

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

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="2015"/>		139414.74
(b) Cash on Hand at Beginning of Reporting Period.....	185721.42	
(c) Total Receipts (from Line 19)	14776.64	61792.64
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	200498.06	201207.38
7. Total Disbursements (from Line 31).....	13846.54	14555.86
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	186651.52	186651.52
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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Report Covering the Period: From: 07 / 01 / 2015 To: 07 / 31 / 2015

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).....	11696.79	37567.79
(ii) Unitemized	3079.85	24224.85
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	14776.64	61792.64
(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)	14776.64	61792.64
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))..... ▶	14776.64	61792.64
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	14776.64	61792.64

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	13846.54	14555.86
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	13846.54	14555.86
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	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)) ..	13846.54	14555.86
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	13846.54	14555.86

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)	14776.64	61792.64
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	14776.64	61792.64
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	13846.54	14555.86
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	13846.54	14555.86

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

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

FOR LINE NUMBER: PAGE 6 OF 37
(check only one)
 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.

NAME OF COMMITTEE (In Full)
AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

A. Barbara Anderson
 Full Name (Last, First, Middle Initial)
 Mailing Address 4263 Quail Rd.
 City Riverside State CA Zip Code 92507-4814
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Frontier Nursing University Director, Doctor of Nursing Practice
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 241.84

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2015
Transaction ID : SA11AI.11484
 Amount of Each Receipt this Period
 56.84
 In-kind - book

B. Barbara Anderson
 Full Name (Last, First, Middle Initial)
 Mailing Address 4263 Quail Rd.
 City Riverside State CA Zip Code 92507-4814
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Frontier Nursing University Director, Doctor of Nursing Practice
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 311.84

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2015
Transaction ID : SA11AI.11539
 Amount of Each Receipt this Period
 70.00
 In-kind - book

C. Heather Bradford
 Full Name (Last, First, Middle Initial)
 Mailing Address 527 Kirkland Ave.
 City Kirkland State WA Zip Code 98033
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Evergreen Health Midwifery Care CNM
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 263.91

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2015
Transaction ID : SA11AI.11602
 Amount of Each Receipt this Period
 96.00
 In-kind - PAC contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 222.84
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 37
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial) A. Ginger Breedlove			Date of Receipt MM / DD / YYYY 07 / 31 / 2015 Transaction ID : SA11AI.11422		
Mailing Address 13608 W 54th St.			Amount of Each Receipt this Period 1050.00		
City Shawnee	State KS	Zip Code 66216-5110	In-kind - rolling pin		
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 1050.00		
Name of Employer Shenandoah University		Occupation CNM	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Ginger Breedlove			Date of Receipt MM / DD / YYYY 07 / 31 / 2015 Transaction ID : SA11AI.11426		
Mailing Address 13608 W 54th St.			Amount of Each Receipt this Period 58.00		
City Shawnee	State KS	Zip Code 66216-5110	In-kind - Tote		
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 1108.00		
Name of Employer Shenandoah University		Occupation CNM	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Ginger Breedlove			Date of Receipt MM / DD / YYYY 07 / 31 / 2015 Transaction ID : SA11AI.11428		
Mailing Address 13608 W 54th St.			Amount of Each Receipt this Period 47.00		
City Shawnee	State KS	Zip Code 66216-5110	In-kind - Commemorative Coin		
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 1155.00		
Name of Employer Shenandoah University		Occupation CNM	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	155.00
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 37
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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-MIDWIVES MIDWIVES-PAC

A. Ginger Breedlove
 Full Name (Last, First, Middle Initial)
 Mailing Address 13608 W 54th St.
 City Shawnee State KS Zip Code 66216-5110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Shenandoah University Occupation CNM
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1175.00**

Date of Receipt **07 / 31 / 2015**
Transaction ID : SA11AI.11430
 Amount of Each Receipt this Period **20.00**
 In-kind - book and pencils

B. Ginger Breedlove
 Full Name (Last, First, Middle Initial)
 Mailing Address 13608 W 54th St.
 City Shawnee State KS Zip Code 66216-5110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Shenandoah University Occupation CNM
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1425.00**

Date of Receipt **07 / 31 / 2015**
Transaction ID : SA11AI.11434
 Amount of Each Receipt this Period **250.00**
 In-kind - afternoon tea

C. Mary K. Collins
 Full Name (Last, First, Middle Initial)
 Mailing Address 2089 NW Pine Tree Way
 City Stuart State FL Zip Code 34994
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Indian River State College Occupation Asst. Professor of Nursing
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1025.00**

Date of Receipt **07 / 31 / 2015**
Transaction ID : SA11AI.11577
 Amount of Each Receipt this Period **25.00**
 In-kind - coasters

SUBTOTAL of Receipts This Page (optional)..... **295.00**
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 37
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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-MIDWIVES MIDWIVES-PAC

A. Katherine L Dawley
 Full Name (Last, First, Middle Initial)
 Mailing Address 235 Pelham Road
 City Philadelphia State PA Zip Code 19119-2624
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Retired Occupation CNM
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **07 / 16 / 2015**
Transaction ID : SA11Al.11616
 Amount of Each Receipt this Period **500.00**
 July 2015 Contribution

B. Eve K Hadley
 Full Name (Last, First, Middle Initial)
 Mailing Address 2 Battery HI
 City Vergennes State VT Zip Code 05491-1023
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Tapestry Midwifery Occupation Certified Nurse-Midwife
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **340.00**

Date of Receipt **07 / 31 / 2015**
Transaction ID : SA11Al.11378
 Amount of Each Receipt this Period **150.00**
 In-kind - Dilation Board

C. Kathryn Shisler Harrod
 Full Name (Last, First, Middle Initial)
 Mailing Address W1815 Country Road B
 City Genoa City State WI Zip Code 53128-1938
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Aurora Health Care Occupation Certified Nurse-Midwife
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **750.00**

Date of Receipt **07 / 31 / 2015**
Transaction ID : SA11Al.11444
 Amount of Each Receipt this Period **300.00**
 In-kind - signed apron

SUBTOTAL of Receipts This Page (optional).....▶	950.00
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 10 OF 37
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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-MIDWIVES MIDWIVES-PAC

A. Kathryn Shisler Harrod
 Full Name (Last, First, Middle Initial)
 Mailing Address W1815 Country Road B
 City Genoa City State WI Zip Code 53128-1938
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Aurora Health Care Certified Nurse-Midwife
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ **828.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2015
Transaction ID : SA11AI.11446
 Amount of Each Receipt this Period
78.00
 In-kind - tote bag

B. Kathryn Shisler Harrod
 Full Name (Last, First, Middle Initial)
 Mailing Address W1815 Country Road B
 City Genoa City State WI Zip Code 53128-1938
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Aurora Health Care Certified Nurse-Midwife
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ **978.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2015
Transaction ID : SA11AI.11448
 Amount of Each Receipt this Period
150.00
 In-kind - picture

C. Kathryn Shisler Harrod
 Full Name (Last, First, Middle Initial)
 Mailing Address W1815 Country Road B
 City Genoa City State WI Zip Code 53128-1938
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Aurora Health Care Certified Nurse-Midwife
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ **1728.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2015
Transaction ID : SA11AI.11450
 Amount of Each Receipt this Period
750.00
 In-kind - hotel vacation

SUBTOTAL of Receipts This Page (optional).....▶	978.00
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 11 OF 37
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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-MIDWIVES MIDWIVES-PAC

A. Catharine Hefferman
 Full Name (Last, First, Middle Initial)
 Mailing Address PO 1116
 City Bethel State ME Zip Code 04217
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Maine General Health Occupation Midwife
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **650.00**

Date of Receipt **07 / 31 / 2015**
Transaction ID : SA11AI.11432
 Amount of Each Receipt this Period **650.00**
 In-kind - ski weekend vacation

B. Cheryl Anderson Heitkamp
 Full Name (Last, First, Middle Initial)
 Mailing Address 717 Applewood Cir.
 City Victoria State MN Zip Code 55386
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Park Nicollet Clinic Occupation CNM
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1040.00**

Date of Receipt **07 / 31 / 2015**
Transaction ID : SA11AI.11533
 Amount of Each Receipt this Period **40.00**
 In-kind - book

c. Cheryl Anderson Heitkamp
 Full Name (Last, First, Middle Initial)
 Mailing Address 717 Applewood Cir.
 City Victoria State MN Zip Code 55386
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Park Nicollet Clinic Occupation CNM
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1093.00**

Date of Receipt **07 / 31 / 2015**
Transaction ID : SA11AI.11535
 Amount of Each Receipt this Period **53.00**
 In-kind - printing

SUBTOTAL of Receipts This Page (optional).....	743.00
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 12 OF 37
	<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 COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

A. Julia Lange Kessler
Full Name (Last, First, Middle Initial)

Mailing Address 163 William Lain Rd.

City Westtown	State NY	Zip Code 10998-3906
------------------	-------------	------------------------

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

Name of Employer New York University	Occupation CNM
---	-------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2015

Transaction ID : SA11AI.11394

Amount of Each Receipt this Period

100.00

In-kind - Artwork and Poem

B. Nora McDermott Lewis
Full Name (Last, First, Middle Initial)

Mailing Address 759 Drumm Lane

City Nipomp	State CA	Zip Code 93444
----------------	-------------	-------------------

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

Name of Employer Santa Barbara Co. PHD	Occupation CNM
---	-------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2015

Transaction ID : SA11AI.11459

Amount of Each Receipt this Period

175.00

In-kind - quilt

C. Nora McDermott Lewis
Full Name (Last, First, Middle Initial)

Mailing Address 759 Drumm Lane

City Nipomp	State CA	Zip Code 93444
----------------	-------------	-------------------

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

Name of Employer Santa Barbara Co. PHD	Occupation CNM
---	-------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **233.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2015

Transaction ID : SA11AI.11495

Amount of Each Receipt this Period

8.00

In-kind - earrings

SUBTOTAL of Receipts This Page (optional).....▶	283.00
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 13 OF 37
	<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 COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

A. Nora McDermott Lewis
 Full Name (Last, First, Middle Initial)
 Mailing Address 759 Drumm Lane
 City Nipomp State CA Zip Code 93444
 Name of Employer Santa Barbara Co. PHD Occupation CNM
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 241.00

Date of Receipt 07 / 31 / 2015
Transaction ID : SA11AI.11497
 Amount of Each Receipt this Period 8.00
 In-kind - blankets

B. Nora McDermott Lewis
 Full Name (Last, First, Middle Initial)
 Mailing Address 759 Drumm Lane
 City Nipomp State CA Zip Code 93444
 Name of Employer Santa Barbara Co. PHD Occupation CNM
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 251.00

Date of Receipt 07 / 31 / 2015
Transaction ID : SA11AI.11499
 Amount of Each Receipt this Period 10.00
 In-kind - earrings

C. Nora McDermott Lewis
 Full Name (Last, First, Middle Initial)
 Mailing Address 759 Drumm Lane
 City Nipomp State CA Zip Code 93444
 Name of Employer Santa Barbara Co. PHD Occupation CNM
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 281.00

Date of Receipt 07 / 31 / 2015
Transaction ID : SA11AI.11501
 Amount of Each Receipt this Period 30.00
 In-kind - music cds

SUBTOTAL of Receipts This Page (optional).....▶	48.00
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 14 OF 37
	<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
-----------------------------	-----------------------------	-----------------------------

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-MIDWIVES MIDWIVES-PAC

A. Nora McDermott Lewis
 Full Name (Last, First, Middle Initial)
 Mailing Address 759 Drumm Lane
 City Nipomp State CA Zip Code 93444
 Name of Employer Santa Barbara Co. PHD Occupation CNM
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 296.00

Date of Receipt 07 / 31 / 2015
Transaction ID : SA11AI.11503
 Amount of Each Receipt this Period 15.00
 In-kind - wooden carving

B. Nora McDermott Lewis
 Full Name (Last, First, Middle Initial)
 Mailing Address 759 Drumm Lane
 City Nipomp State CA Zip Code 93444
 Name of Employer Santa Barbara Co. PHD Occupation CNM
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 311.00

Date of Receipt 07 / 31 / 2015
Transaction ID : SA11AI.11505
 Amount of Each Receipt this Period 15.00
 In-kind - purse

C. Nora McDermott Lewis
 Full Name (Last, First, Middle Initial)
 Mailing Address 759 Drumm Lane
 City Nipomp State CA Zip Code 93444
 Name of Employer Santa Barbara Co. PHD Occupation CNM
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 331.00

Date of Receipt 07 / 31 / 2015
Transaction ID : SA11AI.11507
 Amount of Each Receipt this Period 20.00
 In-kind - place mats

SUBTOTAL of Receipts This Page (optional).....▶	50.00
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 15 OF 37
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial) A. Nora McDermott Lewis			Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 31 / 2015 Transaction ID : SA11Al.11509
Mailing Address 759 Drumm Lane			Amount of Each Receipt this Period 15.95
City Nipomp	State CA	Zip Code 93444	In-kind - book
FEC ID number of contributing federal political committee. C		Occupation CNM	
Name of Employer Santa Barbara Co. PHD		Aggregate Year-to-Date ▼ 346.95	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Nora McDermott Lewis			Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 31 / 2015 Transaction ID : SA11Al.11511
Mailing Address 759 Drumm Lane			Amount of Each Receipt this Period 20.00
City Nipomp	State CA	Zip Code 93444	In-kind - trivet, artwork
FEC ID number of contributing federal political committee. C		Occupation CNM	
Name of Employer Santa Barbara Co. PHD		Aggregate Year-to-Date ▼ 366.95	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Nora McDermott Lewis			Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 31 / 2015 Transaction ID : SA11Al.11513
Mailing Address 759 Drumm Lane			Amount of Each Receipt this Period 25.00
City Nipomp	State CA	Zip Code 93444	In-kind - bracelet and necklace
FEC ID number of contributing federal political committee. C		Occupation CNM	
Name of Employer Santa Barbara Co. PHD		Aggregate Year-to-Date ▼ 391.95	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶ 60.95
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 16 OF 37
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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-MIDWIVES MIDWIVES-PAC

A. Nora McDermott Lewis
 Full Name (Last, First, Middle Initial)
 Mailing Address 759 Drumm Lane
 City Nipomp State CA Zip Code 93444
 Name of Employer Santa Barbara Co. PHD Occupation CNM
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.95

Date of Receipt 07 / 31 / 2015
Transaction ID : SA11AI.11515
 Amount of Each Receipt this Period 25.00
 In-kind - print

B. Nora McDermott Lewis
 Full Name (Last, First, Middle Initial)
 Mailing Address 759 Drumm Lane
 City Nipomp State CA Zip Code 93444
 Name of Employer Santa Barbara Co. PHD Occupation CNM
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 441.95

Date of Receipt 07 / 31 / 2015
Transaction ID : SA11AI.11517
 Amount of Each Receipt this Period 25.00
 In-kind - scarf

C. Nora McDermott Lewis
 Full Name (Last, First, Middle Initial)
 Mailing Address 759 Drumm Lane
 City Nipomp State CA Zip Code 93444
 Name of Employer Santa Barbara Co. PHD Occupation CNM
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 466.95

Date of Receipt 07 / 31 / 2015
Transaction ID : SA11AI.11519
 Amount of Each Receipt this Period 25.00
 In-kind - bowl

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.00
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 17 OF 37
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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-MIDWIVES MIDWIVES-PAC

A. Nora McDermott Lewis
 Full Name (Last, First, Middle Initial)
 Mailing Address 759 Drumm Lane
 City Nipomp State CA Zip Code 93444
 Name of Employer Santa Barbara Co. PHD Occupation CNM
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 521.95

Date of Receipt 07 / 31 / 2015
Transaction ID : SA11AI.11523
 Amount of Each Receipt this Period 55.00
 In-kind - earrings

B. Nora McDermott Lewis
 Full Name (Last, First, Middle Initial)
 Mailing Address 759 Drumm Lane
 City Nipomp State CA Zip Code 93444
 Name of Employer Santa Barbara Co. PHD Occupation CNM
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 581.95

Date of Receipt 07 / 31 / 2015
Transaction ID : SA11AI.11525
 Amount of Each Receipt this Period 60.00
 In-kind - placemats

C. Nora McDermott Lewis
 Full Name (Last, First, Middle Initial)
 Mailing Address 759 Drumm Lane
 City Nipomp State CA Zip Code 93444
 Name of Employer Santa Barbara Co. PHD Occupation CNM
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 589.95

Date of Receipt 07 / 31 / 2015
Transaction ID : SA11AI.11527
 Amount of Each Receipt this Period 8.00
 In-kind - earrings

SUBTOTAL of Receipts This Page (optional).....▶ 123.00
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 18 OF 37
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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-MIDWIVES MIDWIVES-PAC

A. Lisa Kane Low
 Full Name (Last, First, Middle Initial)
 Mailing Address 4701 Bridgeway
 City Ann Arbor State MI Zip Code 48103
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Michigan Occupation Certified Nurse-Midwife
 Receipt For: Primary General Other (specify)

Date of Receipt 07 / 31 / 2015
Transaction ID : SA11Al.11470
 Amount of Each Receipt this Period 250.00
 In-kind - Meal with President-Elect
 Aggregate Year-to-Date 250.00

B. Vivian Lowenstein
 Full Name (Last, First, Middle Initial)
 Mailing Address 1124 Beverly Rd.
 City Jerkiatown State PA Zip Code 19046
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Temple Univ. Hospital Occupation CNM
 Receipt For: Primary General Other (specify)

Date of Receipt 07 / 31 / 2015
Transaction ID : SA11Al.11400
 Amount of Each Receipt this Period 30.00
 In-kind - Pin, pendant, candle holder
 Aggregate Year-to-Date 280.00

C. Vivian Lowenstein
 Full Name (Last, First, Middle Initial)
 Mailing Address 1124 Beverly Rd.
 City Jerkiatown State PA Zip Code 19046
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Temple Univ. Hospital Occupation CNM
 Receipt For: Primary General Other (specify)

Date of Receipt 07 / 31 / 2015
Transaction ID : SA11Al.11592
 Amount of Each Receipt this Period 100.00
 In-kind - PAC contribution
 Aggregate Year-to-Date 380.00

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 19 OF 37
	<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
-----------------------------	-----------------------------	-----------------------------

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-MIDWIVES MIDWIVES-PAC

A. Mary Kay Miller
 Full Name (Last, First, Middle Initial)
 Mailing Address 13300 Gulf Blvd Apt C
 City Madeira Beach State FL Zip Code 33708
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Partners in Women's Health Care Occupation CNM
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **383.00**

Date of Receipt **07 / 31 / 2015**
Transaction ID : SA11AI.11380
 Amount of Each Receipt this Period **75.00**
 In-kind - Sweater

B. Mary Kay Miller
 Full Name (Last, First, Middle Initial)
 Mailing Address 13300 Gulf Blvd Apt C
 City Madeira Beach State FL Zip Code 33708
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Partners in Women's Health Care Occupation CNM
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **458.00**

Date of Receipt **07 / 31 / 2015**
Transaction ID : SA11AI.11384
 Amount of Each Receipt this Period **75.00**
 In-kind - Sweater

C. Mary Kay Miller
 Full Name (Last, First, Middle Initial)
 Mailing Address 13300 Gulf Blvd Apt C
 City Madeira Beach State FL Zip Code 33708
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Partners in Women's Health Care Occupation CNM
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **533.00**

Date of Receipt **07 / 31 / 2015**
Transaction ID : SA11AI.11387
 Amount of Each Receipt this Period **75.00**
 In-kind - Sweater

SUBTOTAL of Receipts This Page (optional).....	225.00
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 20 OF 37
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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-MIDWIVES MIDWIVES-PAC

A. Mary Kay Miller
 Full Name (Last, First, Middle Initial)
 Mailing Address 13300 Gulf Blvd Apt C
 City Madeira Beach State FL Zip Code 33708
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Partners in Women's Health Care Occupation CNM
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **608.00**

Date of Receipt **07 / 31 / 2015**
Transaction ID : SA11Al.11389
 Amount of Each Receipt this Period **75.00**
 In-kind - Sweater

B. Lonnie C Morris
 Full Name (Last, First, Middle Initial)
 Mailing Address 4 Roberts Ct.
 City Tenafly State NJ Zip Code 07670-2001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Childbirth Center, LLC Occupation Certified Nurse-Midwife
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **3050.00**

Date of Receipt **07 / 31 / 2015**
Transaction ID : SA11Al.11585
 Amount of Each Receipt this Period **2000.00**
 In-kind - 1 week vacation

C. Katie Page
 Full Name (Last, First, Middle Initial)
 Mailing Address 1332 Narrows Lane
 City Lynchburg State VA Zip Code 24503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Not Applicable Occupation Certified Nurse-Midwife
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **215.95**

Date of Receipt **07 / 31 / 2015**
Transaction ID : SA11Al.11587
 Amount of Each Receipt this Period **28.00**
 In-kind - PAC contribution

SUBTOTAL of Receipts This Page (optional).....	2103.00
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 21 OF 37
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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-MIDWIVES MIDWIVES-PAC

A. Anne M Richter
 Full Name (Last, First, Middle Initial)
 Mailing Address 1422 Arrowhead Cir. W.
 City Clearwater State FL Zip Code 33759-2556
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MPH Occupation CNM
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 265.00

Date of Receipt 07 / 31 / 2015
Transaction ID : SA11Al.11414
 Amount of Each Receipt this Period 15.00
 In-kind - handbag

B. Anne M Richter
 Full Name (Last, First, Middle Initial)
 Mailing Address 1422 Arrowhead Cir. W.
 City Clearwater State FL Zip Code 33759-2556
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MPH Occupation CNM
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 07 / 31 / 2015
Transaction ID : SA11Al.11416
 Amount of Each Receipt this Period 10.00
 In-kind - Picture

C. Anne M Richter
 Full Name (Last, First, Middle Initial)
 Mailing Address 1422 Arrowhead Cir. W.
 City Clearwater State FL Zip Code 33759-2556
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MPH Occupation CNM
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 295.00

Date of Receipt 07 / 31 / 2015
Transaction ID : SA11Al.11418
 Amount of Each Receipt this Period 20.00
 In-kind - Statue

SUBTOTAL of Receipts This Page (optional).....▶ 45.00
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 22 OF 37
	<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 COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial) A. Joan Slager		Date of Receipt MM / DD / YYYY 07 / 31 / 2015 Transaction ID : SA11AI.11472
Mailing Address 3681 S 26th Street		Amount of Each Receipt this Period 300.00
City Kalamazoo	State MI	Zip Code 49048
FEC ID number of contributing federal political committee.	C	
Name of Employer Bronson Women's Service	Occupation CNM	In-kind - consultation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 396.00	

Full Name (Last, First, Middle Initial) B. Lisa Summers		Date of Receipt MM / DD / YYYY 07 / 31 / 2015 Transaction ID : SA11AI.11541
Mailing Address 1220 Noyes Dr.		Amount of Each Receipt this Period 10.00
City Silver Spring	State MD	Zip Code 20910
FEC ID number of contributing federal political committee.	C	
Name of Employer FACNM	Occupation CNM	In-kind - candle
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	

Full Name (Last, First, Middle Initial) C. Lisa Summers		Date of Receipt MM / DD / YYYY 07 / 31 / 2015 Transaction ID : SA11AI.11543
Mailing Address 1220 Noyes Dr.		Amount of Each Receipt this Period 15.00
City Silver Spring	State MD	Zip Code 20910
FEC ID number of contributing federal political committee.	C	
Name of Employer FACNM	Occupation CNM	In-kind - pin
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 915.00	

SUBTOTAL of Receipts This Page (optional).....▶	325.00
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 23 OF 37
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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-MIDWIVES MIDWIVES-PAC

A. Lisa Summers
 Full Name (Last, First, Middle Initial)
 Mailing Address 1220 Noyes Dr.
 City Silver Spring State MD Zip Code 20910
 FEC ID number of contributing federal political committee. **C**
 Name of Employer FACNM Occupation CNM
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 930.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2015
Transaction ID : SA11AI.11545
 Amount of Each Receipt this Period 15.00
 In-kind - pin

B. Lisa Summers
 Full Name (Last, First, Middle Initial)
 Mailing Address 1220 Noyes Dr.
 City Silver Spring State MD Zip Code 20910
 FEC ID number of contributing federal political committee. **C**
 Name of Employer FACNM Occupation CNM
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 945.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2015
Transaction ID : SA11AI.11547
 Amount of Each Receipt this Period 15.00
 In-kind - birthing egg

C. Lisa Summers
 Full Name (Last, First, Middle Initial)
 Mailing Address 1220 Noyes Dr.
 City Silver Spring State MD Zip Code 20910
 FEC ID number of contributing federal political committee. **C**
 Name of Employer FACNM Occupation CNM
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 985.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2015
Transaction ID : SA11AI.11549
 Amount of Each Receipt this Period 40.00
 In-kind - collection of items

SUBTOTAL of Receipts This Page (optional).....▶	70.00
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 24 OF 37
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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-MIDWIVES MIDWIVES-PAC

A. Lisa Summers
 Full Name (Last, First, Middle Initial)
 Mailing Address 1220 Noyes Dr.
 City Silver Spring State MD Zip Code 20910
 FEC ID number of contributing federal political committee. **C**
 Name of Employer FACNM Occupation CNM
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1060.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2015
Transaction ID : SA11AI.11551
 Amount of Each Receipt this Period
 75.00
 In-kind - pottery bowl

B. Lisa Summers
 Full Name (Last, First, Middle Initial)
 Mailing Address 1220 Noyes Dr.
 City Silver Spring State MD Zip Code 20910
 FEC ID number of contributing federal political committee. **C**
 Name of Employer FACNM Occupation CNM
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2015
Transaction ID : SA11AI.11553
 Amount of Each Receipt this Period
 150.00
 In-kind - wool vest

C. Lisa Summers
 Full Name (Last, First, Middle Initial)
 Mailing Address 1220 Noyes Dr.
 City Silver Spring State MD Zip Code 20910
 FEC ID number of contributing federal political committee. **C**
 Name of Employer FACNM Occupation CNM
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2015
Transaction ID : SA11AI.11555
 Amount of Each Receipt this Period
 15.00
 In-kind - fleece vest

SUBTOTAL of Receipts This Page (optional).....▶	240.00
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 25 OF 37
	<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
-----------------------------	-----------------------------	-----------------------------

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-MIDWIVES MIDWIVES-PAC

A. Lisa Summers
 Full Name (Last, First, Middle Initial)
 Mailing Address 1220 Noyes Dr.
 City Silver Spring State MD Zip Code 20910
 FEC ID number of contributing federal political committee. **C**
 Name of Employer FACNM Occupation CNM
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1725.00

Date of Receipt
 07 / 31 / 2015
Transaction ID : SA11Al.11581
 Amount of Each Receipt this Period 500.00
 In-kind - fur coat

B. Lisa Summers
 Full Name (Last, First, Middle Initial)
 Mailing Address 1220 Noyes Dr.
 City Silver Spring State MD Zip Code 20910
 FEC ID number of contributing federal political committee. **C**
 Name of Employer FACNM Occupation CNM
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1750.00

Date of Receipt
 07 / 31 / 2015
Transaction ID : SA11Al.11583
 Amount of Each Receipt this Period 25.00
 In-kind - book

C. Kimm J Sun
 Full Name (Last, First, Middle Initial)
 Mailing Address 254 Hoyt Street
 City Brooklyn State NY Zip Code 11217
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Sunrising Midwifery Occupation Certified Nurse-Midwife
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5600.00

Date of Receipt
 07 / 31 / 2015
Transaction ID : SA11Al.11455
 Amount of Each Receipt this Period 3800.00
 In-kind - photo

SUBTOTAL of Receipts This Page (optional).....▶	4325.00
TOTAL This Period (last page this line number only).....▶	11696.79

**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

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-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Barbara Anderson

Mailing Address 4263 Quail Rd.

City Riverside State CA Zip Code 92507-4814

Purpose of Disbursement
In-kind - book

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 31 / 2015

Transaction ID : SB21B.11540

Amount of Each Disbursement this Period

70.00

Full Name (Last, First, Middle Initial)

B. Bank of America

Mailing Address 7810 Old Branch Avenue

City Clinton State MD Zip Code 20735

Purpose of Disbursement
Bank fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 02 / 2015

Transaction ID : SB21B.11642

Amount of Each Disbursement this Period

19.95

Full Name (Last, First, Middle Initial)

C. Heather Bradford

Mailing Address 527 Kirkland Ave.

City Kirkland State WA Zip Code 98033

Purpose of Disbursement
In-kind - PAC contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 31 / 2015

Transaction ID : SB21B.11603

Amount of Each Disbursement this Period

96.00

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

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

185.95

**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

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-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Ginger Breedlove

Mailing Address 13608 W 54th St.

City Shawnee State KS Zip Code 66216-5110

Purpose of Disbursement
In-kind - afternoon tea

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 31 / 2015

Transaction ID : SB21B.11435

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

B. Kathryn Shisler Harrod

Mailing Address W1815 Country Road B

City Genoa City State WI Zip Code 53128-1938

Purpose of Disbursement
In-kind - signed apron

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 31 / 2015

Transaction ID : SB21B.11445

Amount of Each Disbursement this Period

300.00

Full Name (Last, First, Middle Initial)

C. Kathryn Shisler Harrod

Mailing Address W1815 Country Road B

City Genoa City State WI Zip Code 53128-1938

Purpose of Disbursement
In-kind - tote bag

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 31 / 2015

Transaction ID : SB21B.11447

Amount of Each Disbursement this Period

78.00

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

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

628.00

**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

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-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Kathryn Shisler Harrod

Mailing Address W1815 Country Road B

City State Zip Code
Genoa City WI 53128-1938

Purpose of Disbursement
In-kind - picture

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 31 / 2015

Transaction ID : SB21B.11449

Amount of Each Disbursement this Period

150.00

Full Name (Last, First, Middle Initial)

B. Kathryn Shisler Harrod

Mailing Address W1815 Country Road B

City State Zip Code
Genoa City WI 53128-1938

Purpose of Disbursement
In-kind - hotel vacation

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 31 / 2015

Transaction ID : SB21B.11451

Amount of Each Disbursement this Period

750.00

Full Name (Last, First, Middle Initial)

C. Catharine Hefferman

Mailing Address PO 1116

City State Zip Code
Bethel ME 04217

Purpose of Disbursement
In-kind - ski weekend vacation

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 31 / 2015

Transaction ID : SB21B.11433

Amount of Each Disbursement this Period

650.00

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

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

1550.00

**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

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-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Nora McDermott Lewis

Mailing Address 759 Drumm Lane

City Nipomp State CA Zip Code 93444

Purpose of Disbursement
In-kind - earrings

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 31 / 2015

Transaction ID : SB21B.11500

Amount of Each Disbursement this Period

10.00

Full Name (Last, First, Middle Initial)

B. Nora McDermott Lewis

Mailing Address 759 Drumm Lane

City Nipomp State CA Zip Code 93444

Purpose of Disbursement
In-kind - music cds

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 31 / 2015

Transaction ID : SB21B.11502

Amount of Each Disbursement this Period

30.00

Full Name (Last, First, Middle Initial)

C. Nora McDermott Lewis

Mailing Address 759 Drumm Lane

City Nipomp State CA Zip Code 93444

Purpose of Disbursement
In-kind - wooden carving

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 31 / 2015

Transaction ID : SB21B.11504

Amount of Each Disbursement this Period

15.00

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

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

55.00

**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

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-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Nora McDermott Lewis

Mailing Address 759 Drumm Lane

City Nipomp State CA Zip Code 93444

Purpose of Disbursement
In-kind - purse

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		31		2015

Transaction ID : SB21B.11506

Amount of Each Disbursement this Period

15.00

Full Name (Last, First, Middle Initial)

B. Nora McDermott Lewis

Mailing Address 759 Drumm Lane

City Nipomp State CA Zip Code 93444

Purpose of Disbursement
In-kind - place mats

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		31		2015

Transaction ID : SB21B.11508

Amount of Each Disbursement this Period

20.00

Full Name (Last, First, Middle Initial)

C. Nora McDermott Lewis

Mailing Address 759 Drumm Lane

City Nipomp State CA Zip Code 93444

Purpose of Disbursement
In-kind - book

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		31		2015

Transaction ID : SB21B.11510

Amount of Each Disbursement this Period

15.95

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

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

50.95

--

**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

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-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Nora McDermott Lewis

Mailing Address 759 Drumm Lane

City Nipomp State CA Zip Code 93444

Purpose of Disbursement
In-kind - trivet, artwork

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 31 / 2015

Transaction ID : SB21B.11512

Amount of Each Disbursement this Period

20.00

Full Name (Last, First, Middle Initial)

B. Nora McDermott Lewis

Mailing Address 759 Drumm Lane

City Nipomp State CA Zip Code 93444

Purpose of Disbursement
In-kind - bracelet and necklace

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 31 / 2015

Transaction ID : SB21B.11514

Amount of Each Disbursement this Period

25.00

Full Name (Last, First, Middle Initial)

C. Nora McDermott Lewis

Mailing Address 759 Drumm Lane

City Nipomp State CA Zip Code 93444

Purpose of Disbursement
In-kind - print

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 31 / 2015

Transaction ID : SB21B.11516

Amount of Each Disbursement this Period

25.00

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

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

70.00

**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

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-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Nora McDermott Lewis

Mailing Address 759 Drumm Lane

City Nipomp State CA Zip Code 93444

Purpose of Disbursement
In-kind - scarf

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 31 / 2015

Transaction ID : SB21B.11518

Amount of Each Disbursement this Period

25.00

Full Name (Last, First, Middle Initial)

B. Nora McDermott Lewis

Mailing Address 759 Drumm Lane

City Nipomp State CA Zip Code 93444

Purpose of Disbursement
In-kind - bowl

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 31 / 2015

Transaction ID : SB21B.11520

Amount of Each Disbursement this Period

25.00

Full Name (Last, First, Middle Initial)

C. Nora McDermott Lewis

Mailing Address 759 Drumm Lane

City Nipomp State CA Zip Code 93444

Purpose of Disbursement
In-kind - earrings

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 31 / 2015

Transaction ID : SB21B.11524

Amount of Each Disbursement this Period

55.00

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

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

105.00

**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

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-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Nora McDermott Lewis

Mailing Address 759 Drumm Lane

City Nipomp State CA Zip Code 93444

Purpose of Disbursement
In-kind - placemats

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		31		2015

Transaction ID : SB21B.11526

Amount of Each Disbursement this Period

60.00

Full Name (Last, First, Middle Initial)

B. Nora McDermott Lewis

Mailing Address 759 Drumm Lane

City Nipomp State CA Zip Code 93444

Purpose of Disbursement
In-kind - earrings

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		31		2015

Transaction ID : SB21B.11528

Amount of Each Disbursement this Period

8.00

Full Name (Last, First, Middle Initial)

C. Lisa Kane Low

Mailing Address 4701 Bridgeway

City Ann Arbor State MI Zip Code 48103

Purpose of Disbursement
In-kind - Meal with President-Elect

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		31		2015

Transaction ID : SB21B.11471

Amount of Each Disbursement this Period

250.00

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

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

318.00

--

**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

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-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)
A. Mary Kay Miller

Date of Disbursement
MM / DD / YYYY
07 / 31 / 2015

Mailing Address 13300 Gulf Blvd Apt C

City Madeira Beach State FL Zip Code 33708

Purpose of Disbursement
In-kind - Sweater

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID : **SB21B.11388**

Amount of Each Disbursement this Period
75.00

Full Name (Last, First, Middle Initial)
B. Mary Kay Miller

Date of Disbursement
MM / DD / YYYY
07 / 31 / 2015

Mailing Address 13300 Gulf Blvd Apt C

City Madeira Beach State FL Zip Code 33708

Purpose of Disbursement
In-kind - Sweater

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID : **SB21B.11390**

Amount of Each Disbursement this Period
75.00

Full Name (Last, First, Middle Initial)
C. Lonnie C Morris

Date of Disbursement
MM / DD / YYYY
07 / 31 / 2015

Mailing Address 4 Roberts Ct.

City Tenafly State NJ Zip Code 07670-2001

Purpose of Disbursement
In-kind - 1 week vacation

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID : **SB21B.11586**

Amount of Each Disbursement this Period
2000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶ 2150.00

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 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

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-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Katie Page

Mailing Address 1332 Narrows Lane

City Lynchburg State VA Zip Code 24503

Purpose of Disbursement
In-kind - PAC contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 31 / 2015

Transaction ID : SB21B.11588

Amount of Each Disbursement this Period

28.00

Full Name (Last, First, Middle Initial)

B. Paypal INC

Mailing Address 4100 Solutions Center #774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement
PayPal fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 03 / 2015

Transaction ID : SB21B.11644

Amount of Each Disbursement this Period

59.95

Full Name (Last, First, Middle Initial)

C. Joan Slager

Mailing Address 3681 S 26th Street

City Kalamazoo State MI Zip Code 49048

Purpose of Disbursement
In-kind - consultation

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 31 / 2015

Transaction ID : SB21B.11473

Amount of Each Disbursement this Period

300.00

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

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

387.95

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

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-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Lisa Summers

Mailing Address 1220 Noyes Dr.

City Silver Spring State MD Zip Code 20910

Purpose of Disbursement
In-kind - wool vest

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 31 / 2015

Transaction ID : SB21B.11554

Amount of Each Disbursement this Period

150.00

Full Name (Last, First, Middle Initial)

B. Lisa Summers

Mailing Address 1220 Noyes Dr.

City Silver Spring State MD Zip Code 20910

Purpose of Disbursement
In-kind - fleece vest

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 31 / 2015

Transaction ID : SB21B.11556

Amount of Each Disbursement this Period

15.00

Full Name (Last, First, Middle Initial)

C. Lisa Summers

Mailing Address 1220 Noyes Dr.

City Silver Spring State MD Zip Code 20910

Purpose of Disbursement
In-kind - fur coat

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 31 / 2015

Transaction ID : SB21B.11582

Amount of Each Disbursement this Period

500.00

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

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

665.00

**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

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-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Lisa Summers

Mailing Address 1220 Noyes Dr.

City Silver Spring State MD Zip Code 20910

Purpose of Disbursement
In-kind - book

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 31 / 2015

Transaction ID : SB21B.11584

Amount of Each Disbursement this Period

25.00

Full Name (Last, First, Middle Initial)

B. Kimm J Sun

Mailing Address 254 Hoyt Street

City Brooklyn State NY Zip Code 11217

Purpose of Disbursement
In-kind - photo

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 31 / 2015

Transaction ID : SB21B.11456

Amount of Each Disbursement this Period

3800.00

Full Name (Last, First, Middle Initial)

C.

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

MM / DD / YYYY

Amount of Each Disbursement this Period

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

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

3825.00

9990.85