

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 American College of Nurse Practitioners Political Action Committee

ADDRESS (number and street) 1501 Wilson Blvd. Suite 509 Arlington VA 22209 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C C00382440 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 11 / 01 / 2011 through 11 / 30 / 2011

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Wade S Williams

Signature of Treasurer Wade S Williams [Electronically Filed] Date 12 / 14 / 2011

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**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="2011"/>	<input type="text" value="55441.38"/>	<input type="text" value="55441.38"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="60532.27"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="6645.00"/>	<input type="text" value="12123.01"/>
(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="67177.27"/>	<input type="text" value="67564.39"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="445.04"/>	<input type="text" value="832.16"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="66732.23"/>	<input type="text" value="66732.23"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY 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: / /

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).....	1800.00	3500.00
(ii) Unitemized	4845.00	8510.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	6645.00	12010.00
(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)	6645.00	12010.00
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	113.01
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))..... ▶	6645.00	12123.01
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	6645.00	12123.01

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	490.58	832.16
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	490.58	832.16
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
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	-45.54	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)) ..	445.04	832.16
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	445.04	832.16

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)	6645.00	12010.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	6645.00	12010.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	490.58	832.16
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	490.58	832.16

**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 12
<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. Gail Lauryn
Full Name (Last, First, Middle Initial)

Mailing Address 11201 S. Lothain Avenue

City Chicago State IL Zip Code 60643

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

Name of Employer Take Care Clinic Occupation Nurse Practioner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 07 / 2011

Transaction ID : 7194952

Amount of Each Receipt this Period
 250.00

B. Margaret Eigenberger
Full Name (Last, First, Middle Initial)

Mailing Address 14733 Stoney Creek Way

City Broomfield State CO Zip Code 80023

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

Name of Employer Kaiser Permanente Occupation Nurse Practioner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 07 / 2011

Transaction ID : 7194953

Amount of Each Receipt this Period
 250.00

c. 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 Practioner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 07 / 2011

Transaction ID : 7194954

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	750.00
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 12
	<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

Full Name (Last, First, Middle Initial) A. Lori North		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 07 / 2011
Mailing Address 4383 W. Ponds Circle		Transaction ID : 7194955
City Littleton	State CO	Zip Code 80123
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Denver VA Hospital	Occupation Nurse Practioner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Marie Coffin		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 07 / 2011
Mailing Address 1106 Summerlon Way		Transaction ID : 7194956
City Dodge City	State KS	Zip Code 67801
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Take Care Health Systems	Occupation Nurse Practitioner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Denise G Link		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 07 / 2011
Mailing Address PO Box 40356 4032 N. 11Th Avenue		Transaction ID : 7194983
City Phoenix	State AZ	Zip Code 85067
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Arizona State University	Occupation Nurse Practitioner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

SUBTOTAL of Receipts This Page (optional).....▶	550.00
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 8 OF 12
<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

A. Nanette Alexander
 Full Name (Last, First, Middle Initial)
 Mailing Address 117 North Moodus Rd.
 City Moodus State CT Zip Code 06469
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Prime Health Center Occupation Nurse Practitioner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 295.00

Date of Receipt 11 / 03 / 2011
Transaction ID : 7195250
 Amount of Each Receipt this Period 155.00

B. M.J. Henderson
 Full Name (Last, First, Middle Initial)
 Mailing Address 33 Hillcrest Rd
 City Wakefield State RI Zip Code 02879
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Rheumatology Associates, Providence RI Occupation Nurse Practitioner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 11 / 03 / 2011
Transaction ID : 7195251
 Amount of Each Receipt this Period 200.00

C. Jan DiSantostefano
 Full Name (Last, First, Middle Initial)
 Mailing Address 2437 Maxton Crest Drive
 City Apex State NC Zip Code 27539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SAS Healthcare Occupation Nurse Practitioner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 11 / 03 / 2011
Transaction ID : 7195270
 Amount of Each Receipt this Period 25.00

SUBTOTAL of Receipts This Page (optional).....▶	380.00
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 9 OF 12
	<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. Helen Ruddy			Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 20 / 2011 Transaction ID : 7195274		
Mailing Address 21-26 21st Rd			Amount of Each Receipt this Period 50.00		
City Astoria	State NY	Zip Code 11105			
FEC ID number of contributing federal political committee. C					
Name of Employer NYU Health Service		Occupation Nurse Practitioner			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00			

Full Name (Last, First, Middle Initial) B. Nanette Alexander			Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 20 / 2011 Transaction ID : 7195276		
Mailing Address 117 North Moodus Rd.			Amount of Each Receipt this Period 20.00		
City Moodus	State CT	Zip Code 06469			
FEC ID number of contributing federal political committee. C					
Name of Employer Prime Health Center		Occupation Nurse Practitioner			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 315.00			

Full Name (Last, First, Middle Initial) C. Susan Apold Giampietro			Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 20 / 2011 Transaction ID : 7195278		
Mailing Address 25 Pamela Lane			Amount of Each Receipt this Period 50.00		
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00			

SUBTOTAL of Receipts This Page (optional).....▶	120.00
TOTAL This Period (last page this line number only).....▶	1800.00

**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

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

001
Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 01 / 2011

Transaction ID : 7108511

Amount of Each Disbursement this Period

113.01

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 Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

001
Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 03 / 2011

Transaction ID : 7195272

Amount of Each Disbursement this Period

2.23

Credit Card Processing Fees

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 Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

001
Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 20 / 2011

Transaction ID : 7195279

Amount of Each Disbursement this Period

10.86

Credit Card Processing Fees

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

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

126.10

**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

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 7195280

Amount of Each Disbursement this Period

Credit Card Processing Fees

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 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 checked="" 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
Void - Check Written 03.29.2011

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : 7108510

Amount of Each Disbursement this Period

Void - Check Written 03.29.2011

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

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