#### DETAILED SUMMARY PAGE

of Disbursements

FEC. Form 3X (Rev. 02/2003) Page 4

FEC Form 3X (Rev. 02/2003)	COLUMN A	Page 4	
II. DISBURSEMENTS	Total This Period	COLUMN B Calendar Year-to-Date	
21. Operating Expenditures:  (a) Shared Federal/Non-Federal			
Activity (from Schedule H4)	0.00	0.00	
(i) Federal Share			
(ii) Non-Federal Share	0.00	0.00	
(b) Other Federal Operating	7.07	23.44	
Expenditures(c) Total Operating Expenditures	7.07	20.44	
(add 21(a)(i), (a)(ii) and (b))	7.07	23.44	
2. Transfers to Affiliated/Other Party	0.00	0.00	
Committees23. Contributions to	0.00	0.00	
Federal Candidates/Committeesand Other Political Committees	0.00	0.00	
24. Independent Expenditure	0.00	0.00	
(use Schedule E)	0.00	0.00	
Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00	
	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	0.00	0.00	
Than Political Committees			
(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	45.54	45.54	
3. Other bisbursements			
Federal Election Activity (2 U.S.C 431(20))     (a) Shared 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	0.00	0.00	
Lines 30(a)(i), 30(a)(ii) and 30(b))		3.00	
31. Total Disbursements (add Lines 21(c), 22,			
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	52.61	68.98	
. , , , , , , , , , , , , , , , , , , ,			
32. Total Federal Disbursements			
(subtract Line 21(a)(ii) and Line 30(a)(ii)	52.61	60 00	
from Line 31)	32.01	68.98	

#### **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)	1090.00	1240.00
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	1090.00	1240.00
6.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	7.07	23.44
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	7.07	23.44

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A.

## S

Other (specify)  $\blacktriangledown$ 

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 6 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Si or for commercial purposes, other than using the	tatements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)		
American College of Nurse Practitione	rs Political Action Committee	
Full Name (Last, First, Middle Initial) M.J. Henderson		Date of Receipt
Mailing Address 33 Hillcrest Rd		03 18 2011
City	State Zip Code	Transaction ID: 6661469
Wakefield	RI 02879	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Rheumatology Associates, Providence RI	Occupation Nurse Practitioner	
Receipt For:  Primary  General  Other (specify)	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	<b>•</b>	250.00
TOTAL This Period (last page this line number only)	<b>•</b>	250.00