

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 08 01 2011 through 08 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 09 20 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	8

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	8

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	35558.01									
(c) Total Receipts (from Line 19)	10602.80	44099.33								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	46160.81	51091.11								
7. Total Disbursements (from Line 31)	8867.95	13798.25								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	37292.86	37292.86								
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	8

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	8

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)	10602.80	43823.31
(ii) Unitemized	0.00	276.02
(iii) TOTAL (add Lines 11(a)(i) and (ii)	10602.80	44099.33
(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)	10602.80	44099.33
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))	10602.80	44099.33
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	10602.80	44099.33

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.....	8867.95	10798.25
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	8867.95	10798.25
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))..	8867.95	13798.25
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	8867.95	13798.25

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)	10602.80	44099.33
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	10602.80	44099.33
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	8867.95	10798.25
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	8867.95	10798.25

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

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) Heather Bradford		Date of Receipt
	Mailing Address 527 Kirkland Ave		<input type="text" value="08"/> / <input type="text" value="01"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Kirkland	WA	98033
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4734
Name of Employer Center for Women's Health		Occupation 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" value="550.00"/>
		<input type="text" value="660.00"/>	Scarves, 4 gift cards, 4 misc food items, wallet greeting cards

B.	Full Name (Last, First, Middle Initial) Helen Varney Burst		Date of Receipt
	Mailing Address 124 Cape Circle		<input type="text" value="08"/> / <input type="text" value="01"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Addison	ME	04606
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4762
Name of Employer Retired		Occupation Retired	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="152.95"/>
		<input type="text" value="152.95"/>	textbook: Varney's Midwifery, 4th ed

C.	Full Name (Last, First, Middle Initial) Kathy Camacho-Carr		Date of Receipt
	Mailing Address 902 17th Ave. East		<input type="text" value="08"/> / <input type="text" value="01"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Seattle	WA	98112
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4726
Name of Employer Seattle University		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="1475.00"/>
		<input type="text" value="1475.00"/>	5 nights @ WA coast beach house

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="2177.95"/>
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 7 / 35
(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) Kathryn Carr		Date of Receipt MM / DD / YYYY 08 / 01 / 2011
Mailing Address 5 Garden Ct Apt 3 #5		Transaction ID: SA11AI.4759
City Cambridge	State MA	Zip Code 02138
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 125.00
Name of Employer Steward Health Care	Occupation CNM	necklaces, rings, garter belt, Streamer, decorations
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 185.00	

B.

Full Name (Last, First, Middle Initial) Rizza Cea		Date of Receipt MM / DD / YYYY 08 / 01 / 2011
Mailing Address 10029 NE 27th ST		Transaction ID: SA11AI.4754
City Bellevue	State WA	Zip Code 98004
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 227.00
Name of Employer Silpada Designs	Occupation CNM	3 pieces of Silpada Jewelry
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 227.00	

C.

Full Name (Last, First, Middle Initial) Krisitina Chamberlain		Date of Receipt MM / DD / YYYY 08 / 01 / 2011
Mailing Address 421-172nd Ave NE		Transaction ID: SA11AI.4747
City Bellevue	State WA	Zip Code 98008
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 13.95
Name of Employer Concious Birth & Breatfeeding PLLC	Occupation Certified Nurse Midwife	Book: 1 Can Breastfeed
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 13.95	

SUBTOTAL of Receipts This Page (optional)	365.95
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 35
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Childbirth Connection

Mailing Address **260 Madison Ave
8th Floor**

City **New York** State **NY** Zip Code **10016**

FEC ID number of contributing federal political committee. C

Name of Employer **Childbirth Connection** Occupation **CNM**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 176.00

Date of Receipt 08 / 01 / 2011
Transaction ID: SA11AI.4753
 Amount of Each Receipt this Period 176.00
 Books: Madison's Descent, You are my world, Birth Atlas Posters, Growing Uterus seven chart set and

B. Full Name (Last, First, Middle Initial)
Susan Fekety

Mailing Address **202 US Route One
Suite 200**

City **Falmouth** State **ME** Zip Code **04105**

FEC ID number of contributing federal political committee. C

Name of Employer **Self** Occupation **Nurse Midwife**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 15.00

Date of Receipt 08 / 01 / 2011
Transaction ID: SA11AI.4760
 Amount of Each Receipt this Period 15.00
 1 copy of book The Pocket Midwife

C. Full Name (Last, First, Middle Initial)
Sharon Foster

Mailing Address **7670 SW Cedar LN**

City **Augusta** State **KS** Zip Code **67010**

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 ▼ 102.00

Date of Receipt 08 / 01 / 2011
Transaction ID: SA11AI.4736
 Amount of Each Receipt this Period 102.00
 Kansas Affiliate - Sunflower Basket

SUBTOTAL of Receipts This Page (optional) 293.00

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 / 35
(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) Sharon Foster		Date of Receipt <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>8</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y													
0	8		0	1		2	0	1	1													
Mailing Address 7670 SW Cedar LN		Transaction ID: SA11AI.4738																				
City Augusta	State KS	Zip Code 67010																				
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period <table border="1"><tr><td>30.00</td></tr></table>	30.00																			
30.00																						
Name of Employer N/A	Occupation CNM	Pot Holder, Vase, Mug, Candle																				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1"><tr><td>132.00</td></tr></table>	132.00																				
132.00																						

B.

Full Name (Last, First, Middle Initial) Michelle Grandy		Date of Receipt <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>8</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y													
0	8		0	1		2	0	1	1													
Mailing Address 4026 224th St SE #7		Transaction ID: SA11AI.4752																				
City Bothell	State WA	Zip Code 98021																				
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period <table border="1"><tr><td>41.00</td></tr></table>	41.00																			
41.00																						
Name of Employer University of WA	Occupation CNM	T-Shirt, book by Ina May Gaskin																				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1"><tr><td>269.00</td></tr></table>	269.00																				
269.00																						

C.

Full Name (Last, First, Middle Initial) Lisa Hanson Hanson		Date of Receipt <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>8</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y													
0	8		0	1		2	0	1	1													
Mailing Address 1026 lakeland Rd		Transaction ID: SA11AI.4727																				
City Grafton	State WI	Zip Code 53024																				
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period <table border="1"><tr><td>180.00</td></tr></table>	180.00																			
180.00																						
Name of Employer N/A	Occupation CNM	2 prints framed																				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1"><tr><td>180.00</td></tr></table>	180.00																				
180.00																						

SUBTOTAL of Receipts This Page (optional)	<table border="1"><tr><td>251.00</td></tr></table>	251.00
251.00		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td> </td></tr></table>	

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

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

FOR LINE NUMBER: PAGE 10 / 35
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Patricia Harman
 Mailing Address 3011 Greystone
 City Morgantown State WV Zip Code 26508
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Partners In Women's Health Care Occupation CNM
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 50.00
 Date of Receipt 08 / 01 / 2011
Transaction ID: SA11AI.4744
 Amount of Each Receipt this Period 50.00
 2 hard bound books: The Blue Cotton Gown: A Midwife's Memoir & Arm's Wide Open: A Midwife's Journey

B. Full Name (Last, First, Middle Initial)
Kate Harrod
 Mailing Address W1815 Country Hwy B
 City Genoa City State WI Zip Code 53128
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Aurora Health Care/Marquette Universit Occupation Certified Nurse Midwife
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 75.00
 Date of Receipt 08 / 01 / 2011
Transaction ID: SA11AI.4748
 Amount of Each Receipt this Period 75.00
 Wisconsin Gift Basket: 2 bottles for wine, 2 place-mats, Wisconsin Cheese, 2 wine glasses, fair trade

C. Full Name (Last, First, Middle Initial)
Kate Harrod
 Mailing Address W1815 Country Hwy B
 City Genoa City State WI Zip Code 53128
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Aurora Health Care/Marquette Universit Occupation Certified Nurse Midwife
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 175.00
 Date of Receipt 08 / 01 / 2011
Transaction ID: SA11AI.4749
 Amount of Each Receipt this Period 100.00
 Framed Picture of Congresswoman Loretta Sanchez from CA

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 11 / 35
(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) Karla Hart		Date of Receipt MM / DD / YYYY 08 / 01 / 2011
Mailing Address		Transaction ID: SA11AI.4739
City	State	Zip Code
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer N/A	Occupation CNM	seeds, book, wire basket, towels, napkins
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 40.00	

B.

Full Name (Last, First, Middle Initial) Catharine Hefferman		Date of Receipt MM / DD / YYYY 08 / 01 / 2011
Mailing Address PO 1116		Transaction ID: SA11AI.4761
City	State	Zip Code
Bethel	ME	04217
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Maine General Health	Occupation Midwife	2 nights @ home in Bethel ME
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.

Full Name (Last, First, Middle Initial) Jacqui Henrich		Date of Receipt MM / DD / YYYY 08 / 28 / 2011
Mailing Address 1139 Meadowcrest Drive		Transaction ID: SA11AI.4807
City	State	Zip Code
Corte Madera	CA	94925
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Kaiser Permanente	Occupation RN	
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)	640.00
TOTAL This Period (last page this line number only)	

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

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

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) Eliza Holland		Date of Receipt
	Mailing Address 7 Betts Place		<input type="text" value="08"/> / <input type="text" value="01"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Norwalk	CT	06855
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Norwalk Hospital		Occupation Midwife	Transaction ID: SA11AI.4765
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="282.00"/>	<input type="text" value="182.00"/>
Connecticut Affiliate Gift Basket			

B.	Full Name (Last, First, Middle Initial) Barbara Hughes		Date of Receipt
	Mailing Address 2100 Humboldt Street #302		<input type="text" value="08"/> / <input type="text" value="01"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Denver	CO	80205
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Wilson Hughes Consulting, LLC		Occupation Consultant	Transaction ID: SA11AI.4733
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="1500.00"/>	<input type="text" value="1500.00"/>

C.	Full Name (Last, First, Middle Initial) Christina Jackey		Date of Receipt
	Mailing Address 180 Hawthorn Drive		<input type="text" value="08"/> / <input type="text" value="01"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Pendelton	IN	46064
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Community Hospital Anderson IN		Occupation Certified Nurse Midwife	Transaction ID: SA11AI.4746
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="119.05"/>	<input type="text" value="119.05"/>
In Food Basket			

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="1801.05"/>
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 13 / 35
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Susan Jacoby
 Mailing Address 12 High St #200
 City Lewiston State ME Zip Code 04240
 Date of Receipt 08 / 01 / 2011
Transaction ID: SA11AI.4763
 Amount of Each Receipt this Period 179.00
 ME- ACNM Basket
 FEC ID number of contributing federal political committee. C
 Name of Employer CMMC Occupation CNM
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date 379.00

B. Full Name (Last, First, Middle Initial)
Jennifer Jagger Jagger
 Mailing Address 5170 144th St #12
 City New York State NY Zip Code 10031
 Date of Receipt 08 / 01 / 2011
Transaction ID: SA11AI.4728
 Amount of Each Receipt this Period 199.00
 Oregon Gift Basket by Alice Jagger
 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 199.00

C. Full Name (Last, First, Middle Initial)
Jennifer Jagger Jagger
 Mailing Address 5170 144th St #12
 City New York State NY Zip Code 10031
 Date of Receipt 08 / 01 / 2011
Transaction ID: SA11AI.4729
 Amount of Each Receipt this Period 199.00
 NYSALM State Affiliate Gift Basket
 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 398.00

SUBTOTAL of Receipts This Page (optional) ▶ 577.00
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 / 35
(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)
Maria Christina Johnson

Mailing Address 1938 Bank St

City State Zip Code
Baltimore MD 21231

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

Name of Employer ACNM Occupation Nurse Midwife

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 135.00

Date of Receipt
MM / DD / YYYY
08 / 01 / 2011

Transaction ID: SA11AI.4751

Amount of Each Receipt this Period
135.00

Embroidered Shawl & Hand
Knit Woolen Scarf

B. Full Name (Last, First, Middle Initial)
Holly Powell Kennedy

Mailing Address 34 Quarry Dock Rd

City State Zip Code
Branford CT 06405

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

Name of Employer N/A Occupation Professor of midwives

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
08 / 01 / 2011

Transaction ID: SA11AI.4764

Amount of Each Receipt this Period
250.00

Tiara & Breakfast out

C. Full Name (Last, First, Middle Initial)
Holly Powell Kennedy

Mailing Address 34 Quarry Dock Rd

City State Zip Code
Branford CT 06405

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

Name of Employer N/A Occupation Professor of midwives

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
MM / DD / YYYY
08 / 09 / 2011

Transaction ID: SA11AI.4813

Amount of Each Receipt this Period
1750.00

SUBTOTAL of Receipts This Page (optional) ► **2135.00**

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 / 35
(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)
Kyanna Kuntz

Mailing Address 3822 Brookfield Dr

City State Zip Code
Junction City KS 66441

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 ▼ 15.00

Date of Receipt
MM / DD / YYYY
08 / 01 / 2011

Transaction ID: SA11AI.4740

Amount of Each Receipt this Period
15.00

B.

Full Name (Last, First, Middle Initial)
Maryanne Laffin

Mailing Address 88-36 242 St

City State Zip Code
Belleveue NY 11426

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

Name of Employer N/A Occupation Midwife

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt
MM / DD / YYYY
08 / 01 / 2011

Transaction ID: SA11AI.4745

Amount of Each Receipt this Period
375.00

Jewelry (7 pieces), Antique Book, Mens Suspenders

C.

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

Mailing Address 759 Drumm Lane

City State Zip Code
Nipomo CA 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 ▼ 200.00

Date of Receipt
MM / DD / YYYY
08 / 01 / 2011

Transaction ID: SA11AI.4741

Amount of Each Receipt this Period
150.00

California Country Basket

SUBTOTAL of Receipts This Page (optional) ► **540.00**

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 / 35
(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)
Nora Lewis

Mailing Address 759 Drumm Lane

City State Zip Code
Nipomo CA 93444

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 387.00

Date of Receipt
MM / DD / YYYY
08 / 01 / 2011

Transaction ID: SA11AI.4742

Amount of Each Receipt this Period
187.00

California Affiliate Basket #2

B.

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

Mailing Address 759 Drumm Lane

City State Zip Code
Nipomo CA 93444

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 516.00

Date of Receipt
MM / DD / YYYY
08 / 01 / 2011

Transaction ID: SA11AI.4743

Amount of Each Receipt this Period
129.00

California Affiliate Basket #1

C.

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

Mailing Address 1325 Wellesly Dr NE

City State Zip Code
Albuquerque NM 87106

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

Name of Employer Occupation
UNM Dept OBGYN Midwifery Division CNM

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 90.00

Date of Receipt
MM / DD / YYYY
08 / 01 / 2011

Transaction ID: SA11AI.4725

Amount of Each Receipt this Period
90.00

NM Gift Basket (for PAC Rally)

SUBTOTAL of Receipts This Page (optional) ► **406.00**

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

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

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

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

A.	Full Name (Last, First, Middle Initial) Ann Forster Page		Date of Receipt
	Mailing Address 189 N Brown Rd.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Long Lake	ME	55356
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4730
Name of Employer N/A		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"/> 168.00
			Gift Basket

B.	Full Name (Last, First, Middle Initial) Cindy Prake		Date of Receipt
	Mailing Address 2805 Eplanade		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Chico	CA	95973
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4750
Name of Employer Professional Education Center		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"/> 68.95
			Book: 8 Ces

C.	Full Name (Last, First, Middle Initial) Lynneece Rooney		Date of Receipt
	Mailing Address 1430 Spellers Lane		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Houston	TX	77043
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4735
Name of Employer Self Employed		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"/> 80.00
			Basket items, baskets, boxes for PAC rally

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 316.95
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 18 / 35
(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)
Manya Schmidt

Mailing Address 5348 NW Lana Court

City State Zip Code
Topeka KS 66618

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 ▼ 17.00

Date of Receipt
MM / DD / YYYY
08 / 01 / 2011

Transaction ID: SA11AI.4737

Amount of Each Receipt this Period
17.00

Jelly, Towel

B.

Full Name (Last, First, Middle Initial)
Kerri D Schuiling

Mailing Address 342 E Hewitt Ave

City State Zip Code
Marquette MI 49855

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

Name of Employer Northern Michigan University Occupation Assoc. Dean & Dir, School of Nursing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 91.95

Date of Receipt
MM / DD / YYYY
08 / 01 / 2011

Transaction ID: SA11AI.4756

Amount of Each Receipt this Period
91.95

book

C.

Full Name (Last, First, Middle Initial)
Penny Simkin

Mailing Address 1100 23rd Ave E

City State Zip Code
Seattle WA 98112

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

Name of Employer Penny Simkin, Inc Occupation owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 95.00

Date of Receipt
MM / DD / YYYY
08 / 01 / 2011

Transaction ID: SA11AI.4755

Amount of Each Receipt this Period
95.00

Labor Progress handbook, comfort measures dvd

SUBTOTAL of Receipts This Page (optional) ► **203.95**

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

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

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

FOR LINE NUMBER: PAGE 19 / 35
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Joan Slager
Mailing Address 3681 S 26th Street
City Kalamazoo State MI Zip Code 49048
FEC ID number of contributing federal political committee. **C**
Name of Employer N/A Occupation nurse midwife
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt 08 / 01 / 2011
Transaction ID: SA11AI.4757
Amount of Each Receipt this Period 300.00
2 hour consultation on billing/coding issues

B. Full Name (Last, First, Middle Initial)
Patricia Urbanus
Mailing Address 4308 Bobolink Terrace
City Skoie State IL Zip Code 60076
FEC ID number of contributing federal political committee. **C**
Name of Employer Retired Occupation Retired
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 175.00
Date of Receipt 08 / 01 / 2011
Transaction ID: SA11AI.4731
Amount of Each Receipt this Period 175.00
Royal Copenhagen Boy with Apples 6 1/2

C. Full Name (Last, First, Middle Initial)
Patricia Urbanus
Mailing Address 4308 Bobolink Terrace
City Skoie State IL Zip Code 60076
FEC ID number of contributing federal political committee. **C**
Name of Employer Retired Occupation Retired
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 350.00
Date of Receipt 08 / 01 / 2011
Transaction ID: SA11AI.4732
Amount of Each Receipt this Period 175.00
Bing & Grondahl Figurine 6 1/2 little boy 1759

SUBTOTAL of Receipts This Page (optional) ▶ 650.00
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 / 35	
	(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"/> 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) Sheri Winston		Date of Receipt																					
	Mailing Address PO BOX 3184		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	1		2	0	1	1
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	8		0	1		2	0	1	1														
	City	State	Zip Code		Transaction ID: SA11AI.4758																			
	Kingston	NY	12401																					
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>		Amount of Each Receipt this Period																				
Name of Employer Center for the Intimate Arts		Occupation Sexuality Educator		<input type="text" value="19.95"/>																				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="19.95"/>		Book: Women's Anatomy of Arousal																				

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="19.95"/>
TOTAL This Period (last page this line number only)	<input type="text" value="10602.80"/>

**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 21 / 35

<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) American Express	Transaction ID: SB21B.4810 Date of Disbursement
	Mailing Address P.O. Box 981540	<input type="text" value="08"/> / <input type="text" value="02"/> / <input type="text" value="2011"/>
	City El Paso State TX Zip Code 79998-1540	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank Fee	<input type="text" value="14.75"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Bank of America	Transaction ID: SB21B.4809 Date of Disbursement
	Mailing Address PO Box 25118	<input type="text" value="08"/> / <input type="text" value="01"/> / <input type="text" value="2011"/>
	City Tampa State FL Zip Code 33622	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank Fee	<input type="text" value="40.45"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Heather Bradford	Transaction ID: SB21B.4776 Date of Disbursement
	Mailing Address 527 Kirkland Ave	<input type="text" value="08"/> / <input type="text" value="01"/> / <input type="text" value="2011"/>
	City Kirkland State WA Zip Code 98033	Amount of Each Disbursement this Period
	Purpose of Disbursement Scarves, 4 gift cards, 4 misc food items, wallet greeting cards	<input type="text" value="550.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="605.20"/>
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 22 / 35

<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) Helen Varney Burst</p> <p>Mailing Address 124 Cape Circle</p> <p>City Addison State ME Zip Code 04606</p> <p>Purpose of Disbursement textbook: Varney's Midwifery, 4th ed</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.4774</p> <p>Date of Disbursement 08 / 01 / 2011</p> <p>Amount of Each Disbursement this Period 152.95</p>
<p>B. Full Name (Last, First, Middle Initial) Kathy Camacho-Carr</p> <p>Mailing Address 902 17th Ave. East</p> <p>City Seattle State WA Zip Code 98112</p> <p>Purpose of Disbursement 5 nights @ WA coast beach house</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.4767</p> <p>Date of Disbursement 08 / 01 / 2011</p> <p>Amount of Each Disbursement this Period 1475.00</p>
<p>C. Full Name (Last, First, Middle Initial) Kathryn Carr</p> <p>Mailing Address 5 Garden Ct Apt 3 #5</p> <p>City Cambridge State MA Zip Code 02138</p> <p>Purpose of Disbursement necklaces, rings, garter belt. Streamer, decorations</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.4783</p> <p>Date of Disbursement 08 / 01 / 2011</p> <p>Amount of Each Disbursement this Period 125.00</p>

SUBTOTAL of Disbursements This Page (optional)	1752.95
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)

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<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) Rizza Cea Mailing Address 10029 NE 27th ST City Bellevue State WA Zip Code 98004 Purpose of Disbursement 3 pieces of Silpada Jewelry Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4802 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 1 1	Amount of Each Disbursement this Period 227.00
B.	Full Name (Last, First, Middle Initial) Krisitina Chamberlain Mailing Address 421-172nd Ave NE City Bellevue State WA Zip Code 98008 Purpose of Disbursement Book: 1 Can Breastfeed Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4792 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 1 1	Amount of Each Disbursement this Period 13.95
C.	Full Name (Last, First, Middle Initial) Childbirth Connection Mailing Address 260 Madison Ave 8th Floor City New York State NY Zip Code 10016 Purpose of Disbursement Books: Madison's Descent, You are my world, Birth Atlas Posters, Growing Uterus seven chart set and Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4801 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 1 1	Amount of Each Disbursement this Period 176.00

SUBTOTAL of Disbursements This Page (optional)	416.95
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Susan Fekety	Transaction ID: SB21B.4798 Date of Disbursement 08 / 01 / 2011
	Mailing Address 202 US Route One Suite 200	Amount of Each Disbursement this Period 15.00
	City Falmouth State ME Zip Code 04105	
	Purpose of Disbursement 1 copy of book The Pocket Midwife	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Sharon Foster	Transaction ID: SB21B.4778 Date of Disbursement 08 / 01 / 2011
	Mailing Address 7670 SW Cedar LN	Amount of Each Disbursement this Period 102.00
	City Augusta State KS Zip Code 67010	
	Purpose of Disbursement Kansas Affiliate - Sunflower Basket	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Sharon Foster	Transaction ID: SB21B.4780 Date of Disbursement 08 / 01 / 2011
	Mailing Address 7670 SW Cedar LN	Amount of Each Disbursement this Period 30.00
	City Augusta State KS Zip Code 67010	
	Purpose of Disbursement Pot Holder, Vase, Mug, Candle	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	147.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Michelle Grandy</p> <p>Mailing Address 4026 224th St SE #7</p> <p>City Bothell State WA Zip Code 98021</p> <p>Purpose of Disbursement T-Shirt, book by Ina May Gaskin</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.4800</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <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="41.00"/></p>
<p>B. Full Name (Last, First, Middle Initial) Lisa Hanson Hanson</p> <p>Mailing Address 1026 lakeland Rd</p> <p>City Grafton State WI Zip Code 53024</p> <p>Purpose of Disbursement 2 prints framed</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.4768</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <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="180.00"/></p>
<p>C. Full Name (Last, First, Middle Initial) Patricia Harman</p> <p>Mailing Address 3011 Greystone</p> <p>City Morgantown State WV Zip Code 26508</p> <p>Purpose of Disbursement 2 hard bound books: The Blue Cotton Gown: A Midwife's Memoir & Arm's Wide Open: A Midwife's Journey</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.4788</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <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="50.00"/></p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="271.00"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text"/></p>

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

A.	Full Name (Last, First, Middle Initial) Kate Harrod	Transaction ID: SB21B.4793 Date of Disbursement 08 / 01 / 2011
	Mailing Address W1815 Country Hwy B	
	City Genoa City State WI Zip Code 53128	Amount of Each Disbursement this Period 75.00
	Purpose of Disbursement Wisconsin Gift Basket: 2 bottles for wine, 2 placemats, Wisconsin Cheese, 2 wine glasses, fair trade	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Kate Harrod	Transaction ID: SB21B.4794 Date of Disbursement 08 / 01 / 2011
	Mailing Address W1815 Country Hwy B	
	City Genoa City State WI Zip Code 53128	Amount of Each Disbursement this Period 100.00
	Purpose of Disbursement Framed Picture of Congresswoman Loretta Sanchez from CA	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Karla Hart	Transaction ID: SB21B.4781 Date of Disbursement 08 / 01 / 2011
	Mailing Address	
	City State Zip Code	Amount of Each Disbursement this Period 40.00
	Purpose of Disbursement seeds, book, wire basket, towels, napkins	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	215.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Catharine Hefferman	Transaction ID: SB21B.4790 Date of Disbursement 08 / 01 / 2011
	Mailing Address PO 1116	
	City Bethel State ME Zip Code 04217	Amount of Each Disbursement this Period 500.00
	Purpose of Disbursement 2 nights @ home in Bethel ME	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Eliza Holland	Transaction ID: SB21B.4796 Date of Disbursement 08 / 01 / 2011
	Mailing Address 7 Betts Place	
	City Norwalk State CT Zip Code 06855	Amount of Each Disbursement this Period 182.00
	Purpose of Disbursement Connecticut Affiliate Gift Basket	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Barbara Hughes	Transaction ID: SB21B.4775 Date of Disbursement 08 / 01 / 2011
	Mailing Address 2100 Humboldt Street #302	
	City Denver State CO Zip Code 80205	Amount of Each Disbursement this Period 1500.00
	Purpose of Disbursement	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	2182.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Christina Jackey	Transaction ID: SB21B.4791 Date of Disbursement 08 / 01 / 2011
	Mailing Address 180 Hawthorn Drive	Amount of Each Disbursement this Period 119.05
	City Pendelton State IN Zip Code 46064	
	Purpose of Disbursement In Food Basket	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) Susan Jacoby	Transaction ID: SB21B.4799 Date of Disbursement 08 / 01 / 2011
	Mailing Address 12 High St #200	Amount of Each Disbursement this Period 179.00
	City Lewiston State ME Zip Code 04240	
	Purpose of Disbursement ME- ACNM Basket	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) Jennifer Jagger Jagger	Transaction ID: SB21B.4769 Date of Disbursement 08 / 01 / 2011
	Mailing Address 5170 144th St #12	Amount of Each Disbursement this Period 199.00
	City New York State NY Zip Code 10031	
	Purpose of Disbursement Oregon Gift Basket by Alice Jagger	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	497.05
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Jennifer Jagger Jagger	Transaction ID: SB21B.4770 Date of Disbursement 08 / 01 / 2011
	Mailing Address 5170 144th St #12	Amount of Each Disbursement this Period 199.00
	City New York State NY Zip Code 10031	
	Purpose of Disbursement NYSALM State Affiliate Gift Basket	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) Maria Christina Johnson	Transaction ID: SB21B.4797 Date of Disbursement 08 / 01 / 2011
	Mailing Address 1938 Bank St	Amount of Each Disbursement this Period 135.00
	City Baltimore State MD Zip Code 21231	
	Purpose of Disbursement Embroidered Shawl & Hand Knit Woolen Scarf	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) Holly Powell Kennedy	Transaction ID: SB21B.4784 Date of Disbursement 08 / 01 / 2011
	Mailing Address 34 Quarry Dock Rd	Amount of Each Disbursement this Period 250.00
	City Branford State CT Zip Code 06405	
	Purpose of Disbursement Tiara & Breakfast out	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	584.00
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)

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<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) Kyanna Kuntz Mailing Address 3822 Brookfield Dr City Junction City State KS Zip Code 66441 Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4782 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 1 1	Amount of Each Disbursement this Period 15.00
B.	Full Name (Last, First, Middle Initial) Maryanne Laffin Mailing Address 88-36 242 St City Belleveue State NY Zip Code 11426 Purpose of Disbursement Jewelry (7 pieces), Antique Book, Mens Suspenders Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4789 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 1 1	Amount of Each Disbursement this Period 375.00
C.	Full Name (Last, First, Middle Initial) Nora Lewis Mailing Address 759 Drumm Lane City Nipomo State CA Zip Code 93444 Purpose of Disbursement California Country Basket Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4785 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 1 1	Amount of Each Disbursement this Period 150.00

SUBTOTAL of Disbursements This Page (optional)	540.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Nora Lewis</p> <p>Mailing Address 759 Drumm Lane</p> <p>City Nipomo State CA Zip Code 93444</p> <p>Purpose of Disbursement California Affiliate Basket #2</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.4786</p> <p>Date of Disbursement 08 / 01 / 2011</p> <p>Amount of Each Disbursement this Period 187.00</p>
<p>B. Full Name (Last, First, Middle Initial) Nora Lewis</p> <p>Mailing Address 759 Drumm Lane</p> <p>City Nipomo State CA Zip Code 93444</p> <p>Purpose of Disbursement California Affiliate Basket #1</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.4787</p> <p>Date of Disbursement 08 / 01 / 2011</p> <p>Amount of Each Disbursement this Period 129.00</p>
<p>C. Full Name (Last, First, Middle Initial) Laura Migliaccio</p> <p>Mailing Address 1325 Wellesly Dr NE</p> <p>City Albuquerque State NM Zip Code 87106</p> <p>Purpose of Disbursement NM Gift Basket (for PAC Rally)</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.4766</p> <p>Date of Disbursement 08 / 01 / 2011</p> <p>Amount of Each Disbursement this Period 90.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

406.00

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)

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<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) Ann Forster Page	Transaction ID: SB21B.4771 Date of Disbursement
	Mailing Address 189 N Brown Rd.	<input type="text" value="08"/> / <input type="text" value="01"/> / <input type="text" value="2011"/>
	City Long Lake State ME Zip Code 55356	Amount of Each Disbursement this Period
	Purpose of Disbursement Gift Basket	<input type="text" value="168.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Paypal INC	Transaction ID: SB21B.4811 Date of Disbursement
	Mailing Address 4100 Solutions Center #774100	<input type="text" value="08"/> / <input type="text" value="12"/> / <input type="text" value="2011"/>
	City Chicago State IL Zip Code 60677	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank Fee	<input type="text" value="59.95"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Cindy Prake	Transaction ID: SB21B.4795 Date of Disbursement
	Mailing Address 2805 Eplanade	<input type="text" value="08"/> / <input type="text" value="01"/> / <input type="text" value="2011"/>
	City Chico State CA Zip Code 95973	Amount of Each Disbursement this Period
	Purpose of Disbursement Book: 8 Ces	<input type="text" value="68.95"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="296.90"/>
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)

<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) Lynneece Rooney	Transaction ID: SB21B.4777 Date of Disbursement 08 / 01 / 2011
	Mailing Address 1430 Spellers Lane	Amount of Each Disbursement this Period 80.00
	City Houston State TX Zip Code 77043	
	Purpose of Disbursement Basket items, baskets, boxes for PAC rally	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Manya Schmidt	Transaction ID: SB21B.4779 Date of Disbursement 08 / 01 / 2011
	Mailing Address 5348 NW Lana Court	Amount of Each Disbursement this Period 17.00
	City Topeka State KS Zip Code 66618	
	Purpose of Disbursement Jelly, Towel	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Kerri D Schuiling	Transaction ID: SB21B.4804 Date of Disbursement 08 / 01 / 2011
	Mailing Address 342 E Hewitt Ave	Amount of Each Disbursement this Period 91.95
	City Marquette State MI Zip Code 49855	
	Purpose of Disbursement book	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	188.95
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Penny Simkin</p> <p>Mailing Address 1100 23rd Ave E</p> <p>City Seattle State WA Zip Code 98112</p> <p>Purpose of Disbursement Labor Progress handbook, comfort measures dvd</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.4803</p> <p>Date of Disbursement 08 / 01 / 2011</p> <p>Amount of Each Disbursement this Period 95.00</p>
<p>B. Full Name (Last, First, Middle Initial) Joan Slager</p> <p>Mailing Address 3681 S 26th Street</p> <p>City Kalamazoo State MI Zip Code 49048</p> <p>Purpose of Disbursement 2 hour consultation on billing/coding issues</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.4805</p> <p>Date of Disbursement 08 / 01 / 2011</p> <p>Amount of Each Disbursement this Period 300.00</p>
<p>C. Full Name (Last, First, Middle Initial) Patricia Urbanus</p> <p>Mailing Address 4308 Bobolink Terrace</p> <p>City Skoie State IL Zip Code 60076</p> <p>Purpose of Disbursement Royal Copenhagen Boy with Apples 6 1/2</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.4772</p> <p>Date of Disbursement 08 / 01 / 2011</p> <p>Amount of Each Disbursement this Period 175.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

570.00

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)

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<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) Patricia Urbanus <hr/> Mailing Address 4308 Bobolink Terrace <hr/> City Skoie State IL Zip Code 60076 <hr/> Purpose of Disbursement Bing & Grondahl Figurine 6 1/2 little boy 1759 Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4773 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 1 1
	Amount of Each Disbursement this Period 175.00
B. Full Name (Last, First, Middle Initial) Sheri Winston <hr/> Mailing Address PO BOX 3184 <hr/> City Kingston State NY Zip Code 12401 <hr/> Purpose of Disbursement Book: Women's Anatomy of Arousal Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4806 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 1 1
	Amount of Each Disbursement this Period 19.95

SUBTOTAL of Disbursements This Page (optional) ►

194.95

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

8867.95