

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

ADDRESS (number and street) 8403 Colesville Road
Suite 1550
 Check if different than previously reported. (ACC)
Silver Spring MD 20910

2. **FEC IDENTIFICATION NUMBER** 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 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 05 01 2011 through 05 31 2011

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Meredith Graham

Signature of Treasurer Electronically Filed by Meredith Graham Date 06 17 2011

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

Office Use Only **FEC FORM 3X** (Rev. 12/2004)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Report Covering the Period: From:

M	M
0	5

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	5

D	D
3	1

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>X</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	X	Y	Y	Y	2	0	1	1		6991.78
X	Y	Y	Y							
2	0	1	1							
(b) Cash on Hand at Beginning of Reporting Period	5415.76									
(c) Total Receipts (from Line 19)	7039.01	8876.53								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	12454.77	15868.31								
7. Total Disbursements (from Line 31)	142.41	3555.95								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	12312.36	12312.36								
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:

M	M
0	5

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	5

D	D
3	1

Y	Y	Y	Y
2	0	1	1

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)	7039.01	8600.51
(ii) Unitemized	0.00	276.02
(iii) TOTAL (add Lines 11(a)(i) and (ii)	7039.01	8876.53
(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)	7039.01	8876.53
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 Transfer (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))	7039.01	8876.53
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	7039.01	8876.53

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared 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.....	142.41	555.95
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	142.41	555.95
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 Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (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	3000.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared 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))..	142.41	3555.95
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	142.41	3555.95

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)	7039.01	8876.53
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	7039.01	8876.53
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	142.41	555.95
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	142.41	555.95

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A.	Full Name (Last, First, Middle Initial) Mary Akers		Date of Receipt MM / DD / YYYY 05 / 01 / 2011		
	Mailing Address 1501 Oxford Court		Transaction ID: SA11AI.4278		
	City Elizabethtown	State KY	Zip Code 42701	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 100.00		
	Name of Employer not employed Occupation Nurse Midwife		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.	Full Name (Last, First, Middle Initial) Amanda Alba		Date of Receipt MM / DD / YYYY 05 / 22 / 2011		
	Mailing Address 402 E 69th St Apt 19		Transaction ID: SA11AI.4333		
	City New York	State NY	Zip Code 10021	Amount of Each Receipt this Period 25.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 25.00		
	Name of Employer Columbia University School of Nursing Occupation Student Nurse Midwife		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C.	Full Name (Last, First, Middle Initial) Kristen Allen		Date of Receipt MM / DD / YYYY 05 / 09 / 2011		
	Mailing Address 94 Woodland Dr.		Transaction ID: SA11AI.4305		
	City North Kingstown	State RI	Zip Code 02852	Amount of Each Receipt this Period 25.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 25.00		
	Name of Employer South County Hospital Occupation RN		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	150.00
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: PAGE 7 / 30
(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

<p>A. Full Name (Last, First, Middle Initial) Barbara Ascher</p> <p>Mailing Address 4297 Cordobes Cove</p> <p>City State Zip Code San Diego CA 92130</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Vista Community Clinic Nurse-Midwife</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 50.00</p>	<p>Date of Receipt 05 / 05 / 2011</p> <p>Transaction ID: SA11AI.4294</p> <p>Amount of Each Receipt this Period 50.00</p>
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<p>B. Full Name (Last, First, Middle Initial) Rita Barron</p> <p>Mailing Address 821 S Linda Vista St</p> <p>City State Zip Code Visalia CA 93277</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Visalia Womens's specialty CNM</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 100.00</p>	<p>Date of Receipt 05 / 10 / 2011</p> <p>Transaction ID: SA11AI.4365</p> <p>Amount of Each Receipt this Period 100.00</p>
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<p>C. Full Name (Last, First, Middle Initial) Linda Baxter</p> <p>Mailing Address 19 Pleasant St</p> <p>City State Zip Code Great Barrington MA 01230</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation CHP nurse-idwife</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 100.00</p>	<p>Date of Receipt 05 / 07 / 2011</p> <p>Transaction ID: SA11AI.4302</p> <p>Amount of Each Receipt this Period 100.00</p>
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SUBTOTAL of Receipts This Page (optional)	250.00
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: PAGE 8 / 30
(check only one)

<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.

Full Name (Last, First, Middle Initial)
Erin Biscone

Mailing Address 1913 Banks St

City State Zip Code
Houston TX 77098

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

Name of Employer Occupation
Baylor College of Medicine 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
0 5 / 1 3 / 2 0 1 1

Transaction ID: SA11AI.4308

Amount of Each Receipt this Period
50.00

B.

Full Name (Last, First, Middle Initial)
Elinor Buchbinder

Mailing Address 57 Grayson PL.

City State Zip Code
Teaneck NJ 07666

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

Name of Employer Occupation
Retired 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
0 5 / 3 1 / 2 0 1 1

Transaction ID: SA11AI.4343

Amount of Each Receipt this Period
50.00

C.

Full Name (Last, First, Middle Initial)
Barbara Camune

Mailing Address 644 Michigan Drive

City State Zip Code
Romeoville IL 60446

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

Name of Employer Occupation
UIC Nurse-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
0 5 / 1 7 / 2 0 1 1

Transaction ID: SA11AI.4324

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) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 30
(check only one)

<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.

Full Name (Last, First, Middle Initial)
Nicole Carlson

Mailing Address 221 Fayetteville Rd.

City State Zip Code
Decatur GA 30030

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

Name of Employer Emory University Occupation clinical faculty Nurse-Midwifery pgm,1

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt
MM / DD / YYYY
05 / 16 / 2011

Transaction ID: SA11AI.4310

Amount of Each Receipt this Period
200.00

B.

Full Name (Last, First, Middle Initial)
Wreatha Carner

Mailing Address 213 Serrania Dr.

City State Zip Code
El Paso TX 79932

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

Name of Employer self Occupation Certified Nurse Midwife

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt
MM / DD / YYYY
05 / 07 / 2011

Transaction ID: SA11AI.4301

Amount of Each Receipt this Period
200.00

C.

Full Name (Last, First, Middle Initial)
Betty W Carrington

Mailing Address 11931 220 Street

City State Zip Code
Cambria Heights NY 11411-2010

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

Name of Employer Retired Occupation Midwife

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 50.00

Date of Receipt
MM / DD / YYYY
05 / 05 / 2011

Transaction ID: SA11AI.4288

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ▶ **450.00**

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: PAGE 10 / 30
(check only one)

<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. Full Name (Last, First, Middle Initial)
Heather Cates

Mailing Address 132 Rex Avenue

City Philadelphia State PA Zip Code 19118

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

Name of Employer Student Occupation Student

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 50.00

Date of Receipt: 05 / 04 / 2011
Transaction ID: SA11AI.4282
Amount of Each Receipt this Period: 50.00

B. Full Name (Last, First, Middle Initial)
Mary K. Collins

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 ▼ 200.00

Date of Receipt: 05 / 10 / 2011
Transaction ID: SA11AI.4369
Amount of Each Receipt this Period: 200.00

C. Full Name (Last, First, Middle Initial)
Laura Denman

Mailing Address 15206 24th ave sw burien

City washington State WA Zip Code 98166

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

Name of Employer valley medical center Occupation nurse-midwife

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 100.00

Date of Receipt: 05 / 06 / 2011
Transaction ID: SA11AI.4296
Amount of Each Receipt this Period: 100.00

SUBTOTAL of Receipts This Page (optional) ► 350.00

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:	PAGE 11 / 30
	(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"/> 15
<input type="checkbox"/> 12	<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.	Full Name (Last, First, Middle Initial) Nancy E. DeVore		Date of Receipt
	Mailing Address 102 Loring Avenue		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 5 / 1 6 / 2 0 1 1
	City	State	Zip Code
	Pelham	NY	10803
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4313
Name of Employer Montefiore Medical Center		Occupation Administrator/Midwife	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 200.00

B.	Full Name (Last, First, Middle Initial) Jane Dyer		Date of Receipt
	Mailing Address 2660 Barbey Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 5 / 0 5 / 2 0 1 1
	City	State	Zip Code
	Salt Lake City	UT	84109
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4292
Name of Employer University of Utah		Occupation CNM,1	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 200.00

C.	Full Name (Last, First, Middle Initial) Dana L. Ericson		Date of Receipt
	Mailing Address 1248 39th St		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 5 / 3 1 / 2 0 1 1
	City	State	Zip Code
	Des Moines	IA	50311
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4352
Name of Employer Self		Occupation CNM	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 200.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 600.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 30

(check only one)

<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.

Full Name (Last, First, Middle Initial)
Rose Fife

Mailing Address 428 N Linwood Beach Rd.

City State Zip Code
Linwood MI 48634

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

Name of Employer
HDI OB-Gyn and Midwifery Services

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
0 5 / 1 4 / 2 0 1 1

Transaction ID: SA11AI.4309

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)
Nivia Nieves Fisch

Mailing Address 2922 Emerald Lake drive

City State Zip Code
Harlingen TX 78550-8620

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

Name of Employer
Harlingen OBGYN associates

Occupation
nurse midwife

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 7 / 2 0 1 1

Transaction ID: SA11AI.4300

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)
Jennifer Foster

Mailing Address 1745 Vickers Circle

City State Zip Code
Decatur GA 30030

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

Name of Employer
Emory University

Occupation
Assistant Professor of Nursing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 6 / 2 0 1 1

Transaction ID: SA11AI.4312

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) ▶

800.00

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 / 30
	<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.	Full Name (Last, First, Middle Initial) Deborah Garber	Date of Receipt MM / DD / YYYY 05 / 30 / 2011
	Mailing Address 1056 Main St S Apt 1	Transaction ID: SA11AI.4334
	City State Zip Code Woodbury CT 06798	Amount of Each Receipt this Period 54.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Naugatuck Valley Women's Health Midwife,1 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 54.00	

B.	Full Name (Last, First, Middle Initial) Mickey Gillmor	Date of Receipt MM / DD / YYYY 05 / 05 / 2011
	Mailing Address 947 Blue Ridge Avenue	Transaction ID: SA11AI.4286
	City State Zip Code Atlanta GA 30306	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Frontier School of Midwifery nurse-midwife educator Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 200.00	

C.	Full Name (Last, First, Middle Initial) Martha Goedert	Date of Receipt MM / DD / YYYY 05 / 05 / 2011
	Mailing Address 6288 Glenwood Rd	Transaction ID: SA11AI.4289
	City State Zip Code Omaha NE 68132	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Metro)B-GYN and UNKUnive CNM, FNP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 100.00	

SUBTOTAL of Receipts This Page (optional)	354.00
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: PAGE 14 / 30

(check only one)

<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.

Full Name (Last, First, Middle Initial)
Hollis Groom

Mailing Address 2708 Waltham Drive

City State Zip Code
Grapevine TX 76051

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

Name of Employer Occupation
Caring for Women CNM

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 200.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 6 / 2 0 1 1

Transaction ID: SA11AI.4314

Amount of Each Receipt this Period
200.00

B.

Full Name (Last, First, Middle Initial)
Cheryl A. Hanna-Truscott

Mailing Address 3916 45th St Ct NW

City State Zip Code
Gig Harbor WA 98335

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

Name of Employer Occupation
MB CAID ARNP-ped sex assault

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 50.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 1 / 2 0 1 1

Transaction ID: SA11AI.4279

Amount of Each Receipt this Period
50.00

C.

Full Name (Last, First, Middle Initial)
Cheryl Heitkamp

Mailing Address 717 Applewood Cir

City State Zip Code
Victoria MN 55386

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

Name of Employer Occupation
Midwifery and Women's Health, LLC Midwifer/Owner

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 200.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 0 / 2 0 1 1

Transaction ID: SA11AI.4307

Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional) ▶

450.00

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: PAGE 15 / 30
(check only one)

<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.

Full Name (Last, First, Middle Initial)
Martha Jackett

Mailing Address 66 Hall Ave

City State Zip Code
Watertown MA 02472

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

Name of Employer South Core Community Health
Occupation Nurse-Midwife

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
100.00

Date of Receipt
MM / DD / YYYY
05 / 10 / 2011

Transaction ID: SA11AI.4361

Amount of Each Receipt this Period
100.00

B.

Full Name (Last, First, Middle Initial)
Laura Jenson

Mailing Address 1803 S California Ave, Apt 1

City State Zip Code
Chicago IL 60608

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

Name of Employer Alivio Medical Center
Occupation staff certified nurse-midwife

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
75.00

Date of Receipt
MM / DD / YYYY
05 / 05 / 2011

Transaction ID: SA11AI.4285

Amount of Each Receipt this Period
75.00

C.

Full Name (Last, First, Middle Initial)
Jane M. Knight

Mailing Address 546 Acland Blvd

City State Zip Code
Ballston Spa NY 12020

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

Name of Employer
Occupation Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
100.00

Date of Receipt
MM / DD / YYYY
05 / 10 / 2011

Transaction ID: SA11AI.4367

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► **275.00**

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: PAGE 16 / 30
(check only one)

<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
							17

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

A.

Full Name (Last, First, Middle Initial)
Nora Lewis

Mailing Address 759 Drumm Lane

City Nipomo State CA Zip Code 93444

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

Name of Employer Santa Barbara Co. PHD Occupation Nurse-Midwife

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 50.00

Date of Receipt: 05 / 10 / 2011
Transaction ID: SA11AI.4357
 Amount of Each Receipt this Period: 50.00

B.

Full Name (Last, First, Middle Initial)
Sara Lewis

Mailing Address 6706 22nd Ave NW

City Seattle State WA Zip Code 98117

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

Name of Employer self/Seattle University Occupation massage therapist/student

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 25.00

Date of Receipt: 05 / 05 / 2011
Transaction ID: SA11AI.4290
 Amount of Each Receipt this Period: 25.00

C.

Full Name (Last, First, Middle Initial)
Margaret Lucey

Mailing Address 777 Bridge Road

City Northampton State MA Zip Code 01060

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

Name of Employer Brigham and Women's Hospital Occupation Nurse-Midwife

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt: 05 / 08 / 2011
Transaction ID: SA11AI.4303
 Amount of Each Receipt this Period: 200.00

SUBTOTAL of Receipts This Page (optional) ► **275.00**

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: PAGE 17 / 30
(check only one)

<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.

Full Name (Last, First, Middle Initial) Kleia R. Luckner		Date of Receipt MM / DD / YYYY 05 / 31 / 2011
Mailing Address 3452 Kenwood Blvd		Transaction ID: SA11AI.4345
City Toledo	State OH	Zip Code 43606
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Independent Consultant	Occupation Health Care Consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 50.00	

B.

Full Name (Last, First, Middle Initial) Heather MacLean		Date of Receipt MM / DD / YYYY 05 / 02 / 2011
Mailing Address 1900 S Woodland		Transaction ID: SA11AI.4340
City Coos Bay	State OR	Zip Code 97420
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer North Bend Medical Center	Occupation Nurse-midwife	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 25.00	

C.

Full Name (Last, First, Middle Initial) Hannah Mann		Date of Receipt MM / DD / YYYY 05 / 17 / 2011
Mailing Address 2428 Tillett Rd., SW		Transaction ID: SA11AI.4316
City Roanoke	State VA	Zip Code 24015
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 75.00
Name of Employer Shiphrah Midwifery	Occupation CNM	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 75.00	

SUBTOTAL of Receipts This Page (optional)	▶	150.00
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 / 30
	<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.	Full Name (Last, First, Middle Initial) Cynthia Mason	Date of Receipt MM / DD / YYYY 05 / 04 / 2011
	Mailing Address 223 Washington Blvd. Apt 1S	Transaction ID: SA11AI.4284
	City State Zip Code Oak Park IL 60302	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer West Suburban Midwife Associates Occupation Certified Nurse Midwife, 1 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 25.00	

B.	Full Name (Last, First, Middle Initial) Patricia McMaster	Date of Receipt MM / DD / YYYY 05 / 31 / 2011
	Mailing Address 160 Cabrini Blvd APT#124	Transaction ID: SA11AI.4350
	City State Zip Code New York NY 10033	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer NY Presbyterian Hospital Occupation Nurse-Midwife Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 100.00	

C.	Full Name (Last, First, Middle Initial) Fausto Miranda	Date of Receipt MM / DD / YYYY 05 / 05 / 2011
	Mailing Address 8403 Colesville Road	Transaction ID: SA11AI.4291
	City State Zip Code Silver Spring MD 21045	Amount of Each Receipt this Period 0.01
	FEC ID number of contributing federal political committee. C	
	Name of Employer ACNM Occupation IT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 0.01	

SUBTOTAL of Receipts This Page (optional)	125.01
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: PAGE 19 / 30
(check only one)

<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.

Full Name (Last, First, Middle Initial) Sarah Morrow		Date of Receipt MM / DD / YYYY 05 / 17 / 2011
Mailing Address 512 Old Hickory Blvd Apt 2808		Transaction ID: SA11AI.4326
City Nashville	State Zip Code TN 37209	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer N/A	Occupation SNM,1	Aggregate Year-to-Date ▼ 50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.

Full Name (Last, First, Middle Initial) Cara Muhlhahn		Date of Receipt MM / DD / YYYY 05 / 06 / 2011
Mailing Address 646 E. 11th st. C3		Transaction ID: SA11AI.4297
City New York	State Zip Code NY 10009	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer self	Occupation Midwife (C.N.M.)	Aggregate Year-to-Date ▼ 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C.

Full Name (Last, First, Middle Initial) Heather Murphy		Date of Receipt MM / DD / YYYY 05 / 19 / 2011
Mailing Address 2574 N Lincoln Ave 301		Transaction ID: SA11AI.4330
City chicago	State Zip Code IL 60614	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Alivio Medical Center	Occupation Nurse Midwife	Aggregate Year-to-Date ▼ 25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	175.00
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: PAGE 20 / 30

(check only one)

<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.

Full Name (Last, First, Middle Initial)
Claire C. Nelson

Mailing Address 4723 Upton Avenue South

City State Zip Code
Minneapolis MN 55410

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

Name of Employer Occupation
Hennepin County Medical Center CNM

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 100.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 2 / 2 0 1 1

Transaction ID: SA11AI.4342

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)
Susan Nierenberg

Mailing Address 365 Edgewood Ave.

City State Zip Code
Reaneck NJ 07666

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

Name of Employer Occupation
St. Joseph's Regional Med. Cen Nurse-Midwife

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 25.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 0 / 2 0 1 1

Transaction ID: SA11AI.4355

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)
Cathy Offutt

Mailing Address 13 River RD

City State Zip Code
S Royalston MA 01368

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

Name of Employer Occupation
U Mass CMG CNM,1

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 100.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 3 / 2 0 1 1

Transaction ID: SA11AI.4280

Amount of Each Receipt this Period

100.00

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: PAGE 21 / 30
(check only one)

<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.

Full Name (Last, First, Middle Initial)
Ethel L. PaStarr

Mailing Address 3326 W. 32nd St

City State Zip Code
Minneapolis MN 55416

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

Name of Employer: Hennepin County Medical Center
Occupation: nurse midwife

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 50.00

Date of Receipt: 05 / 17 / 2011
Transaction ID: SA11AI.4328
Amount of Each Receipt this Period: 50.00

B.

Full Name (Last, First, Middle Initial)
Glenda Phillips

Mailing Address 4420 Sunnycrest Dr

City State Zip Code
Jacksonville FL 32257

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

Name of Employer: North FL OB/GYN
Occupation: Nurse Midwife

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 100.00

Date of Receipt: 05 / 04 / 2011
Transaction ID: SA11AI.4281
Amount of Each Receipt this Period: 100.00

C.

Full Name (Last, First, Middle Initial)
Amy Rabon

Mailing Address 10 Oaktree Ct.

City State Zip Code
Sheridan WY 82801

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

Name of Employer:
Occupation: CNM

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 25.00

Date of Receipt: 05 / 31 / 2011
Transaction ID: SA11AI.4348
Amount of Each Receipt this Period: 25.00

SUBTOTAL of Receipts This Page (optional) ► **175.00**

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: PAGE 22 / 30
(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)
Fran Ralson

Mailing Address 51 grange rd

City otisville State NY Zip Code 10963

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

Name of Employer hudson valley ob/gyn Occupation midwife

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 25.00

Date of Receipt: 05 / 17 / 2011
Transaction ID: SA11AI.4325
 Amount of Each Receipt this Period: 25.00

B. Full Name (Last, First, Middle Initial)
Leissa Roberts

Mailing Address 1981 E. Siggard Dr

City Salt Lake City State UT Zip Code 84106

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

Name of Employer University of Utah College of Nursing Occupation CNM

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 100.00

Date of Receipt: 05 / 17 / 2011
Transaction ID: SA11AI.4327
 Amount of Each Receipt this Period: 100.00

C. Full Name (Last, First, Middle Initial)
Melissa Sapiro Sayer

Mailing Address 1260 Morris Ave

City Bryn Mawr State PA Zip Code 19010

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

Name of Employer Temple University Hosp Occupation nurse-midwife

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 50.00

Date of Receipt: 05 / 05 / 2011
Transaction ID: SA11AI.4293
 Amount of Each Receipt this Period: 50.00

SUBTOTAL of Receipts This Page (optional) ► **175.00**

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: PAGE 23 / 30

(check only one)

<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.

Full Name (Last, First, Middle Initial)

Leslie Schear

Mailing Address 1772 17th Avenue South

City State Zip Code
Seattle WA 98144

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

Name of Employer Occupation
Valley Medical Center RN

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 75.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 6 / 2 0 1 1

Transaction ID: SA11AI.4311

Amount of Each Receipt this Period

75.00

B.

Full Name (Last, First, Middle Initial)

Karen Schreiber

Mailing Address 520 Upper Chesapeake Drive
Suite 301

City State Zip Code
Bel Air MD 21078

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

Name of Employer Occupation
Susquehanna OB/GYN & Nurse-Midwifery Certified Nurse-Midwife

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 100.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 9 / 2 0 1 1

Transaction ID: SA11AI.4331

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Barbara Sellars

Mailing Address 103 Fifth Ave., 3rd Flr

City State Zip Code
New York NY 10003

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

Name of Employer Occupation
CBS Midwifery midwife

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 9 / 2 0 1 1

Transaction ID: SA11AI.4304

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

425.00

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: PAGE 24 / 30

(check only one)

<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.

Full Name (Last, First, Middle Initial)
Christina Sierra

Mailing Address 1286 Sunbury Dr.

City State Zip Code
Fort Myers FL 33901

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

Name of Employer Occupation
Lee Memorial Health System CNM

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 100.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 0 / 2 0 1 1

Transaction ID: SA11AI.4359

Amount of Each Receipt this Period
100.00

B.

Full Name (Last, First, Middle Initial)
Stephanie Silianoff

Mailing Address 555 Hidden Way

City State Zip Code
Homer AK 99603

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

Name of Employer Occupation
Southcentral Foundation CNM

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 200.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 6 / 2 0 1 1

Transaction ID: SA11AI.4298

Amount of Each Receipt this Period
200.00

C.

Full Name (Last, First, Middle Initial)
Alison Stone

Mailing Address 56 Pollard Road

City State Zip Code
Mountain Lakes NJ 07046

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

Name of Employer Occupation
unemployed CNM

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 100.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 6 / 2 0 1 1

Transaction ID: SA11AI.4295

Amount of Each Receipt this Period
100.00

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: PAGE 25 / 30
(check only one)

<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.

Full Name (Last, First, Middle Initial)
Brielle J Stoyke

Mailing Address 1853 Highland Parkway

City State Zip Code
Saint Paul MN 55116

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

Name of Employer HealthEast Occupation CNM

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
05 / 02 / 2011

Transaction ID: SA11AI.4339

Amount of Each Receipt this Period
300.00

B.

Full Name (Last, First, Middle Initial)
Eileen M. Tirpak

Mailing Address 138 Hesketh St.

City State Zip Code
Chevy Chase MD 20815

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

Name of Employer Occupation Retired CNM

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 50.00

Date of Receipt
MM / DD / YYYY
05 / 10 / 2011

Transaction ID: SA11AI.4363

Amount of Each Receipt this Period
50.00

C.

Full Name (Last, First, Middle Initial)
Kathryn Tribbey

Mailing Address 2345 Clarkie Way

City State Zip Code
Arroyo Grande CA 93420

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

Name of Employer Santa Barbara Co. Public Health Dept. Occupation nurse-midwife

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 100.00

Date of Receipt
MM / DD / YYYY
05 / 20 / 2011

Transaction ID: SA11AI.4332

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ▶ **450.00**

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: PAGE 26 / 30
(check only one)

<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.

Full Name (Last, First, Middle Initial) Laura Valle		Date of Receipt MM / DD / YYYY 05 / 02 / 2011
Mailing Address 1725 Schooner Drive		Transaction ID: SA11AI.4341
City Norman	State OK	Zip Code 73072
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer SNM	Occupation Nurse Midwifery	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 50.00	

B.

Full Name (Last, First, Middle Initial) Karen Watt		Date of Receipt MM / DD / YYYY 05 / 18 / 2011
Mailing Address 1903 Mulberry Ave		Transaction ID: SA11AI.4329
City Mt Pleasant	State TX	Zip Code 75455
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Community Women's Clinic	Occupation staff nurse midwife	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 50.00	

C.

Full Name (Last, First, Middle Initial) Rebecca Wells		Date of Receipt MM / DD / YYYY 05 / 09 / 2011
Mailing Address 1001 N Kansas Ave		Transaction ID: SA11AI.4306
City Hastings	State NE	Zip Code 68901
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 75.00
Name of Employer between jobs	Occupation nurse midwife	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 75.00	

SUBTOTAL of Receipts This Page (optional)	▶	175.00
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: PAGE 27 / 30
(check only one)

<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.

Full Name (Last, First, Middle Initial)
Elizabeth Whitaker

Mailing Address 3411 Look Road

City State Zip Code
Ellensburg WA 98926

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

Name of Employer None Occupation Student

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 10.00

Date of Receipt
MM / DD / YYYY
05 / 04 / 2011

Transaction ID: SA11AI.4283

Amount of Each Receipt this Period
10.00

B.

Full Name (Last, First, Middle Initial)
Mary V Widhalm

Mailing Address 372 Central Park West
20V

City State Zip Code
New York NY 10025

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

Name of Employer retired Occupation midwife

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt
MM / DD / YYYY
05 / 05 / 2011

Transaction ID: SA11AI.4287

Amount of Each Receipt this Period
200.00

C.

Full Name (Last, First, Middle Initial)
Mary V Widhalm

Mailing Address 372 Central Park West
20V

City State Zip Code
New York NY 10025

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

Name of Employer retired Occupation midwife

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt
MM / DD / YYYY
05 / 17 / 2011

Transaction ID: SA11AI.4354

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► **310.00**

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: PAGE 28 / 30
(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)
Rebecca Williams

Mailing Address 552 E 5400 S

City Murray State UT Zip Code 84107

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

Name of Employer Great Expectations Birth Care Occupation CNM

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 75.00

Date of Receipt: 05 / 17 / 2011
Transaction ID: SA11AI.4315
 Amount of Each Receipt this Period: 75.00

B. Full Name (Last, First, Middle Initial)
Jennifer Wright-Maley

Mailing Address 135 Adelaide Ave #3

City Providence State RI Zip Code 02907

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

Name of Employer student Occupation student

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 25.00

Date of Receipt: 05 / 06 / 2011
Transaction ID: SA11AI.4299
 Amount of Each Receipt this Period: 25.00

SUBTOTAL of Receipts This Page (optional) ► 100.00

TOTAL This Period (last page this line number only) ► 7039.01

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

<p>A. Full Name (Last, First, Middle Initial) American Express</p> <p>Mailing Address P.O. Box 981540</p> <p>City El Paso State TX Zip Code 79998-1540</p> <p>Purpose of Disbursement Merchant Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.4234</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1.48"/></p>
<p>B. Full Name (Last, First, Middle Initial) Bank of America</p> <p>Mailing Address PO Box 25118</p> <p>City Tampa State FL Zip Code 33622</p> <p>Purpose of Disbursement Bank Charge</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.4233</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="42.98"/></p>
<p>C. Full Name (Last, First, Middle Initial) Bank of America</p> <p>Mailing Address PO Box 25118</p> <p>City Tampa State FL Zip Code 33622</p> <p>Purpose of Disbursement Check Order</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.4236</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="38.00"/></p>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="82.46"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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)

PAGE 30 / 30

<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

A.

Full Name (Last, First, Middle Initial)

Paypal INC

Mailing Address 4100 Solutions Center #774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement
Bank Fee

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B.4235

Date of Disbursement

05 / 12 / 2011

Amount of Each Disbursement this Period

59.95

SUBTOTAL of Disbursements This Page (optional)

59.95

TOTAL This Period (last page this line number only)

142.41