FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT ▼** Example: If typing, type over the lines. 12FE4M5

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

ADDRESS (number and street) ▼

8403 Colesvile Road

Suite 1550

☐ Check if different than previously reported. (ACC)

Silver Spring | MD | 20910 –

CITY ▲ STATE ▲ ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER ▼** C C00358812

3. IS THIS REPORT ☐ NEW (N) **OR** ☒ AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- ☐ April 15 Quarterly Report (Q1)
- ☐ July 15 Quarterly Report (Q2)
- ☐ October 15 Quarterly Report (Q3)
- ☐ January 31 Year-End Report (YE)
- ☐ July 31 Mid-Year Report (Non-election Year Only) (MY)
- ☐ Termination Report (TER)

(b) Monthly Report Due On:

- ☐ Feb 20 (M2)
- ☐ Mar 20 (M3)
- ☐ Apr 20 (M4)
- ☐ May 20 (M5)
- ☐ Jun 20 (M6)
- ☐ Jul 20 (M7)
- ☐ Aug 20 (M8)
- ☒ Sep 20 (M9)
- ☐ Oct 20 (M10)
- ☐ Nov 20 (M11) (Non-Election Year Only)
- ☐ Dec 20 (M12) (Non-Election Year Only)
- ☐ Jan 31 (YE)

(c) 12-Day **PRE**-Election Report for the: ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R) ☐ Convention (12C) ☐ Special (12S)

Election on MM / DD / YYYY in the State of

(d) 30-Day **POST**-Election Report for the: ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on MM / DD / YYYY in the State of

5. Covering Period 08 / 01 / 2015 through 08 / 31 / 2015

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

Type or Print Name of Treasurer Jesse Bushman

Signature of Treasurer *Jesse Bushman* ***[Electronically Filed]*** Date 10 / 20 / 2015

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

Office Use Only							

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: 08 / 01 / 2015 To: 08 / 31 / 2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2015		139414.74
(b) Cash on Hand at Beginning of Reporting Period	184651.52	
(c) Total Receipts (from Line 19)	1360.00	63152.64
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	186011.52	202567.38
7. Total Disbursements (from Line 31)	1933.06	18488.92
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	184078.46	184078.46
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: 08 / 01 / 2015 To: 08 / 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)	1360.00	41977.64
(ii) Unitemized	0.00	21175.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)) ▶	1360.00	63152.64
(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) ▶	1360.00	63152.64
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)) ▶	1360.00	63152.64
20. Total Federal Receipts (subtract Line 18(c) from Line 19) ▶	1360.00	63152.64

DETAILED SUMMARY PAGE
of Disbursements

FEC **Form 3X** (Rev. 02/2003)

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	233.06	14788.92
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) ▶	233.06	14788.92
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	1000.00	3000.00
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	700.00	700.00
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))	1933.06	18488.92
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) ▶	1933.06	18488.92

DETAILED SUMMARY PAGE
of Disbursements

FEC **Form 3X** (Rev. 02/2003)

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)	1360.00	63152.64
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1360.00	63152.64
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	233.06	14788.92
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ▶	233.06	14788.92

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)
[X] 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. Full Name (Last, First, Middle Initial): Deborah G Albert
Mailing Address: 1112 Westbury Cir
City: Eagan State: MN Zip Code: 55123-1462
FEC ID number of contributing federal political committee: C
Name of Employer: HealthPartners St. Paul Clinic
Occupation: Certified Nurse-Midwife
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 25.00
Date of Receipt: 08 / 26 / 2015
Transaction ID : SA11AI.11676
Amount of Each Receipt this Period: 25.00
August 2015 Contribution

B. Full Name (Last, First, Middle Initial): Kathleen Belzer
Mailing Address: 503 Goodhill Rd
City: Kentfield State: CA Zip Code: 94904-2615
FEC ID number of contributing federal political committee: C
Name of Employer: UCSF Faculty OB/Gyn Group
Occupation: Certified Nurse-Midwife
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 20.00
Date of Receipt: 08 / 26 / 2015
Transaction ID : SA11AI.11679
Amount of Each Receipt this Period: 20.00
August 2015 Contribution

C. Full Name (Last, First, Middle Initial): Kathleen Bentley
Mailing Address: 4215 E 42nd Ave
City: Spokane State: WA Zip Code: 99223-6126
FEC ID number of contributing federal political committee: C
Name of Employer: Rockwood Midwifery Center
Occupation: Certified Nurse-Midwife
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 50.00
Date of Receipt: 08 / 11 / 2015
Transaction ID : SA11AI.11671
Amount of Each Receipt this Period: 50.00
August 2015 Contribution

SUBTOTAL of Receipts This Page (optional) ▶ 95.00

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)
[X] 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. Full Name (Last, First, Middle Initial): Terry Burrell
Mailing Address: 1006 19th Ave S
City: Moorhead State: MN Zip Code: 56560-3651
FEC ID number of contributing federal political committee: C
Name of Employer: Essential Health
Occupation: Certified Nurse-Midwife
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 50.00
Date of Receipt: 08 / 26 / 2015
Transaction ID : SA11AI.11672
Amount of Each Receipt this Period: 50.00
August 2015 Contribution

B. Full Name (Last, First, Middle Initial): Susan Collins
Mailing Address: 906 SE Marine Dr
City: College Place State: WA Zip Code: 99324-4004
FEC ID number of contributing federal political committee: C
Name of Employer: Blue Mountain Medical Group
Occupation: Certified Nurse-Midwife
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 10.00
Date of Receipt: 08 / 26 / 2015
Transaction ID : SA11AI.11678
Amount of Each Receipt this Period: 10.00
August 2015 Contribution

C. Full Name (Last, First, Middle Initial): Winifred C Connerton
Mailing Address: 161 Hillcrest Ave
City: Edison State: NJ Zip Code: 08817-3123
FEC ID number of contributing federal political committee: C
Name of Employer: Pace University
Occupation: Certified Nurse-Midwife
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 50.00
Date of Receipt: 08 / 11 / 2015
Transaction ID : SA11AI.11665
Amount of Each Receipt this Period: 50.00
August 2015 Contribution

SUBTOTAL of Receipts This Page (optional) ▶ 110.00

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)
[X] 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.
Full Name (Last, First, Middle Initial): Mackenzie E. Douglas
Mailing Address: 4314 N Damen Ave # 1E
City: Chicago State: IL Zip Code: 60618-1706
FEC ID number of contributing federal political committee: C
Name of Employer: Alivio Medical Center
Occupation: Certified Nurse-Midwife
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 50.00
Date of Receipt: 08 / 11 / 2015
Transaction ID : SA11AI.11666
Amount of Each Receipt this Period: 50.00
August 2015 Contribution

B.
Full Name (Last, First, Middle Initial): Heather Duffey
Mailing Address: 6447 Redside Dr
City: Idaho Falls State: ID Zip Code: 83406-8375
FEC ID number of contributing federal political committee: C
Name of Employer: Not Applicable
Occupation: Student Nurse-Midwife
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 10.00
Date of Receipt: 08 / 26 / 2015
Transaction ID : SA11AI.11673
Amount of Each Receipt this Period: 10.00
August 2015 Contribution

C.
Full Name (Last, First, Middle Initial): Emily D Fitzgerald
Mailing Address: 3616 39th Ave S
City: Minneapolis State: MN Zip Code: 55406-2839
FEC ID number of contributing federal political committee: C
Name of Employer: Willow Midwife
Occupation: Certified Nurse-Midwife
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 227.00
Date of Receipt: 08 / 03 / 2015
Transaction ID : SA11AI.11658
Amount of Each Receipt this Period: 50.00
August 2015 Contribution

SUBTOTAL of Receipts This Page (optional) ▶ 110.00

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)
[X] 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.
Full Name (Last, First, Middle Initial): Emily D Fitzgerald
Mailing Address: 3616 39th Ave S
City: Minneapolis State: MN Zip Code: 55406-2839
FEC ID number of contributing federal political committee: C
Name of Employer: Willow Midwife
Occupation: Certified Nurse-Midwife
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 252.00
Date of Receipt: 08 / 11 / 2015
Transaction ID : SA11AI.11664
Amount of Each Receipt this Period: 25.00
August 2015 Contribution

B.
Full Name (Last, First, Middle Initial): Emily D Fitzgerald
Mailing Address: 3616 39th Ave S
City: Minneapolis State: MN Zip Code: 55406-2839
FEC ID number of contributing federal political committee: C
Name of Employer: Willow Midwife
Occupation: Certified Nurse-Midwife
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 227.00
Date of Receipt: 08 / 11 / 2015
Transaction ID : SA11AI.11735
Amount of Each Receipt this Period: -25.00
Reattribute: August 2015 Contribution

C.
Full Name (Last, First, Middle Initial): Rebecca C. Garrett-Brown
Mailing Address: PO Box 658
City: Rancho Santa Fe State: CA Zip Code: 92067-0658
FEC ID number of contributing federal political committee: C
Name of Employer: UCSD Medical Center
Occupation: Certified Nurse-Midwife
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 250.00
Date of Receipt: 08 / 26 / 2015
Transaction ID : SA11AI.11681
Amount of Each Receipt this Period: 100.00
August 2015 Contribution

SUBTOTAL of Receipts This Page (optional) ▶ 100.00

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)
[X] 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. Full Name (Last, First, Middle Initial): Gloria Jean Lelaidier
Mailing Address: 72 South St.
City: Saint Augustine State: FL Zip Code: 32084-5127
FEC ID number of contributing federal political committee: C
Name of Employer: Dr. Reda Alami M.D. OB/GYN
Occupation: Certified Nurse-Midwife
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 50.00
Date of Receipt: 08 / 26 / 2015
Transaction ID : SA11AI.11674
Amount of Each Receipt this Period: 50.00
August 2015 Contribution

B. Full Name (Last, First, Middle Initial): Nora McDermott Lewis
Mailing Address: 759 Drumm Lane
City: Nipomp State: CA Zip Code: 93444-9736
FEC ID number of contributing federal political committee: C
Name of Employer: Santa Barbara Co. Health Dept.
Occupation: Certified Nurse-Midwife
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 789.95
Date of Receipt: 08 / 03 / 2015
Transaction ID : SA11AI.11662
Amount of Each Receipt this Period: 200.00
August 2015 Contribution

C. Full Name (Last, First, Middle Initial): Linda Lonsdale
Mailing Address: 3805 State Highway 14
City: Santa Fe State: NM Zip Code: 87508-8086
FEC ID number of contributing federal political committee: C
Name of Employer: Unemployed
Occupation: Certified Nurse-Midwife
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 150.00
Date of Receipt: 08 / 11 / 2015
Transaction ID : SA11AI.11663
Amount of Each Receipt this Period: 150.00
August 2015 Contribution

SUBTOTAL of Receipts This Page (optional) ▶ 400.00

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)
[X] 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. Full Name (Last, First, Middle Initial): Phyllis Lynn
Mailing Address: 953 Cramer Court
City: North Baldwin State: NY Zip Code: 11510-1216
FEC ID number of contributing federal political committee: C
Name of Employer: Maimonides Midwifery Service
Occupation: Certified Nurse-Midwife
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 100.00
Date of Receipt: 08 / 03 / 2015
Transaction ID : SA11AI.11660
Amount of Each Receipt this Period: 50.00
August 2015 Contribution

B. Full Name (Last, First, Middle Initial): Linda Nanni
Mailing Address: 247 Cornell Rd
City: Westport State: MA Zip Code: 02790-5011
FEC ID number of contributing federal political committee: C
Name of Employer: Women'sCare/Women&InfantsHosp
Occupation: Certified Nurse-Midwife
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 65.00
Date of Receipt: 08 / 21 / 2015
Transaction ID : SA11AI.11683
Amount of Each Receipt this Period: 15.00
August 2015 Contribution

C. Full Name (Last, First, Middle Initial): Susan Nierenberg
Mailing Address: 365 Edgewood Ave.
City: Teaneck State: NJ Zip Code: 07666-3024
FEC ID number of contributing federal political committee: C
Name of Employer: St. Joseph's Regional Med. Cen
Occupation: Certified Nurse-Midwife
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 20.00
Date of Receipt: 08 / 26 / 2015
Transaction ID : SA11AI.11675
Amount of Each Receipt this Period: 20.00
August 2015 Contribution

SUBTOTAL of Receipts This Page (optional) ▶ 85.00

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)
[X] 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. Full Name (Last, First, Middle Initial): Jayne Roth
Mailing Address: 14888 E Merry Dr
City: Camden | State: MI | Zip Code: 49232-9045
FEC ID number of contributing federal political committee: C
Name of Employer: Promedica CNMs of Toledo
Occupation: Certified Nurse-Midwife
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 20.00
Date of Receipt: 08 / 26 / 2015
Transaction ID : SA11AI.11680
Amount of Each Receipt this Period: 20.00
August 2015 Contribution

B. Full Name (Last, First, Middle Initial): Diana M Sanders
Mailing Address: 9998 W 1350 N
City: Nappanee | State: IN | Zip Code: 46550-8791
FEC ID number of contributing federal political committee: C
Name of Employer: Self Employed
Occupation: Certified Nurse-Midwife
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 25.00
Date of Receipt: 08 / 11 / 2015
Transaction ID : SA11AI.11736
Amount of Each Receipt this Period: 25.00
Reattribute: Emily Fitzgerald 8/11/15

C. Full Name (Last, First, Middle Initial): Mavis N Schorn
Mailing Address: 700 12th Ave S Unit 701
City: Nashville | State: TN | Zip Code: 37203-3371
FEC ID number of contributing federal political committee: C
Name of Employer: Vanderbilt University
Occupation: Certified Nurse-Midwife
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 100.00
Date of Receipt: 08 / 11 / 2015
Transaction ID : SA11AI.11669
Amount of Each Receipt this Period: 100.00
August 2015 Contribution

SUBTOTAL of Receipts This Page (optional) ▶ 145.00

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)
[X] 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. Full Name (Last, First, Middle Initial): Nicole Sekulich
Mailing Address: 50201 Ann Arbor Rd W
City: Plymouth State: MI Zip Code: 48170-6335
FEC ID number of contributing federal political committee: C
Name of Employer: N/A
Occupation: Not employed - Student
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 5.00
Date of Receipt: 08 / 03 / 2015
Transaction ID : SA11AI.11659
Amount of Each Receipt this Period: 5.00
August 2015 Contribution

B. Full Name (Last, First, Middle Initial): Blanche Skubic
Mailing Address: 2020 Sutter Pl Ste 203
City: Davis State: CA Zip Code: 95616-6217
FEC ID number of contributing federal political committee: C
Name of Employer: Sutter Medical Group-Yolo Div
Occupation: Certified Nurse-Midwife
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 100.00
Date of Receipt: 08 / 11 / 2015
Transaction ID : SA11AI.11667
Amount of Each Receipt this Period: 100.00
August 2015 Contribution

C. Full Name (Last, First, Middle Initial): Susan Snydal
Mailing Address: 150 S 15th Street Snydal
City: San Jose State: CA Zip Code: 95112-2146
FEC ID number of contributing federal political committee: C
Name of Employer: Kaiser Permanente
Occupation: Certified Nurse-Midwife
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 50.00
Date of Receipt: 08 / 03 / 2015
Transaction ID : SA11AI.11657
Amount of Each Receipt this Period: 50.00
August 2015 Contribution

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)
[X] 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. Full Name (Last, First, Middle Initial): Marianne T Stone-Godena
Mailing Address: 1720 Diamond Hill Rd
City: Cumberland State: RI Zip Code: 02864-5505
FEC ID number of contributing federal political committee: C
Name of Employer: Rhode Island College
Occupation: Certified Nurse-Midwife
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 40.00
Date of Receipt: 08/03/2015
Transaction ID : SA11AI.11661
Amount of Each Receipt this Period: 40.00
August 2015 Contribution

B. Full Name (Last, First, Middle Initial): Erin Stopani
Mailing Address: 324 14th St NW
City: Albuquerque State: NM Zip Code: 87104-1215
FEC ID number of contributing federal political committee: C
Name of Employer: Presbyterian Midwifery Service
Occupation: Certified Nurse-Midwife
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 20.00
Date of Receipt: 08/26/2015
Transaction ID : SA11AI.11682
Amount of Each Receipt this Period: 20.00
August 2015 Contribution

C. Full Name (Last, First, Middle Initial): Frances Thacher
Mailing Address: 370 Pine Brook Rd.
City: Bedford State: NY Zip Code: 10506
FEC ID number of contributing federal political committee: C
Name of Employer: Unemployed
Occupation: Certified Nurse-Midwife
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 50.00
Date of Receipt: 08/11/2015
Transaction ID : SA11AI.11668
Amount of Each Receipt this Period: 50.00
August 2015 Contribution

SUBTOTAL of Receipts This Page (optional) ▶ 110.00

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)
[X] 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.
Full Name (Last, First, Middle Initial): Cecilia Wachdorf
Mailing Address: 3554 Polk St NE
City: Minneapolis State: MN Zip Code: 55418-1323
FEC ID number of contributing federal political committee: C
Name of Employer: Minnesota Dept of Health
Occupation: Certified Nurse-Midwife
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 100.00
Date of Receipt: M M 08 / D D 26 / Y Y Y Y 2015
Transaction ID : SA11AI.11677
Amount of Each Receipt this Period: 50.00
August 2015 Contribution

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
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
Amount of Each Receipt this Period:

SUBTOTAL of Receipts This Page (optional) ▶ 50.00

TOTAL This Period (last page this line number only) ▶ 1360.00

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)
[X] 21b [ ] 22 [ ] 23 [ ] 24 [ ] 25 [ ] 26
[ ] 27 [ ] 28a [ ] 28b [ ] 28c [ ] 29 [ ] 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

A. Full Name (Last, First, Middle Initial): American Express
Mailing Address: P.O. Box 981540
City: El Paso State: TX Zip Code: 79998-1540
Purpose of Disbursement: American Express fee
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 08 / 05 / 2015
Transaction ID : SB21B.11687
Amount of Each Disbursement this Period: 0.74

B. Full Name (Last, First, Middle Initial): Bank of America
Mailing Address: 7810 Old Branch Avenue
City: Clinton State: MD Zip Code: 20735
Purpose of Disbursement: Bank of America fee
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 08 / 03 / 2015
Transaction ID : SB21B.11685
Amount of Each Disbursement this Period: 112.37

C. Full Name (Last, First, Middle Initial): Bank of America
Mailing Address: 7810 Old Branch Avenue
City: Clinton State: MD Zip Code: 20735
Purpose of Disbursement: Bank of America fee
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 08 / 14 / 2015
Transaction ID : SB21B.11689
Amount of Each Disbursement this Period: 30.00

SUBTOTAL of Disbursements This Page (optional) ▶ 143.11

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)
[X] 21b [ ] 22 [ ] 23 [ ] 24 [ ] 25 [ ] 26
[ ] 27 [ ] 28a [ ] 28b [ ] 28c [ ] 29 [ ] 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

A.
Full Name (Last, First, Middle Initial): Bank of America
Mailing Address: 7810 Old Branch Avenue
City: Clinton State: MD Zip Code: 20735
Purpose of Disbursement: Bank of America fee
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 08 / 14 / 2015
Transaction ID : SB21B.11690
Amount of Each Disbursement this Period: 30.00

B.
Full Name (Last, First, Middle Initial): Paypal INC
Mailing Address: 4100 Solutions Center #774100
City: Chicago State: IL Zip Code: 60677
Purpose of Disbursement: PayPal fee
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 08 / 04 / 2015
Transaction ID : SB21B.11686
Amount of Each Disbursement this Period: 59.95

C.
Full Name (Last, First, Middle Initial):
Mailing Address:
City: State: Zip Code:
Purpose of Disbursement:
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M / D D / Y Y Y Y
Amount of Each Disbursement this Period:

SUBTOTAL of Disbursements This Page (optional) ▶ 89.95

TOTAL This Period (last page this line number only) ▶ 233.06

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)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 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

A.
Full Name (Last, First, Middle Initial): ELLMERS FOR CONGRESS
Mailing Address: 1108 CALLICUTT ROAD
City: BEAR CREEK State: NC Zip Code: 27207-8275
Purpose of Disbursement: Campaign Contribution
Candidate Name:
Category/Type:
Office Sought: ☒ House ☐ Senate ☐ President
State: NC District: 02
Disbursement For: 2014 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: M M 08 / D D 24 / Y Y Y Y 2015
Transaction ID : SB23.11693
Amount of Each Disbursement this Period: 1000.00

B.
Full Name (Last, First, Middle Initial):
Mailing Address:
City: State: Zip Code:
Purpose of Disbursement:
Candidate Name:
Category/Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: M M / D D / Y Y Y Y
Amount of Each Disbursement this Period:

C.
Full Name (Last, First, Middle Initial):
Mailing Address:
City: State: Zip Code:
Purpose of Disbursement:
Candidate Name:
Category/Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: M M / D D / Y Y Y Y
Amount of Each Disbursement this Period:

SUBTOTAL of Disbursements This Page (optional) ▶ 1000.00

TOTAL This Period (last page this line number only) ▶ 1000.00

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)
☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 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

A.
Full Name (Last, First, Middle Initial): ACNM
Mailing Address: 8403 Colesville Road, Suite 1550
City: Silver Spring State: MD Zip Code: 20910
Purpose of Disbursement: Identification Number: C00358812 Affiliate check and non-member donation from PAC to Admin
Candidate Name:
Category/Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 08 / 31 / 2015
Transaction ID : SB29.11688
Amount of Each Disbursement this Period: 700.00

B.
Full Name (Last, First, Middle Initial):
Mailing Address:
City: State: Zip Code:
Purpose of Disbursement:
Candidate Name:
Category/Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: M M / D D / Y Y Y Y
Amount of Each Disbursement this Period:

C.
Full Name (Last, First, Middle Initial):
Mailing Address:
City: State: Zip Code:
Purpose of Disbursement:
Candidate Name:
Category/Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: M M / D D / Y Y Y Y
Amount of Each Disbursement this Period:

SUBTOTAL of Disbursements This Page (optional) ▶ 700.00

TOTAL This Period (last page this line number only) ▶ 700.00