

**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="2012"/>		56707.96
(b) Cash on Hand at Beginning of Reporting Period.....	55870.22	
(c) Total Receipts (from Line 19)	1485.00	2265.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	57355.22	58972.96
7. Total Disbursements (from Line 31).....	106.16	1723.90
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	57249.06	57249.06
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

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).....	1485.00	2265.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	1485.00	2265.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	1485.00	2265.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	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))..... ▶	1485.00	2265.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	1485.00	2265.00

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	106.16	223.90
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	106.16	223.90
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	1500.00
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)) ..	106.16	1723.90
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	106.16	1723.90

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)	1485.00	2265.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1485.00	2265.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	106.16	223.90
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	106.16	223.90

**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 35
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. ACNM Oklahoma Affiliate
 Full Name (Last, First, Middle Initial)
 Mailing Address 4502 E. 41st St.
 City Tulsa State OK Zip Code 74135
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Oklahoma Affiliate Occupation N/A
 Receipt For: Primary General Other (specify)

Date of Receipt
 02 / 08 / 2012
Transaction ID : SA11AI.5378
 Amount of Each Receipt this Period
 200.00
 Aggregate Year-to-Date
 200.00

B. Jennifer W Blattner
 Full Name (Last, First, Middle Initial)
 Mailing Address 1135 Talbot Avenue
 City Albany State CA Zip Code 94706
 FEC ID number of contributing federal political committee. **C**
 Name of Employer N/A Occupation CNM
 Receipt For: Primary General Other (specify)

Date of Receipt
 02 / 01 / 2012
Transaction ID : SA11AI.5411
 Amount of Each Receipt this Period
 50.00
 Aggregate Year-to-Date
 50.00

C. Heather Bradford
 Full Name (Last, First, Middle Initial)
 Mailing Address 527 Kirkland Ave
 City Kirkland State WA Zip Code 98033-6220
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Center for Women's Health Occupation CNM
 Receipt For: Primary General Other (specify)

Date of Receipt
 02 / 21 / 2012
Transaction ID : SA11AI.5400
 Amount of Each Receipt this Period
 50.00
 Aggregate Year-to-Date
 50.00

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI
Transaction ID : SA11AI.5378

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Form/Schedule: SA11AI
Transaction ID: SA11AI.5411

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: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.5400

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Form/Schedule:

Transaction ID:

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 35
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Joan S Bryson
Full Name (Last, First, Middle Initial)
Mailing Address 1622 8th Avenue
City Brooklyn State NY Zip Code 11215
FEC ID number of contributing federal political committee. **C**
Name of Employer Community Midwifery Occupation CNM
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 100.00

Date of Receipt 02 / 03 / 2012
Transaction ID : SA11AI.5380
Amount of Each Receipt this Period 100.00

B. Janette E Butler
Full Name (Last, First, Middle Initial)
Mailing Address 8124 Derry Rd.
City Vestaburg State MI Zip Code 48891
FEC ID number of contributing federal political committee. **C**
Name of Employer Mid Michigan Physician Group Occupation CNM/WNNP
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 75.00

Date of Receipt 02 / 01 / 2012
Transaction ID : SA11AI.5376
Amount of Each Receipt this Period 75.00

C. Katherine Camacho Carr
Full Name (Last, First, Middle Initial)
Mailing Address 902 17th Avenue East
City Seattle State WA Zip Code 98112-3924
FEC ID number of contributing federal political committee. **C**
Name of Employer Seattle University Occupation Professor, Midwifery
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 50.00

Date of Receipt 02 / 21 / 2012
Transaction ID : SA11AI.5395
Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 225.00
TOTAL This Period (last page this line number only)..... ▶

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI
Transaction ID : SA11AI.5380

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Form/Schedule: SA11AI
Transaction ID: SA11AI.5376

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: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.5395

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Form/Schedule:

Transaction ID:

**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 35
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Kathryn K Carr
 Full Name (Last, First, Middle Initial)
 Mailing Address 5 Garden Ct. Apt. 3
 City Cambridge State MA Zip Code 02138-1355
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Steward Health Care Occupation CNM
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 50.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 21 / 2012
Transaction ID : SA11AI.5401
 Amount of Each Receipt this Period
 50.00

B. Hope Cline
 Full Name (Last, First, Middle Initial)
 Mailing Address 100 N. East Avenue
 City Waukesha State WI Zip Code 53186-3103
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Marquette University Occupation SNM
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 15.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 21 / 2012
Transaction ID : SA11AI.5394
 Amount of Each Receipt this Period
 15.00

C. Mary Kaye Collins
 Full Name (Last, First, Middle Initial)
 Mailing Address 2089 NW Pine Tree Way
 City Stuart State FL Zip Code 34994-8829
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mary K. Collins, PL Occupation CNM
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 50.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 21 / 2012
Transaction ID : SA11AI.5407
 Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional).....▶	115.00
TOTAL This Period (last page this line number only).....▶	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI
Transaction ID : SA11AI.5401

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Form/Schedule: SA11AI
Transaction ID: SA11AI.5394

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: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.5407

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Form/Schedule:

Transaction ID:

**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 35
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Candace Curlee		Date of Receipt MM / DD / YYYY 02 / 21 / 2012 Transaction ID : SA11AI.5406
Mailing Address 526 Shanas Ln		Amount of Each Receipt this Period 50.00
City Encinitas	State CA	Zip Code 92024-2435
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 50.00
Name of Employer Scripps Clinic	Occupation CNM	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. K. Michelle Doyle		Date of Receipt MM / DD / YYYY 02 / 01 / 2012 Transaction ID : SA11AI.5389
Mailing Address 126 Maple Avenue		Amount of Each Receipt this Period 50.00
City Troy	State NY	Zip Code 12180-4832
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 50.00
Name of Employer Local Care Midwifery, PLLC	Occupation CNM	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Lily Fountain		Date of Receipt MM / DD / YYYY 02 / 29 / 2012 Transaction ID : SA11AI.5414
Mailing Address 8411 48th Ave		Amount of Each Receipt this Period 10.00
City College Park	State MD	Zip Code 20740
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 10.00
Name of Employer University of Maryland	Occupation Assistant Professor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	110.00
TOTAL This Period (last page this line number only).....▶	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI
Transaction ID : SA11AI.5406

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Form/Schedule: SA11AI
Transaction ID: SA11AI.5389

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: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.5414

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Form/Schedule:

Transaction ID:

**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 35
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Elaine Germano
 Full Name (Last, First, Middle Initial)
 Mailing Address 8 Upper Glenview Drive
 City Glenford State NY Zip Code 12433-5100
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American College of Nurse-Midwives Occupation CNM
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 50.00

Date of Receipt 02 / 21 / 2012
Transaction ID : SA11AI.5399
 Amount of Each Receipt this Period 50.00

B. Joyce Goglin
 Full Name (Last, First, Middle Initial)
 Mailing Address 1803 Avalon Rd.
 City Dubuque State IA Zip Code 52001-4004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Medi. Ass. Clinic&HealthPlans Occupation CNM
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5.00

Date of Receipt 02 / 03 / 2012
Transaction ID : SA11AI.5382
 Amount of Each Receipt this Period 5.00

C. Laraine H Guyette
 Full Name (Last, First, Middle Initial)
 Mailing Address 1685 Uinta Street
 City Denver State CO Zip Code 80220-2117
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Denver Health Occupation CNM
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 50.00

Date of Receipt 02 / 21 / 2012
Transaction ID : SA11AI.5404
 Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional).....▶ 105.00
TOTAL This Period (last page this line number only).....▶

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI
Transaction ID : SA11AI.5399

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Form/Schedule: SA11AI
Transaction ID: SA11AI.5382

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: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.5404

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Form/Schedule:

Transaction ID:

**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 35
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Lisa C Hanson
Full Name (Last, First, Middle Initial)

Mailing Address 1026 Lakeland Road

City Grafton State WI Zip Code 53024-9324

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

Name of Employer N/A Occupation CNM

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **50.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 21 / 2012

Transaction ID : SA11AI.5408

Amount of Each Receipt this Period
50.00

B. Lynne Himmelreich
Full Name (Last, First, Middle Initial)

Mailing Address 1013 400th St. SW

City Oxford State IA Zip Code 52322-9142

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

Name of Employer Former ACNM board member Occupation CNM

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **50.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 21 / 2012

Transaction ID : SA11AI.5396

Amount of Each Receipt this Period
50.00

C. Eliza Holland
Full Name (Last, First, Middle Initial)

Mailing Address 7 Betts Place

City Norwalk State CT Zip Code 06855

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

Name of Employer Norwalk Hospital Occupation Midwife

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **100.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 03 / 2012

Transaction ID : SA11AI.5383

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **200.00**

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

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI
Transaction ID : SA11AI.5408

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Form/Schedule: SA11AI
Transaction ID: SA11AI.5396

|

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.5383

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Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 24 OF 35
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. M. Christina Johnson
 Full Name (Last, First, Middle Initial)
 Mailing Address 1938 Bank St.
 City Baltimore State MD Zip Code 21231-2513
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American College of Nurse-Midwives Occupation CNM
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 50.00

Date of Receipt 02 / 21 / 2012
Transaction ID : SA11AI.5398
 Amount of Each Receipt this Period 50.00

B. Maria Kammerer
 Full Name (Last, First, Middle Initial)
 Mailing Address 121 Lorton Avenue, Apt. 9
 City Burlingame State CA Zip Code 94010-4333
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kaiser Permanente Occupation Midwife
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 50.00

Date of Receipt 02 / 21 / 2012
Transaction ID : SA11AI.5409
 Amount of Each Receipt this Period 50.00

C. Allyson Knox
 Full Name (Last, First, Middle Initial)
 Mailing Address 9013 W. 147th Pl
 City Overland Park State KS Zip Code 66221-2189
 FEC ID number of contributing federal political committee. **C**
 Name of Employer N/A Occupation SNM
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 15.00

Date of Receipt 02 / 21 / 2012
Transaction ID : SA11AI.5393
 Amount of Each Receipt this Period 15.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 115.00
TOTAL This Period (last page this line number only)..... ▶

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI
Transaction ID : SA11AI.5398

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.5409

|

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.5393

|

Form/Schedule:

Transaction ID:

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 27 OF 35
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. William McCool
 Full Name (Last, First, Middle Initial)
 Mailing Address 6 Harvard Rd.
 City Havertown State PA Zip Code 19083-3613
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Pennsylvania Occupation Midwife
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 50.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 21 / 2012
Transaction ID : SA11AI.5402
 Amount of Each Receipt this Period
 50.00

B. Judy Ann Nichols
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 2198
 City Penn Valley State CA Zip Code 95946-2198
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kaiser Permanente Occupation CNM
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 50.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 03 / 2012
Transaction ID : SA11AI.5385
 Amount of Each Receipt this Period
 50.00

C. Barbara J. Reale
 Full Name (Last, First, Middle Initial)
 Mailing Address 28 Hart Avenue
 City Hopewell State NJ Zip Code 08525-1425
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Pennsylvania Occupation CNM
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 50.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 21 / 2012
Transaction ID : SA11AI.5403
 Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional).....▶	150.00
TOTAL This Period (last page this line number only).....▶	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI
Transaction ID : SA11AI.5402

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.5385

|

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.5403

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Form/Schedule:

Transaction ID:

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 30 OF 35
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Carol Sudtelgte
Full Name (Last, First, Middle Initial)

Mailing Address 400 E. Abington Avenue

City Philadelphia State PA Zip Code 19118-2907

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

Name of Employer ThomasJeffersonU. Div. of MFV Occupation CNM

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 50.00

Date of Receipt 02 / 01 / 2012
Transaction ID : SA11AI.5391

Amount of Each Receipt this Period 50.00

B. Heather Suzette Swanson
Full Name (Last, First, Middle Initial)

Mailing Address 5721 N. FM 88

City Weslaco State TX Zip Code 78596

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

Name of Employer IBCLC Occupation CNM

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 50.00

Date of Receipt 02 / 21 / 2012
Transaction ID : SA11AI.5405

Amount of Each Receipt this Period 50.00

C. Caraway Timmins
Full Name (Last, First, Middle Initial)

Mailing Address 610 Beach Street

City Ashland State OR Zip Code 97520

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

Name of Employer Medford Women's Clinic Occupation CNM

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 50.00

Date of Receipt 02 / 03 / 2012
Transaction ID : SA11AI.5387

Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 150.00

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

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI
Transaction ID : SA11AI.5391

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.5405

|

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.5387

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Form/Schedule:

Transaction ID:

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

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

FOR LINE NUMBER: PAGE 33 OF 35
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Bergen C Vardell

Mailing Address 3535 S. Nelson Cir.
 8-101

City State Zip Code
 Lakewood CO 80235-1198

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

Name of Employer Occupation
 ToEachHerOwnWomen'sHealthServ. CNM

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 15.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 24 / 2012

Transaction ID : SA11AI.5413

Amount of Each Receipt this Period
 15.00

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).....▶	15.00
TOTAL This Period (last page this line number only).....▶	1485.00

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.5413

|

Form/Schedule:

Transaction ID:

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. Bank of America

Mailing Address PO Box 25118

City Tampa State FL Zip Code 33622

Purpose of Disbursement
Merchant Fees

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 Y
02	/	01	/	2012

Transaction ID : SB21B.5416

Amount of Each Disbursement this Period

46.21

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

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 Y
02	/	14	/	2012

Transaction ID : SB21B.5419

Amount of Each Disbursement this Period

59.95

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) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
	/		/	

Amount of Each Disbursement this Period

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

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

106.16

106.16
