

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2013"/>		71414.71
(b) Cash on Hand at Beginning of Reporting Period.....	101630.56	
(c) Total Receipts (from Line 19)	16365.00	105755.98
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	117995.56	177170.69
7. Total Disbursements (from Line 31).....	5454.44	64629.57
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	112541.12	112541.12
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Report Covering the Period: From: / / To: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	14365.00	100755.98
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	14365.00	100755.98
(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)	14365.00	100755.98
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.....	2000.00	5000.00
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))..... ▶	16365.00	105755.98
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	16365.00	105755.98

DETAILED SUMMARY PAGE

of Disbursements

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	354.44	24729.57
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	354.44	24729.57
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5000.00	39500.00
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	100.00	400.00
(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)).....	100.00	400.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	5454.44	64629.57
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	5454.44	64629.57

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	14365.00	100755.98
34. Total Contribution Refunds (from Line 28(d))	100.00	400.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	14265.00	100355.98
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	354.44	24729.57
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	354.44	24729.57

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 56
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) A. Amy Alspaugh		Date of Receipt
Mailing Address 910 Constitution Dr #701		<input type="text" value="12"/> / <input type="text" value="02"/> / <input type="text" value="2013"/>
City Durham	State NC	Zip Code 27705
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.8842
Name of Employer DurhamCountyDept.of Pub.Health	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" value="15.00"/>
	<input type="text" value="15.00"/>	

Full Name (Last, First, Middle Initial) B. Susan Armitage		Date of Receipt
Mailing Address 701 Hancock Court		<input type="text" value="12"/> / <input type="text" value="08"/> / <input type="text" value="2013"/>
City Deptford	State NJ	Zip Code 08096
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.8847
Name of Employer JP Riley DO	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" value="100.00"/>
	<input type="text" value="100.00"/>	

Full Name (Last, First, Middle Initial) C. Rebecca Bagley		Date of Receipt
Mailing Address 111 Essex Dr.		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2013"/>
City Winterville	State NC	Zip Code 28590
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.8875
Name of Employer Pitt County Memorial Hospital	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" value="50.00"/>
	<input type="text" value="50.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="165.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value="165.00"/>

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

Form/Schedule: SA11AI
Transaction ID : SA11AI.8842

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.8847

|

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.8875

|

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 56
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Christine Barlow
Full Name (Last, First, Middle Initial)

Mailing Address 4012 SE 29th Ave

City Portland State OR Zip Code 97202

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

Name of Employer Women's Healthcare Associates, LLC Occupation CNM

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 25.00

Date of Receipt 12 / 31 / 2013
Transaction ID : SA11AI.8879

Amount of Each Receipt this Period 25.00

B. Patricia M. Barnes-Light
Full Name (Last, First, Middle Initial)

Mailing Address 74 NE Morgan St

City Portland State OR Zip Code 97211

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

Name of Employer Kaiser Permanente Occupation CNM

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 01 / 2013
Transaction ID : SA11AI.8866

Amount of Each Receipt this Period 300.00

C. Barbara A Bechtel
Full Name (Last, First, Middle Initial)

Mailing Address 707 Beverley Road Apt 6A

City Brooklyn State NY Zip Code 11218-2705

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

Name of Employer Dahlia Midwifery Occupation CNM

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt 12 / 28 / 2013
Transaction ID : SA11AI.8854

Amount of Each Receipt this Period 200.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 525.00

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

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

Form/Schedule: SA11AI
Transaction ID : SA11AI.8879

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.8866

|

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.8854

|

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 56
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

A. Judy Berk
 Full Name (Last, First, Middle Initial)
 Mailing Address 56 Montvale St. #3
 City Boston State MA Zip Code 02131-2752
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Brigham & Women's Hospital Occupation CNM
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 06 / 2013
Transaction ID : SA11AI.8856
 Amount of Each Receipt this Period
 200.00

B. Kay E Campbell
 Full Name (Last, First, Middle Initial)
 Mailing Address 2214 NE 125th Ave.
 City Vancouver State WA Zip Code 98684
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Retired Occupation CNM
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 10.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 01 / 2013
Transaction ID : SA11AI.8862
 Amount of Each Receipt this Period
 10.00

C. Rizza Cea
 Full Name (Last, First, Middle Initial)
 Mailing Address 10029 NE 27th St.
 City Bellevue State WA Zip Code 98004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Neighborcare Health Occupation CNM
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 100.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 12 / 2013
Transaction ID : SA11AI.8849
 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).....▶	

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

Form/Schedule: SA11AI
Transaction ID : SA11AI.8856

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.8862

|

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.8849

|

Form/Schedule:

Transaction ID:

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 56
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

A. Mei-Ka Chin
 Full Name (Last, First, Middle Initial)
 Mailing Address 1139 Xian Xia Lu Changning
 City Shanghai State ZZ Zip Code 20033
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Shanghai United Family Hospital Occupation CNM
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 150.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2013
Transaction ID : SA11AI.8886
 Amount of Each Receipt this Period
 150.00

B. Belinda L. Coppernoll
 Full Name (Last, First, Middle Initial)
 Mailing Address 8800 SE Mill St.
 City Portland State OR Zip Code 97216
 FEC ID number of contributing federal political committee. **C**
 Name of Employer St. HelensFamilyHealthCenter Occupation CNM
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 10.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2013
Transaction ID : SA11AI.8863
 Amount of Each Receipt this Period
 10.00

C. Debra DeGram
 Full Name (Last, First, Middle Initial)
 Mailing Address 524 Leggatt
 City Grand Haven State MI Zip Code 49417-2479
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NOWH Occupation CNM
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 50.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2013
Transaction ID : SA11AI.8848
 Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 210.00
TOTAL This Period (last page this line number only)..... ▶

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

Form/Schedule: SA11AI
Transaction ID : SA11AI.8886

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.8863

|

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.8848

|

Form/Schedule:

Transaction ID:

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

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

FOR LINE NUMBER: PAGE 18 OF 56
(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
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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

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

Full Name (Last, First, Middle Initial)
A. Margaret A. Egeland

Mailing Address 1735 Rio Vista Way S

City State Zip Code
Portland OR 97302

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

Name of Employer Occupation
Salem Health CNM

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
150.00

Date of Receipt
12 / 01 / 2013
Transaction ID : SA11AI.8870

Amount of Each Receipt this Period
50.00

Full Name (Last, First, Middle Initial)
B. Barbara O'Malley Floyd

Mailing Address 4339 SE Salmon St

City State Zip Code
Portland OR 97215

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

Name of Employer Occupation
Concordia University CNM

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
25.00

Date of Receipt
12 / 01 / 2013
Transaction ID : SA11AI.8865

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
C. Karen M. Frank

Mailing Address 3820 Barr Court

City State Zip Code
Boulder CO 80305

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

Name of Employer Occupation
Boulder Community Hospital CNM

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
50.00

Date of Receipt
12 / 01 / 2013
Transaction ID : SA11AI.8884

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 125.00

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

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

Form/Schedule: SA11AI
Transaction ID : SA11AI.8870

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.8865

|

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.8884

|

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 56
	<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	<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. Laurie Ann Friedman
Full Name (Last, First, Middle Initial)

Mailing Address 33 Essex St.

City Cambridge State MA Zip Code 02139

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

Name of Employer Harvard Vanguard Medical Associates Occupation CNM

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 17 / 2013

Transaction ID : SA11AI.8850

Amount of Each Receipt this Period
 200.00

B. Janelle Green
Full Name (Last, First, Middle Initial)

Mailing Address 210 Calle Palo Colorado

City Santa Barbara State CA Zip Code 93105

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

Name of Employer Self Employed Occupation Homemaker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3695.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 20 / 2013

Transaction ID : SA11AI.8852

Amount of Each Receipt this Period
 3000.00

C. Karen Herman
Full Name (Last, First, Middle Initial)

Mailing Address 290 County Road 901

City Midway State AR Zip Code 72651-9258

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

Name of Employer Retired Occupation Nurse Midwife

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 75.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 18 / 2013

Transaction ID : SA11AI.8851

Amount of Each Receipt this Period
 25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 3225.00

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

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI
Transaction ID : SA11AI.8850

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.8852

|

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.8851

|

Form/Schedule:

Transaction ID:

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 56
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

A. Reb Huggins
 Full Name (Last, First, Middle Initial)
 Mailing Address 78 NE Monroe St.
 City Portland State OR Zip Code 97212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Laurelhurst Women's Clinic Occupation CNM
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **10.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2013
Transaction ID : SA11AI.8876
 Amount of Each Receipt this Period
10.00

B. ID Affiliate of ACNM
 Full Name (Last, First, Middle Initial)
 Mailing Address 614 Cook St.
 City Rexburg State ID Zip Code 83440
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2013
Transaction ID : SA11AI.8889
 Amount of Each Receipt this Period
250.00

C. Robi Jaspin
 Full Name (Last, First, Middle Initial)
 Mailing Address 8005 SE Towhee Ct.
 City Milwaukie State OR Zip Code 97267
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kaiser Permanente Occupation CNM
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **25.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 06 / 2013
Transaction ID : SA11AI.8846
 Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional).....	285.00
TOTAL This Period (last page this line number only).....	

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

Form/Schedule: SA11AI
Transaction ID : SA11AI.8876

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.8846

|

**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 26 OF 56
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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

Mailing Address 4208 SE 9th Ave

City Portland State OR Zip Code 97202

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

Name of Employer Oregon Health & Science University Occupation CNM

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2013
Transaction ID : SA11AI.8869

Amount of Each Receipt this Period
 100.00

B. Robin G Jordan
Full Name (Last, First, Middle Initial)

Mailing Address 8480 Bear Cove Ln

City Petoskey State MI Zip Code 49770-8579

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

Name of Employer North Central Michigan College Occupation Professor of Nursing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 03 / 2013
Transaction ID : SA11AI.8843

Amount of Each Receipt this Period
 100.00

C. Chris Kenlan-Laurent
Full Name (Last, First, Middle Initial)

Mailing Address 7235 N Oatman Ave

City Portland State OR Zip Code 97217

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

Name of Employer Legacy Midwifery Occupation CNM

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 10.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2013
Transaction ID : SA11AI.8867

Amount of Each Receipt this Period
 10.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 210.00

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

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI
Transaction ID : SA11AI.8869

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.8843

|

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.8867

|

Form/Schedule:

Transaction ID:

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 56
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

A. Candace Kugel
 Full Name (Last, First, Middle Initial)
 Mailing Address 878 N. Allen St.
 City State Zip Code
 State College PA 16803
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Migrant Clinicians Network CNM
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 50.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 18 / 2013
Transaction ID : SA11AI.8861
 Amount of Each Receipt this Period
 50.00

B. Lauren Mackenzie
 Full Name (Last, First, Middle Initial)
 Mailing Address 4819 SE. Kelly St.
 City State Zip Code
 Portland OR 97206
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Women's Healthcare Associates CNM
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 50.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2013
Transaction ID : SA11AI.8864
 Amount of Each Receipt this Period
 50.00

C. Nancy J. Macmorris-Adix
 Full Name (Last, First, Middle Initial)
 Mailing Address 445 Candalaria Blvd. S.
 City State Zip Code
 Salem OR 97302
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Salem Nurse Midwives CNM
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2013
Transaction ID : SA11AI.8873
 Amount of Each Receipt this Period
 200.00

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

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI
Transaction ID : SA11AI.8861

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.8864

|

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.8873

|

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 56
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

A. Marim T. McLean
 Full Name (Last, First, Middle Initial)
 Mailing Address 38574 Dexten Rd.
 City Dexten State OR Zip Code 97431
 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 M / D D D / Y Y Y Y Y Y
 12 / 31 / 2013
Transaction ID : SA11AI.8882
 Amount of Each Receipt this Period
 50.00

B. MI Affiliate of ACNM
 Full Name (Last, First, Middle Initial)
 Mailing Address 12880 Manning Lake Rd.
 City Delton State MI Zip Code 49046
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Affiliate Affiliate
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2013
Transaction ID : SA11AI.8906
 Amount of Each Receipt this Period
 500.00

C. Danielle N Nazarenko
 Full Name (Last, First, Middle Initial)
 Mailing Address 5 Leicester Rd
 City Marblehead State MA Zip Code 01945
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Not employed - Student SNM
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 25.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2013
Transaction ID : SA11AI.8859
 Amount of Each Receipt this Period
 25.00

SUBTOTAL of Receipts This Page (optional).....▶	575.00
TOTAL This Period (last page this line number only).....▶	

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

Form/Schedule: SA11AI
Transaction ID : SA11AI.8882

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.8859

|

**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 34 OF 56
<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

Full Name (Last, First, Middle Initial) A. NH Affiliate of ACNM		Date of Receipt
Mailing Address 1 Medical Center Dr.		<input type="text" value="12"/> / <input type="text" value="28"/> / <input type="text" value="2013"/>
City Lebanon	State NH	Zip Code 03766
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.8874
Name of Employer ACNM		Amount of Each Receipt this Period
Occupation State Affiliate		<input type="text" value="500.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="500.00"/>		

Full Name (Last, First, Middle Initial) B. OH Affiliate of ACNM		Date of Receipt
Mailing Address 10885 Lithopolis Rd.		<input type="text" value="12"/> / <input type="text" value="21"/> / <input type="text" value="2013"/>
City Columbus	State OH	Zip Code 43110
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.8858
Name of Employer ACNM		Amount of Each Receipt this Period
Occupation State Affiliate		<input type="text" value="1000.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="1000.00"/>		

Full Name (Last, First, Middle Initial) C. OR Affiliate of ACNM		Date of Receipt
Mailing Address 7635 Sw 82nd Ave		<input type="text" value="12"/> / <input type="text" value="01"/> / <input type="text" value="2013"/>
City Portland	State OR	Zip Code 97223
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.8871
Name of Employer ACNM		Amount of Each Receipt this Period
Occupation State Affiliate		<input type="text" value="500.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="500.00"/>		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="2000.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Form/Schedule: SA11AI
Transaction ID : SA11AI.8874

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.8858

|

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

Form/Schedule: SA11AI
Transaction ID : SA11AI.8871

|

Form/Schedule:
Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 56
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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

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

Full Name (Last, First, Middle Initial) A. OR Affiliate of ACNM		Date of Receipt
Mailing Address 7635 Sw 82nd Ave		M M M / D D D / Y Y Y Y Y Y 12 / 01 / 2013
City	State	Zip Code
Portland	OR	97223
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.8872
C		Amount of Each Receipt this Period
		1000.00
Name of Employer	Occupation	
ACNM	State Affiliate	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		1500.00
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. PA Affiliate of ACNM		Date of Receipt
Mailing Address 431 Appletree Rd.		M M M / D D D / Y Y Y Y Y Y 12 / 01 / 2013
City	State	Zip Code
Camp Hill	PA	17011-2104
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.8888
C		Amount of Each Receipt this Period
		1250.00
Name of Employer	Occupation	
ACNM	State Affiliate	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		5250.00
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Elisa L Patterson		Date of Receipt
Mailing Address 1535 Taft Ct		M M M / D D D / Y Y Y Y Y Y 12 / 01 / 2013
City	State	Zip Code
Louisville	CO	80027-1021
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.8885
C		Amount of Each Receipt this Period
		50.00
Name of Employer	Occupation	
Kaiser Permanente	CNM	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		50.00
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	2300.00
TOTAL This Period (last page this line number only).....▶	

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

Form/Schedule: SA11AI
Transaction ID : SA11AI.8872

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.8885

|

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 39 OF 56
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Catherine F. Pelosi
Full Name (Last, First, Middle Initial)

Mailing Address 7635 SW 82nd Ave

City Portland	State OR	Zip Code 97223
------------------	-------------	-------------------

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

Name of Employer Women's Healthcare Associates	Occupation CNM
---	-------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2013

Transaction ID : SA11AI.8880

Amount of Each Receipt this Period

100.00

B. Tari G Radin
Full Name (Last, First, Middle Initial)

Mailing Address 127 Westview Dr.

City Westford	State MA	Zip Code 01886
------------------	-------------	-------------------

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

Name of Employer N/A	Occupation CNM
-------------------------	-------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	01	/	2013

Transaction ID : SA11AI.8887

Amount of Each Receipt this Period

10.00

C. Fra Na Ready
Full Name (Last, First, Middle Initial)

Mailing Address 413 NE 70 ST
Unit 211

City Seattle	State WA	Zip Code 98115
-----------------	-------------	-------------------

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

Name of Employer Swedish Midwifery	Occupation CNM
---------------------------------------	-------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	28	/	2013

Transaction ID : SA11AI.8853

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional).....▶	210.00
TOTAL This Period (last page this line number only).....▶	

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

Form/Schedule: SA11AI
Transaction ID : SA11AI.8880

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.8887

|

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.8853

|

Form/Schedule:

Transaction ID:

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 56
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

A. Helene Rippey
Full Name (Last, First, Middle Initial)
Mailing Address 1612 SW Upland Dr.
City Portland State OR Zip Code 97221
FEC ID number of contributing federal political committee. **C**
Name of Employer Providence St Vincent Hosp. Occupation CNM
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 100.00

Date of Receipt 12 / 31 / 2013
Transaction ID : SA11AI.8878
Amount of Each Receipt this Period 100.00

B. Leissa Roberts
Full Name (Last, First, Middle Initial)
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 12 / 04 / 2013
Transaction ID : SA11AI.8845
Amount of Each Receipt this Period 100.00

C. Lindsay Dormer Robinson
Full Name (Last, First, Middle Initial)
Mailing Address 350 Noxontown Rd.
City Middletown State DE Zip Code 19709-1621
FEC ID number of contributing federal political committee. **C**
Name of Employer Dedicated to Women obgyn Occupation CNM
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 50.00

Date of Receipt 12 / 03 / 2013
Transaction ID : SA11AI.8844
Amount of Each Receipt this Period 50.00

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

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

Form/Schedule: SA11AI
Transaction ID : SA11AI.8878

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.8845

|

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.8844

|

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 56
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Diana M Sanders
Full Name (Last, First, Middle Initial)

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 CNM

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 25.00

Date of Receipt
12 / 02 / 2013
Transaction ID : SA11AI.8855

Amount of Each Receipt this Period
25.00

B. Devin A. Seman
Full Name (Last, First, Middle Initial)

Mailing Address 6810 SW 26th Ave Apt 1

City Portland State OR Zip Code 97219

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

Name of Employer Not employed - Student Occupation SNM

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 10.00

Date of Receipt
12 / 01 / 2013
Transaction ID : SA11AI.8868

Amount of Each Receipt this Period
10.00

C. Patti Spooner
Full Name (Last, First, Middle Initial)

Mailing Address 7030 SE. Clinton

City Portland State OR Zip Code 97206

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

Name of Employer Providence Maternal Care Clinic Occupation CNM

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 20.00

Date of Receipt
12 / 31 / 2013
Transaction ID : SA11AI.8877

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 55.00

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

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

Form/Schedule: SA11AI
Transaction ID : SA11AI.8855

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.8868

|

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.8877

|

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 48 OF 56
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Full Name (Last, First, Middle Initial) A. Nancy H. Sullivan		Date of Receipt
Mailing Address 1534 NE. 26th Avenue Apt.6		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2013"/>
City	State	Zip Code
Portland	OR	97232-1749
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.8881
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="100.00"/>
Name of Employer	Occupation	
One Heart World-wide	CNM	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="100.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. TN Affiliate of ACNM		Date of Receipt
Mailing Address 519 Pennystone Dr.		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2013"/>
City	State	Zip Code
Franklin	TN	37067-5771
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.8905
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="500.00"/>
Name of Employer	Occupation	
Affiliate	Affiliate	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. UT Affiliate of ACNM		Date of Receipt
Mailing Address 679 Desoto St.		<input type="text" value="12"/> / <input type="text" value="01"/> / <input type="text" value="2013"/>
City	State	Zip Code
Salt Lake City	UT	84103
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.8860
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="500.00"/>
Name of Employer	Occupation	
ACNM	State Affiliate	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1100.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Form/Schedule: SA11AI
Transaction ID : SA11AI.8881

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.8860

|

**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 50 OF 56
	<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	<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. WA Affiliate of ACNM
Full Name (Last, First, Middle Initial)
Mailing Address 413 NE 70 ST

City Seattle	State WA	Zip Code 98115
-----------------	-------------	-------------------

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

Name of Employer ACNM	Occupation State Affiliate
--------------------------	-------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	17	/	2013

Transaction ID : SA11AI.8857

Amount of Each Receipt this Period
2000.00

B. WV Affiliate of ACNM
Full Name (Last, First, Middle Initial)
Mailing Address 1719 Edgewood Dr.

City Charleston	State WV	Zip Code 25302
--------------------	-------------	-------------------

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

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2013

Transaction ID : SA11AI.8910

Amount of Each Receipt this Period
500.00

c. Margaret R. Zak
Full Name (Last, First, Middle Initial)
Mailing Address 7603 SE Ellis St

City Portland	State OR	Zip Code 97206
------------------	-------------	-------------------

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

Name of Employer Providence St. Vincent	Occupation CNM
--	-------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
20.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2013

Transaction ID : SA11AI.8883

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional).....	2520.00
TOTAL This Period (last page this line number only).....	14365.00

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

Form/Schedule: SA11AI
Transaction ID : SA11AI.8857

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.8883

|

**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 52 OF 56
<input 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 checked="" 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. FRIENDS OF JARED POLIS COMMITTEE
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. BOX 4572

City BOULDER	State CO	Zip Code 80306
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00435370

Name of Employer _____ Occupation _____

Receipt For: 2012
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 _____ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2013

Transaction ID : SA16.8902

Amount of Each Receipt this Period
 _____ 1000.00

Void old outstanding checks

B. FRIENDS OF LOIS CAPPS
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. BOX 23940

City SANTA BARBARA	State CA	Zip Code 93121
-----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00331389

Name of Employer _____ Occupation _____

Receipt For: 2012
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 _____ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2013

Transaction ID : SA16.8903

Amount of Each Receipt this Period
 _____ 1000.00

Void old outstanding checks

C.
 Full Name (Last, First, Middle Initial)
 Mailing Address _____

City _____	State _____	Zip Code _____
------------	-------------	----------------

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

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 _____ / _____ / _____

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	_____ 2000.00
TOTAL This Period (last page this line number only).....▶	_____ 2000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

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

Full Name (Last, First, Middle Initial)

A. Bank of America

Mailing Address 7810 Old Branch Avenue

City Clinton State MD Zip Code 20735

Purpose of Disbursement
Bank Fee

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		02		2013

Transaction ID : SB21B.8840

Amount of Each Disbursement this Period

294.49

Full Name (Last, First, Middle Initial)

B. Paypal INC

Mailing Address 4100 Solutions Center #774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement
Paypal Fee

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		03		2013

Transaction ID : SB21B.8839

Amount of Each Disbursement this Period

59.95

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

--

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

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

354.44

354.44

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

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

FOR LINE NUMBER:
(check only one)

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

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

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

Full Name (Last, First, Middle Initial)

A. ALLYSON SCHWARTZ FOR CONGRESS

Mailing Address P.O. BOX 2232

City State Zip Code
JENKINTOWN PA 19046

Purpose of Disbursement
Campaign Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: PA District: 13

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			05			2013			

Transaction ID : **SB23.8835**

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. CMR POLITICAL ACTION COMMITTEE

Mailing Address PO BOX 2485

City State Zip Code
SPRINGFIELD VA 22152

Purpose of Disbursement
Campaign Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			05			2013			

Transaction ID : **SB23.8837**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. DAVE CAMP FOR CONGRESS

Mailing Address 5915 EASTMAN AVENUE
SUITE 100

City State Zip Code
MIDLAND MI 48640

Purpose of Disbursement
Campaign Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: MI District: 04

Disbursement For: 2013
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			31			2013			

Transaction ID : **SB23.8914**

Amount of Each Disbursement this Period

1000.00

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

4000.00

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

--

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

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

Full Name (Last, First, Middle Initial)

A. WYDEN FOR SENATE

Mailing Address 232 NE 9TH AVENUE

City PORTLAND State OR Zip Code 97232

Purpose of Disbursement
Campaign Contribution

Candidate Name

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

Disbursement For: 2013
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2013

Transaction ID : SB23.8916

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

--

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

--

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

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

1000.00

5000.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

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

Full Name (Last, First, Middle Initial)

A. Debra Phelps

Mailing Address 18717 22nd Dr SE

City Bothell State WA Zip Code 98012

Purpose of Disbursement
Invalid Credit Card Transaction

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	16	/	2013

Transaction ID : SB28A.8841

Amount of Each Disbursement this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

--

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

--

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

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

100.00

100.00
