

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

AMERICAN ACADEMY 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="222954.88"/>	<input type="text" value="222954.88"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="200770.63"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="4791.00"/>	<input type="text" value="34483.89"/>
(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="205561.63"/>	<input type="text" value="257438.77"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="18000.00"/>	<input type="text" value="69877.14"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="187561.63"/>	<input type="text" value="187561.63"/>
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 ACADEMY 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).....	1135.00	3775.00
(ii) Unitemized	3906.00	30958.89
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	5041.00	34733.89
(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)	5041.00	34733.89
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.....	-250.00	-250.00
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))..... ▶	4791.00	34483.89
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	4791.00	34483.89

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	0.00	127.14
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	127.14
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	18000.00	69750.00
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)) ..	18000.00	69877.14
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	18000.00	69877.14

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)	5041.00	34733.89
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5041.00	34733.89
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	0.00	127.14
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	0.00	127.14

**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 13
	<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

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 ACADEMY OF NURSE PRACTITIONERS/POLITICAL ACTION COMMITTEE

A. KATHLEEN HAYCRAFT
Full Name (Last, First, Middle Initial)

Mailing Address 308 HUCKLEBERRY HEIGHTS DR

City HANNIBAL State MO Zip Code 63401

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

Name of Employer RIVERSIDE DERMATOLOGY Occupation NURSE PRACTITIONER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
10 / 01 / 2012
Transaction ID : SA11AI.4852

Amount of Each Receipt this Period
500.00

B. MICHAEL ROTHSTEIN
Full Name (Last, First, Middle Initial)

Mailing Address 22 LIBERTY RD

City TAPPAN State NY Zip Code 10983

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

Name of Employer FOOT CENTER OF NEW YORK Occupation NURSE PRACTITIONER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 285.00

Date of Receipt
11 / 26 / 2012
Transaction ID : SA11AI.4856

Amount of Each Receipt this Period
285.00

C. ROBERT STRAMSKI
Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 1015

City JONES State OK Zip Code 73049

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

Name of Employer JONES FAMILY CARE Occupation NURSE PRACTITIONER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
10 / 03 / 2012
Transaction ID : SA11AI.4854

Amount of Each Receipt this Period
350.00

SUBTOTAL of Receipts This Page (optional).....▶	1135.00
TOTAL This Period (last page this line number only).....▶	1135.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 OF 13
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN ACADEMY OF NURSE PRACTITIONERS/POLITICAL ACTION COMMITTEE

A. THE JADED FACE FAMILY HEALTH PC
 Full Name (Last, First, Middle Initial)
 Mailing Address 16 PINE RIDGE DR
 City SMITHTOWN State NY Zip Code 11787
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: 2013
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ -250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 24 / 2012
Transaction ID : SA16.4851
 Amount of Each Receipt this Period
 -250.00
 CORP CHECK

B.
 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

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

SUBTOTAL of Receipts This Page (optional).....▶	-250.00
TOTAL This Period (last page this line number only).....▶	-250.00

**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 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 ACADEMY OF NURSE PRACTITIONERS/POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. RON BARBER

Mailing Address 3400 E SPEEDWAY BLVD
STE 114

City TUCSON State AZ Zip Code 85716

Purpose of Disbursement

011

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2013
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 06 / 2012

Transaction ID : SB23.4829

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. EARL BLUMENAUER

Mailing Address 600 12TH ST

City CANTON State OH Zip Code 44714

Purpose of Disbursement

011

Candidate Name

EARL BLUMENAUER

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 24 / 2012

Transaction ID : SB23.4825

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. G.K. BUTTERFIELD

Mailing Address PO BOX 2571

City WILSON State NC Zip Code 27894

Purpose of Disbursement

011

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2013
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 24 / 2012

Transaction ID : SB23.4827

Amount of Each Disbursement this Period

1000.00

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

3000.00

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 ACADEMY OF NURSE PRACTITIONERS/POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. MARIA CANTWELL

Mailing Address PO BOX 12740

City SEATTLE State WA Zip Code 98111

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: WA District: 00

Disbursement For: 2013
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		24		2012

Transaction ID : SB23.4844

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. SENATOR CASEY

Mailing Address 888 16TH ST NW

City WASHINGTON State DC Zip Code 20006

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2013
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		24		2012

Transaction ID : SB23.4835

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. HATCH ELECTION COMMITTEE INC

Mailing Address PO BOX 900427

City SANDY State UT Zip Code 84090

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: UT District: 00

Disbursement For: 2013
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		24		2012

Transaction ID : SB23.4824

Amount of Each Disbursement this Period

1500.00

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

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

3500.00

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**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 ACADEMY OF NURSE PRACTITIONERS/POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. LYNN JENKINS

Mailing Address P.O. BOX 1441

City TOPEKA State KS Zip Code 66601

Purpose of Disbursement

011

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2013
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			24			2012			

Transaction ID : SB23.4848

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. ANN KUSTER

Mailing Address PO BOX 1498

City CONCORD State NH Zip Code 03302

Purpose of Disbursement

011

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2013
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			24			2012			

Transaction ID : SB23.4833

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. NICK LAMPSON

Mailing Address P.O. BOX 21500

City BEAUMONT State TX Zip Code 77720

Purpose of Disbursement

011

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2013
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			06			2012			

Transaction ID : SB23.4845

Amount of Each Disbursement this Period

1000.00

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

4000.00

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

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**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 ACADEMY OF NURSE PRACTITIONERS/POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. LEONARD LANCE

Mailing Address PO BOX 225

City COLONIA State NJ Zip Code 07067

Purpose of Disbursement

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2013
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			24			2012			

Transaction ID : SB23.4862

Amount of Each Disbursement this Period

1000.00									
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Full Name (Last, First, Middle Initial)

B. JIM MCDERMOTT

Mailing Address PO BOX 21786
MAIN STATION

City SEATTLE State WA Zip Code 98111

Purpose of Disbursement

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2013
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			24			2012			

Transaction ID : SB23.4842

Amount of Each Disbursement this Period

1000.00									
---------	--	--	--	--	--	--	--	--	--

Full Name (Last, First, Middle Initial)

C. DAVID MCKINLEY

Mailing Address PO BOX 642

City MORGANTOWN State WV Zip Code 26507

Purpose of Disbursement

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2013
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			24			2012			

Transaction ID : SB23.4839

Amount of Each Disbursement this Period

1000.00									
---------	--	--	--	--	--	--	--	--	--

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

3000.00									
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TOTAL This Period (last page this line number only)..... ▶

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**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 ACADEMY OF NURSE PRACTITIONERS/POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. PETE STARK

Mailing Address PO BOX 8331

City State Zip Code
FREMONT CA 94537

Purpose of Disbursement

011

Candidate Name
Pete Stark

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2013
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		24		2012

Transaction ID : **SB23.4823**

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. LEE TERRY

Mailing Address 2941 S. 120TH ST.

City State Zip Code
OMAHA NE 68114

Purpose of Disbursement

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2013
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		24		2012

Transaction ID : **SB23.4831**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. MIKE THOMPSON

Mailing Address PO BOX 10541

City State Zip Code
NAPA CA 94581

Purpose of Disbursement

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2013
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		24		2012

Transaction ID : **SB23.4843**

Amount of Each Disbursement this Period

1000.00

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

3500.00

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

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**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 ACADEMY OF NURSE PRACTITIONERS/POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. PAT TIBERI

Mailing Address 2913 E DOUBLING GRANDVIEW RD

City State Zip Code
COLUMBUS OH 43234

Purpose of Disbursement

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2013
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 24 / 2012

Transaction ID : SB23.4836

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

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

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)..... ▶

18000.00