

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

ADDRESS (number and street)

 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

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

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) 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 (12S)
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 / / through / /

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 M. Graham

Signature of Treasurer Meredith M. Graham [Electronically Filed] Date / /

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

**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.....	109650.71	
(c) Total Receipts (from Line 19)	4545.00	66969.05
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	114195.71	138383.76
7. Total Disbursements (from Line 31).....	18145.38	42333.43
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	96050.33	96050.33
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).....	4545.00	65969.05
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	4545.00	65969.05
(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)	4545.00	65969.05
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	1000.00
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))..... ▶	4545.00	66969.05
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	4545.00	66969.05

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	145.38	14633.43
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	145.38	14633.43
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	10000.00	19500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	200.00
(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	200.00
29. Other Disbursements	8000.00	8000.00
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)) ..	18145.38	42333.43
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	18145.38	42333.43

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)	4545.00	65969.05
34. Total Contribution Refunds (from Line 28(d))	0.00	200.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	4545.00	65769.05
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	145.38	14633.43
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	145.38	14633.43

**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 182
	<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. ACNM
 Full Name (Last, First, Middle Initial)
 Mailing Address 8403 Colesville Road
 Suite 1550
 City Silver Spring State MD Zip Code 20910
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 20.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 01 / 2013
Transaction ID : SA11AI.8193
 Amount of Each Receipt this Period
 20.00

B. Suzanne Adkins
 Full Name (Last, First, Middle Initial)
 Mailing Address 207 S Dunnwood Ln
 City Mount Juliet State TN Zip Code 37122-3187
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 N/A SNM
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 65.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 01 / 2013
Transaction ID : SA11AI.8135
 Amount of Each Receipt this Period
 15.00

C. Kendra M Adkisson
 Full Name (Last, First, Middle Initial)
 Mailing Address 111 Wabash Dr.
 City Lexington State KY Zip Code 40503-1920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Central Baptist RN/SNM
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 90.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 01 / 2013
Transaction ID : SA11AI.8075
 Amount of Each Receipt this Period
 15.00

SUBTOTAL of Receipts This Page (optional).....▶	50.00
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.8193

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.8135

|

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.8075

|

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 9 OF 182
(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

Full Name (Last, First, Middle Initial)
A. Kendra M Adkisson

Mailing Address 111 Wabash Dr.

City Lexington State KY Zip Code 40503-1920

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

Name of Employer Central Baptist Occupation RN/SNM

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **105.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 01 / 2013

Transaction ID : SA11AI.8076

Amount of Each Receipt this Period
15.00

Full Name (Last, First, Middle Initial)
B. Kendra M Adkisson

Mailing Address 111 Wabash Dr.

City Lexington State KY Zip Code 40503-1920

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

Name of Employer Central Baptist Occupation RN/SNM

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **120.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 01 / 2013

Transaction ID : SA11AI.8077

Amount of Each Receipt this Period
15.00

Full Name (Last, First, Middle Initial)
C. Kendra M Adkisson

Mailing Address 111 Wabash Dr.

City Lexington State KY Zip Code 40503-1920

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

Name of Employer Central Baptist Occupation RN/SNM

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **135.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 01 / 2013

Transaction ID : SA11AI.8078

Amount of Each Receipt this Period
15.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **45.00**

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.8076

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Form/Schedule: SA11AI
Transaction ID: SA11AI.8077

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.8078

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Form/Schedule:

Transaction ID:

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 OF 182
(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

Full Name (Last, First, Middle Initial)
A. Kendra M Adkisson

Mailing Address 111 Wabash Dr.

City Lexington State KY Zip Code 40503-1920

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

Name of Employer Central Baptist Occupation RN/SNM

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
 07 / 01 / 2013
Transaction ID : SA11AI.8079

Amount of Each Receipt this Period
15.00

Full Name (Last, First, Middle Initial)
B. Kendra M Adkisson

Mailing Address 111 Wabash Dr.

City Lexington State KY Zip Code 40503-1920

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

Name of Employer Central Baptist Occupation RN/SNM

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
165.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2013
Transaction ID : SA11AI.8080

Amount of Each Receipt this Period
15.00

Full Name (Last, First, Middle Initial)
C. Kendra M Adkisson

Mailing Address 111 Wabash Dr.

City Lexington State KY Zip Code 40503-1920

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

Name of Employer Central Baptist Occupation RN/SNM

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
180.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2013
Transaction ID : SA11AI.8081

Amount of Each Receipt this Period
15.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 45.00

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.8079

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Form/Schedule: SA11AI
Transaction ID: SA11AI.8080

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.8081

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Form/Schedule:

Transaction ID:

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 182
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) A. Kendra M Adkisson			Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 01 / 2013 Transaction ID : SA11AI.8082
Mailing Address 111 Wabash Dr.			Amount of Each Receipt this Period 15.00
City Lexington	State KY	Zip Code 40503-1920	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 195.00
Name of Employer Central Baptist		Occupation RN/SNM	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Susan Altman			Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 01 / 2013 Transaction ID : SA11AI.8155
Mailing Address 11 Stonywood Dr			Amount of Each Receipt this Period 50.00
City Commack	State NY	Zip Code 11725-5111	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 3093.00
Name of Employer N/A		Occupation CNM	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Rebecca Ammons			Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 01 / 2013 Transaction ID : SA11AI.8029
Mailing Address 505 Wakefield Ln			Amount of Each Receipt this Period 15.00
City Hixson	State TN	Zip Code 37343	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 15.00
Name of Employer N/A		Occupation SNM	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	80.00
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.8082

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Form/Schedule: SA11AI
Transaction ID: SA11AI.8155

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.8029

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Form/Schedule:

Transaction ID:

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 182
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Michele Anderson
 Full Name (Last, First, Middle Initial)
 Mailing Address 14720 Kitlanselt Way
 City Orlando State FL Zip Code 32828-8042
 FEC ID number of contributing federal political committee. **C**
 Name of Employer N/A Occupation SNM
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 15.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2013
Transaction ID : SA11AI.8031
 Amount of Each Receipt this Period
 15.00

B. Sally Avenson
 Full Name (Last, First, Middle Initial)
 Mailing Address 760 26th Ave NE
 City Seattle State WA Zip Code 98118
 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 ▼ 215.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2013
Transaction ID : SA11AI.8087
 Amount of Each Receipt this Period
 15.00

C. Sally Avenson
 Full Name (Last, First, Middle Initial)
 Mailing Address 760 26th Ave NE
 City Seattle State WA Zip Code 98118
 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 ▼ 230.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2013
Transaction ID : SA11AI.8088
 Amount of Each Receipt this Period
 15.00

SUBTOTAL of Receipts This Page (optional).....▶	45.00
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.8031

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Form/Schedule: SA11AI
Transaction ID: SA11AI.8087

|

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.8088

|

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 21 OF 182
(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

Full Name (Last, First, Middle Initial)
A. Sally Avenson

Mailing Address 760 26th Ave NE

City Seattle	State WA	Zip Code 98118
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FEC ID number of contributing federal political committee. **C**

Name of Employer N/A	Occupation CNM
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
245.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2013

Transaction ID : SA11AI.8089

Amount of Each Receipt this Period
15.00

Full Name (Last, First, Middle Initial)
B. Sally Avenson

Mailing Address 760 26th Ave NE

City Seattle	State WA	Zip Code 98118
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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 ▼
260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2013

Transaction ID : SA11AI.8090

Amount of Each Receipt this Period
15.00

Full Name (Last, First, Middle Initial)
C. Sally Avenson

Mailing Address 760 26th Ave NE

City Seattle	State WA	Zip Code 98118
-----------------	-------------	-------------------

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 ▼
275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2013

Transaction ID : SA11AI.8091

Amount of Each Receipt this Period
15.00

SUBTOTAL of Receipts This Page (optional).....▶	45.00
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.8089

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.8090

|

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.8091

|

Form/Schedule:

Transaction ID:

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

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

FOR LINE NUMBER: PAGE 24 OF 182
(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

Full Name (Last, First, Middle Initial)
A. Sally Avenson

Mailing Address 760 26th Ave NE

City State Zip Code
Seattle WA 98118

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

Name of Employer Occupation
N/A CNM

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
290.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2013
Transaction ID : SA11AI.8092

Amount of Each Receipt this Period
15.00

Full Name (Last, First, Middle Initial)
B. Sally Avenson

Mailing Address 760 26th Ave NE

City State Zip Code
Seattle WA 98118

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

Name of Employer Occupation
N/A CNM

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
305.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2013
Transaction ID : SA11AI.8093

Amount of Each Receipt this Period
15.00

Full Name (Last, First, Middle Initial)
C. Sally Avenson

Mailing Address 760 26th Ave NE

City State Zip Code
Seattle WA 98118

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

Name of Employer Occupation
N/A CNM

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
320.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2013
Transaction ID : SA11AI.8094

Amount of Each Receipt this Period
15.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 45.00

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.8092

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.8093

|

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.8094

|

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 182
	<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

Full Name (Last, First, Middle Initial) A. Sally Avenson		Date of Receipt
Mailing Address 760 26th Ave NE		<input type="text" value="07"/> / <input type="text" value="01"/> / <input type="text" value="2013"/>
City	State	Zip Code
Seattle	WA	98118
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.8165
Name of Employer	Occupation	Amount of Each Receipt this Period
N/A	CNM	<input type="text" value="50.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="370.00"/>	

Full Name (Last, First, Middle Initial) B. Melissa D Avery		Date of Receipt
Mailing Address 4845 Irving Ave S		<input type="text" value="07"/> / <input type="text" value="01"/> / <input type="text" value="2013"/>
City	State	Zip Code
Minneapolis	MN	55419-5233
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.8055
Name of Employer	Occupation	Amount of Each Receipt this Period
Univ. of Minnesota	CNM, ACNM Past President	<input type="text" value="15.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="62.00"/>	

Full Name (Last, First, Middle Initial) C. Melissa D Avery		Date of Receipt
Mailing Address 4845 Irving Ave S		<input type="text" value="07"/> / <input type="text" value="01"/> / <input type="text" value="2013"/>
City	State	Zip Code
Minneapolis	MN	55419-5233
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.8056
Name of Employer	Occupation	Amount of Each Receipt this Period
Univ. of Minnesota	CNM, ACNM Past President	<input type="text" value="15.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="77.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="80.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.8165

|

Form/Schedule: SA11AI

Transaction ID: SA11AI.8055

|

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.8056

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Form/Schedule:

Transaction ID:

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

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

FOR LINE NUMBER: PAGE 30 OF 182
(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

Full Name (Last, First, Middle Initial)
A. Melissa D Avery

Mailing Address 4845 Irving Ave S

City State Zip Code
Minneapolis MN 55419-5233

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

Name of Employer Occupation
Univ. of Minnesota CNM, ACNM Past President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
92.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2013
Transaction ID : SA11AI.8057

Amount of Each Receipt this Period
15.00

Full Name (Last, First, Middle Initial)
B. Melissa D Avery

Mailing Address 4845 Irving Ave S

City State Zip Code
Minneapolis MN 55419-5233

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

Name of Employer Occupation
Univ. of Minnesota CNM, ACNM Past President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
107.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2013
Transaction ID : SA11AI.8058

Amount of Each Receipt this Period
15.00

Full Name (Last, First, Middle Initial)
C. Melissa D Avery

Mailing Address 4845 Irving Ave S

City State Zip Code
Minneapolis MN 55419-5233

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

Name of Employer Occupation
Univ. of Minnesota CNM, ACNM Past President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
122.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2013
Transaction ID : SA11AI.8059

Amount of Each Receipt this Period
15.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 45.00

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

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Form/Schedule: SA11AI
Transaction ID : SA11AI.8057

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Form/Schedule: SA11AI
Transaction ID: SA11AI.8058

|

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.8059

|

Form/Schedule:

Transaction ID:

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

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

FOR LINE NUMBER: PAGE 33 OF 182
(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

Full Name (Last, First, Middle Initial)
A. Melissa D Avery

Mailing Address 4845 Irving Ave S

City State Zip Code
Minneapolis MN 55419-5233

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

Name of Employer Occupation
Univ. of Minnesota CNM, ACNM Past President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
137.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2013
Transaction ID : SA11AI.8060

Amount of Each Receipt this Period
15.00

Full Name (Last, First, Middle Initial)
B. Melissa D Avery

Mailing Address 4845 Irving Ave S

City State Zip Code
Minneapolis MN 55419-5233

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

Name of Employer Occupation
Univ. of Minnesota CNM, ACNM Past President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
152.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2013
Transaction ID : SA11AI.8061

Amount of Each Receipt this Period
15.00

Full Name (Last, First, Middle Initial)
C. Melissa D Avery

Mailing Address 4845 Irving Ave S

City State Zip Code
Minneapolis MN 55419-5233

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

Name of Employer Occupation
Univ. of Minnesota CNM, ACNM Past President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
167.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2013
Transaction ID : SA11AI.8062

Amount of Each Receipt this Period
15.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 45.00

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.8060

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.8061

|

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.8062

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Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 182
	<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

Full Name (Last, First, Middle Initial) A. Melissa D Avery		Date of Receipt
Mailing Address 4845 Irving Ave S		<input type="text" value="07"/> / <input type="text" value="01"/> / <input type="text" value="2013"/>
City	State	Zip Code
Minneapolis	MN	55419-5233
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.8176
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="50.00"/>
Name of Employer	Occupation	
Univ. of Minnesota	CNM, ACNM Past President	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="217.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Karen A Baldwin		Date of Receipt
Mailing Address 48 Old Albany Post Rd.		<input type="text" value="07"/> / <input type="text" value="01"/> / <input type="text" value="2013"/>
City	State	Zip Code
Rhinebeck	NY	12572
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.8158
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="50.00"/>
Name of Employer	Occupation	
MSMC	CNM	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="308.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Sonja Batalden		Date of Receipt
Mailing Address 1477 Grantham St		<input type="text" value="07"/> / <input type="text" value="01"/> / <input type="text" value="2013"/>
City	State	Zip Code
Saint Paul	MN	55108
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.8164
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="50.00"/>
Name of Employer	Occupation	
N/A	CNM	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="50.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="150.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Form/Schedule: SA11AI
Transaction ID : SA11AI.8176

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.8158

|

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.8164

|

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 39 OF 182
(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. Rachel Battey
 Full Name (Last, First, Middle Initial)
 Mailing Address 4727 Howard Ave
 City Cincinnati State OH Zip Code 45223
 FEC ID number of contributing federal political committee. **C**
 Name of Employer N/A Occupation SNM
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 15.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2013
Transaction ID : SA11AI.8116
 Amount of Each Receipt this Period
 15.00

B. Eileen M. Ehudin Beard
 Full Name (Last, First, Middle Initial)
 Mailing Address 10420 Greenacres Dr
 City Silver Spring State MD Zip Code 20903-1405
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ACNM 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
 07 / 01 / 2013
Transaction ID : SA11AI.8187
 Amount of Each Receipt this Period
 50.00

C. Eileen M. Ehudin Beard
 Full Name (Last, First, Middle Initial)
 Mailing Address 10420 Greenacres Dr
 City Silver Spring State MD Zip Code 20903-1405
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ACNM 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
 07 / 01 / 2013
Transaction ID : SA11AI.8188
 Amount of Each Receipt this Period
 50.00

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

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

Form/Schedule: SA11AI
Transaction ID : SA11AI.8116

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.8187

|

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.8188

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Form/Schedule:

Transaction ID:

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

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

FOR LINE NUMBER: PAGE 42 OF 182
(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. Erin Biscone
Full Name (Last, First, Middle Initial)

Mailing Address 1913 Banks St.

City Houston	State TX	Zip Code 77098
-----------------	-------------	-------------------

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

Name of Employer Baylor College of Medicine	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
 07 / 01 / 2013
Transaction ID : SA11AI.8157

Amount of Each Receipt this Period
 50.00

B. Janice Louise Bovee
Full Name (Last, First, Middle Initial)

Mailing Address 2606 E Melrose St

City Gilbert	State AZ	Zip Code 85297
-----------------	-------------	-------------------

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

Name of Employer Valley Women for Women OB/GYN	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
 07 / 01 / 2013
Transaction ID : SA11AI.8163

Amount of Each Receipt this Period
 50.00

C. Jan Butler
Full Name (Last, First, Middle Initial)

Mailing Address 8124 Derry Rd

City Vestaburg	State MI	Zip Code 48891
-------------------	-------------	-------------------

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

Name of Employer N/A	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
 07 / 01 / 2013
Transaction ID : SA11AI.8173

Amount of Each Receipt this Period
 50.00

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

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

Form/Schedule: SA11AI
Transaction ID : SA11AI.8157

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.8163

|

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.8173

|

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 45 OF 182
(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

Full Name (Last, First, Middle Initial)
A. Zarah Campion

Mailing Address 741 N 34th St

City Milwaukee	State WI	Zip Code 53208
-------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
15.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2013

Transaction ID : SA11AI.8019

Amount of Each Receipt this Period
15.00

Full Name (Last, First, Middle Initial)
B. Katherine Camacho Carr

Mailing Address 902 17th Avenue East

City Seattle	State WA	Zip Code 98112-3924
-----------------	-------------	------------------------

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

Name of Employer Seattle University	Occupation CNM, ACNM Past President
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1540.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2013

Transaction ID : SA11AI.8108

Amount of Each Receipt this Period
15.00

Full Name (Last, First, Middle Initial)
C. Andrea Christianson

Mailing Address 54 Cove Street

City Portsmouth	State RI	Zip Code 02813-0389
--------------------	-------------	------------------------

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

Name of Employer RIHB	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
 07 / 01 / 2013

Transaction ID : SA11AI.8183

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional).....▶	80.00
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.8019

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.8108

|

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.8183

|

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 48 OF 182
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Connie Coker		Date of Receipt MM / DD / YYYY 07 / 01 / 2013 Transaction ID : SA11AI.8096
Mailing Address 87 Depot Pl		Amount of Each Receipt this Period 15.00
City Nyack	State NY	Zip Code 10960
FEC ID number of contributing federal political committee. C	Name of Employer Integral Women's Wellness	Occupation CNM
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 128.00	

Full Name (Last, First, Middle Initial) B. Connie Coker		Date of Receipt MM / DD / YYYY 07 / 01 / 2013 Transaction ID : SA11AI.8097
Mailing Address 87 Depot Pl		Amount of Each Receipt this Period 15.00
City Nyack	State NY	Zip Code 10960
FEC ID number of contributing federal political committee. C	Name of Employer Integral Women's Wellness	Occupation CNM
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 143.00	

Full Name (Last, First, Middle Initial) C. Connie Coker		Date of Receipt MM / DD / YYYY 07 / 01 / 2013 Transaction ID : SA11AI.8098
Mailing Address 87 Depot Pl		Amount of Each Receipt this Period 15.00
City Nyack	State NY	Zip Code 10960
FEC ID number of contributing federal political committee. C	Name of Employer Integral Women's Wellness	Occupation CNM
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 158.00	

SUBTOTAL of Receipts This Page (optional).....▶	45.00
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.8096

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.8097

|

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.8098

|

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 51 OF 182
	<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. Connie Coker
Full Name (Last, First, Middle Initial)

Mailing Address 87 Depot Pl

City Nyack State NY Zip Code 10960

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

Name of Employer Integral Women's Wellness Occupation CNM

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **173.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2013
Transaction ID : SA11AI.8099

Amount of Each Receipt this Period
15.00

B. Connie Coker
Full Name (Last, First, Middle Initial)

Mailing Address 87 Depot Pl

City Nyack State NY Zip Code 10960

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

Name of Employer Integral Women's Wellness Occupation CNM

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **188.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2013
Transaction ID : SA11AI.8100

Amount of Each Receipt this Period
15.00

C. Connie Coker
Full Name (Last, First, Middle Initial)

Mailing Address 87 Depot Pl

City Nyack State NY Zip Code 10960

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

Name of Employer Integral Women's Wellness Occupation CNM

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **203.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2013
Transaction ID : SA11AI.8101

Amount of Each Receipt this Period
15.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **45.00**

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.8099

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.8100

|

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.8101

|

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 54 OF 182
(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

Full Name (Last, First, Middle Initial)
A. Connie Coker

Mailing Address 87 Depot Pl

City Nyack State NY Zip Code 10960

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

Name of Employer Integral Women's Wellness Occupation CNM

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **218.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2013
Transaction ID : SA11AI.8102

Amount of Each Receipt this Period
 15.00

Full Name (Last, First, Middle Initial)
B. Connie Coker

Mailing Address 87 Depot Pl

City Nyack State NY Zip Code 10960

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

Name of Employer Integral Women's Wellness Occupation CNM

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **233.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2013
Transaction ID : SA11AI.8103

Amount of Each Receipt this Period
 15.00

Full Name (Last, First, Middle Initial)
C. Connie Coker

Mailing Address 87 Depot Pl

City Nyack State NY Zip Code 10960

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

Name of Employer Integral Women's Wellness Occupation CNM

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **248.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2013
Transaction ID : SA11AI.8126

Amount of Each Receipt this Period
 15.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **45.00**

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.8102

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.8103

|

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.8126

|

Form/Schedule:

Transaction ID:

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

Form/Schedule: SA11AI
Transaction ID : SA11AI.8127

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.8128

|

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.8129

|

Form/Schedule:

Transaction ID:

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

Form/Schedule: SA11AI
Transaction ID : SA11AI.8130

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.8131

|

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.8132

|

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 63 OF 182
	<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

Full Name (Last, First, Middle Initial) A. Connie Coker		Date of Receipt
Mailing Address 87 Depot Pl		M M M / D D D / Y Y Y Y Y Y 07 / 01 / 2013
City	State	Zip Code
Nyack	NY	10960
FEC ID number of contributing federal political committee. C		Transaction ID : SA11AI.8133
Name of Employer Integral Women's Wellness		Amount of Each Receipt this Period
Occupation CNM		15.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	353.00	

Full Name (Last, First, Middle Initial) B. Michelle R Collins		Date of Receipt
Mailing Address 2027 Woodcliff Dr		M M M / D D D / Y Y Y Y Y Y 07 / 01 / 2013
City	State	Zip Code
Smyrna	TN	37167
FEC ID number of contributing federal political committee. C		Transaction ID : SA11AI.8049
Name of Employer Vanderbilt University		Amount of Each Receipt this Period
Occupation CNM, BOD Member		15.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	15.00	

Full Name (Last, First, Middle Initial) C. Michelle R Collins		Date of Receipt
Mailing Address 2027 Woodcliff Dr		M M M / D D D / Y Y Y Y Y Y 07 / 01 / 2013
City	State	Zip Code
Smyrna	TN	37167
FEC ID number of contributing federal political committee. C		Transaction ID : SA11AI.8050
Name of Employer Vanderbilt University		Amount of Each Receipt this Period
Occupation CNM, BOD Member		15.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	30.00	

SUBTOTAL of Receipts This Page (optional).....▶	45.00
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.8133

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.8049

|

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.8050

|

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 66 OF 182
	<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

Full Name (Last, First, Middle Initial) A. Michelle R Collins			Date of Receipt		
Mailing Address 2027 Woodcliff Dr			M M M / D D D / Y Y Y Y Y Y 07 / 01 / 2013		
City Smyrna		State TN	Zip Code 37167		Transaction ID : SA11AI.8051
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 15.00		
Name of Employer Vanderbilt University		Occupation CNM, BOD Member			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 45.00			

Full Name (Last, First, Middle Initial) B. Michelle R Collins			Date of Receipt		
Mailing Address 2027 Woodcliff Dr			M M M / D D D / Y Y Y Y Y Y 07 / 01 / 2013		
City Smyrna		State TN	Zip Code 37167		Transaction ID : SA11AI.8052
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 15.00		
Name of Employer Vanderbilt University		Occupation CNM, BOD Member			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 60.00			

Full Name (Last, First, Middle Initial) C. Michelle R Collins			Date of Receipt		
Mailing Address 2027 Woodcliff Dr			M M M / D D D / Y Y Y Y Y Y 07 / 01 / 2013		
City Smyrna		State TN	Zip Code 37167		Transaction ID : SA11AI.8053
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 15.00		
Name of Employer Vanderbilt University		Occupation CNM, BOD Member			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 75.00			

SUBTOTAL of Receipts This Page (optional).....▶	45.00
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.8051

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.8052

|

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.8053

|

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 69 OF 182
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Michelle R Collins		Date of Receipt
Mailing Address 2027 Woodcliff Dr		<input type="text" value="07"/> / <input type="text" value="01"/> / <input type="text" value="2013"/>
City Smyrna	State TN	Zip Code 37167
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.8054
Name of Employer Vanderbilt University		Amount of Each Receipt this Period
Occupation CNM, BOD Member		<input type="text" value="15.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="90.00"/>		

Full Name (Last, First, Middle Initial) B. Michelle R Collins		Date of Receipt
Mailing Address 2027 Woodcliff Dr		<input type="text" value="07"/> / <input type="text" value="01"/> / <input type="text" value="2013"/>
City Smyrna	State TN	Zip Code 37167
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.8114
Name of Employer Vanderbilt University		Amount of Each Receipt this Period
Occupation CNM, BOD Member		<input type="text" value="15.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="105.00"/>		

Full Name (Last, First, Middle Initial) C. Elizabeth M Cooper		Date of Receipt
Mailing Address 19 Westland Avenue		<input type="text" value="07"/> / <input type="text" value="01"/> / <input type="text" value="2013"/>
City Rochester	State NY	Zip Code 14618-1017
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.8136
Name of Employer Univ. of Rochester Medical Center		Amount of Each Receipt this Period
Occupation CNM		<input type="text" value="50.00"/>
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"/>		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="80.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Form/Schedule: SA11AI
Transaction ID : SA11AI.8054

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.8114

|

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.8136

|

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 72 OF 182
(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. Elizabeth M Cooper
Full Name (Last, First, Middle Initial)
Mailing Address 19 Westland Avenue
City Rochester State NY Zip Code 14618-1017
FEC ID number of contributing federal political committee. **C**
Name of Employer Univ. of Rochester Medical Center Occupation CNM
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **600.00**

Date of Receipt **07 / 01 / 2013**
Transaction ID : SA11AI.8146
Amount of Each Receipt this Period **50.00**

B. Jessica Dean
Full Name (Last, First, Middle Initial)
Mailing Address 1000 S Winterhawk Dr. Apt A
City Saint Augustine State FL Zip Code 32086
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 **07 / 01 / 2013**
Transaction ID : SA11AI.8035
Amount of Each Receipt this Period **15.00**

C. Esther DeJong
Full Name (Last, First, Middle Initial)
Mailing Address 950 Pichaloup Pl
City New Orleans State LA Zip Code 70119-3822
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 **210.00**

Date of Receipt **07 / 01 / 2013**
Transaction ID : SA11AI.8137
Amount of Each Receipt this Period **50.00**

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

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

Form/Schedule: SA11AI
Transaction ID : SA11AI.8146

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.8035

|

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.8137

|

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 75 OF 182
	<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. Lora Dibner-Garcia
 Full Name (Last, First, Middle Initial)
 Mailing Address 521 17th St
 City Brooklyn State NY Zip Code 11215-6042
 FEC ID number of contributing federal political committee. **C**
 Name of Employer N/A Occupation SM
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 40.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2013
Transaction ID : SA11AI.8104
 Amount of Each Receipt this Period
 15.00

B. Dawn Durain
 Full Name (Last, First, Middle Initial)
 Mailing Address 192 Hopewell Pennington Rd.
 City Hopewell State NJ Zip Code 08525-2129
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Univ. of Pennsylvania Occupation ACNM BOD Member, CNM
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 555.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2013
Transaction ID : SA11AI.8038
 Amount of Each Receipt this Period
 15.00

C. Dawn Durain
 Full Name (Last, First, Middle Initial)
 Mailing Address 192 Hopewell Pennington Rd.
 City Hopewell State NJ Zip Code 08525-2129
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Univ. of Pennsylvania Occupation ACNM BOD Member, CNM
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 570.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2013
Transaction ID : SA11AI.8039
 Amount of Each Receipt this Period
 15.00

SUBTOTAL of Receipts This Page (optional).....▶	45.00
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.8104

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.8038

|

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.8039

|

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 78 OF 182
(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. Dawn Durain
 Full Name (Last, First, Middle Initial)
 Mailing Address 192 Hopewell Pennington Rd.
 City Hopewell State NJ Zip Code 08525-2129
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Univ. of Pennsylvania Occupation ACNM BOD Member, CNM
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **585.00**

Date of Receipt **07 / 01 / 2013**
Transaction ID : SA11AI.8040
 Amount of Each Receipt this Period **15.00**

B. Dawn Durain
 Full Name (Last, First, Middle Initial)
 Mailing Address 192 Hopewell Pennington Rd.
 City Hopewell State NJ Zip Code 08525-2129
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Univ. of Pennsylvania Occupation ACNM BOD Member, CNM
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **600.00**

Date of Receipt **07 / 01 / 2013**
Transaction ID : SA11AI.8041
 Amount of Each Receipt this Period **15.00**

C. Dawn Durain
 Full Name (Last, First, Middle Initial)
 Mailing Address 192 Hopewell Pennington Rd.
 City Hopewell State NJ Zip Code 08525-2129
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Univ. of Pennsylvania Occupation ACNM BOD Member, CNM
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **615.00**

Date of Receipt **07 / 01 / 2013**
Transaction ID : SA11AI.8042
 Amount of Each Receipt this Period **15.00**

SUBTOTAL of Receipts This Page (optional)..... ▶ **45.00**
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.8040

|

Form/Schedule: SA11AI

Transaction ID: SA11AI.8041

|

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.8042

|

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 81 OF 182
	<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

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

A. Dawn Durain
Full Name (Last, First, Middle Initial)

Mailing Address 192 Hopewell Pennington Rd.

City Hopewell	State NJ	Zip Code 08525-2129
------------------	-------------	------------------------

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

Name of Employer Univ. of Pennsylvania	Occupation ACNM BOD Member, CNM
---	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **630.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		01		2013

Transaction ID : SA11AI.8043

Amount of Each Receipt this Period

15.00

B. Dawn Durain
Full Name (Last, First, Middle Initial)

Mailing Address 192 Hopewell Pennington Rd.

City Hopewell	State NJ	Zip Code 08525-2129
------------------	-------------	------------------------

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

Name of Employer Univ. of Pennsylvania	Occupation ACNM BOD Member, CNM
---	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **645.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		01		2013

Transaction ID : SA11AI.8044

Amount of Each Receipt this Period

15.00

C. Dawn Durain
Full Name (Last, First, Middle Initial)

Mailing Address 192 Hopewell Pennington Rd.

City Hopewell	State NJ	Zip Code 08525-2129
------------------	-------------	------------------------

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

Name of Employer Univ. of Pennsylvania	Occupation ACNM BOD Member, CNM
---	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **660.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		01		2013

Transaction ID : SA11AI.8045

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional).....▶	45.00
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.8043

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Form/Schedule: SA11AI
Transaction ID: SA11AI.8044

|

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.8045

|

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 84 OF 182
(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. Dawn Durain
 Full Name (Last, First, Middle Initial)
 Mailing Address 192 Hopewell Pennington Rd.
 City Hopewell State NJ Zip Code 08525-2129
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Univ. of Pennsylvania Occupation ACNM BOD Member, CNM
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **675.00**

Date of Receipt **07 / 01 / 2013**
Transaction ID : SA11AI.8046
 Amount of Each Receipt this Period **15.00**

B. Dawn Durain
 Full Name (Last, First, Middle Initial)
 Mailing Address 192 Hopewell Pennington Rd.
 City Hopewell State NJ Zip Code 08525-2129
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Univ. of Pennsylvania Occupation ACNM BOD Member, CNM
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **690.00**

Date of Receipt **07 / 01 / 2013**
Transaction ID : SA11AI.8047
 Amount of Each Receipt this Period **15.00**

C. Dawn Durain
 Full Name (Last, First, Middle Initial)
 Mailing Address 192 Hopewell Pennington Rd.
 City Hopewell State NJ Zip Code 08525-2129
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Univ. of Pennsylvania Occupation ACNM BOD Member, CNM
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **705.00**

Date of Receipt **07 / 01 / 2013**
Transaction ID : SA11AI.8048
 Amount of Each Receipt this Period **15.00**

SUBTOTAL of Receipts This Page (optional)..... ▶ **45.00**
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.8046

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.8047

|

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.8048

|

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 87 OF 182
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Kirsten Eckert
 Full Name (Last, First, Middle Initial)
 Mailing Address 169 Winchester Ave Fl 2
 City New Haven State CT Zip Code 06511
 FEC ID number of contributing federal political committee. **C**
 Name of Employer N/A Occupation SNM
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 15.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2013
Transaction ID : SA11AI.8036
 Amount of Each Receipt this Period
 15.00

B. Amy English-Burt
 Full Name (Last, First, Middle Initial)
 Mailing Address 2539 S Bayou Bar Way
 City Meridian State ID Zip Code 83642-4515
 FEC ID number of contributing federal political committee. **C**
 Name of Employer N/A Occupation SNM
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 44.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2013
Transaction ID : SA11AI.8022
 Amount of Each Receipt this Period
 15.00

C. Amy Fiorito
 Full Name (Last, First, Middle Initial)
 Mailing Address N/A
 City N/A State VA Zip Code 11111
 FEC ID number of contributing federal political committee. **C**
 Name of Employer N/A Occupation N/A
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 15.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2013
Transaction ID : SA11AI.8037
 Amount of Each Receipt this Period
 15.00

SUBTOTAL of Receipts This Page (optional).....▶	45.00
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.8036

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.8022

|

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.8037

|

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 90 OF 182
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Bronwyn Fleming-Jones
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 110568
 City Brooklyn State NY Zip Code 11211
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Yale University Occupation SNM
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 15.00

Date of Receipt 07 / 01 / 2013
Transaction ID : SA11AI.8095
 Amount of Each Receipt this Period 15.00

B. Shawn Marie Fox
 Full Name (Last, First, Middle Initial)
 Mailing Address 878 Amsterdam Ave NE Apt 3
 City Atlanta State GA Zip Code 30306-3488
 FEC ID number of contributing federal political committee. **C**
 Name of Employer N/A Occupation SNM
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 40.00

Date of Receipt 07 / 01 / 2013
Transaction ID : SA11AI.8032
 Amount of Each Receipt this Period 15.00

C. Kyle Gamet
 Full Name (Last, First, Middle Initial)
 Mailing Address 1585 Sutterbrook Way
 City Reno State NV Zip Code 89521-6175
 FEC ID number of contributing federal political committee. **C**
 Name of Employer N/A Occupation SN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 15.00

Date of Receipt 07 / 01 / 2013
Transaction ID : SA11AI.8106
 Amount of Each Receipt this Period 15.00

SUBTOTAL of Receipts This Page (optional).....▶	45.00
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.8095

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.8032

|

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.8106

|

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 93 OF 182
(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

Full Name (Last, First, Middle Initial)
A. Traci A Gamet

Mailing Address 1585 Sutterbrook Way

City State Zip Code
 Reno NV 89521-6175

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

Name of Employer Occupation
 N/A SNM

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 69.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2013

Transaction ID : SA11AI.8105

Amount of Each Receipt this Period
 15.00

Full Name (Last, First, Middle Initial)
B. Kathleen Gater

Mailing Address 2 Westminster Ct

City State Zip Code
 Pennington NJ 08534-5249

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

Name of Employer Occupation
 N/A CNM

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 180.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2013

Transaction ID : SA11AI.8141

Amount of Each Receipt this Period
 50.00

Full Name (Last, First, Middle Initial)
C. Erin Graham

Mailing Address 2000 Monroe PI NE
 Apt 3203

City State Zip Code
 Atlanta GA 30324-4979

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

Name of Employer Occupation
 N/A 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
 07 / 01 / 2013

Transaction ID : SA11AI.8115

Amount of Each Receipt this Period
 15.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 80.00

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.8105

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.8141

|

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.8115

|

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 96 OF 182
	<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. Katharine A Green
Full Name (Last, First, Middle Initial)

Mailing Address 20 Harlow Dr.

City Amherst State MA Zip Code 01002-1410

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

Name of Employer N/A Occupation CNM

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **50.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 01 / 2013

Transaction ID : SA11AI.8162

Amount of Each Receipt this Period
50.00

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

Mailing Address 1303 W 103rd St

City Cleveland State OH Zip Code 44102

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

Name of Employer N/A Occupation CNM

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **50.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 01 / 2013

Transaction ID : SA11AI.8138

Amount of Each Receipt this Period
50.00

c. Mary Jane Greenwood
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 384

City Manchester Center State VT Zip Code 05255

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

Name of Employer N/A Occupation SNM

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **15.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 01 / 2013

Transaction ID : SA11AI.8121

Amount of Each Receipt this Period
15.00

SUBTOTAL of Receipts This Page (optional)..... ► **115.00**

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

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

Form/Schedule: SA11AI
Transaction ID : SA11AI.8162

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.8138

|

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

Form/Schedule: SA11AI
Transaction ID : SA11AI.8121

|

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 99 OF 182
	<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. Eliza Claire Harper
 Full Name (Last, First, Middle Initial)
 Mailing Address 112 Acklen Park Dr Apt E7
 City Nashville State TN Zip Code 37203
 FEC ID number of contributing federal political committee. **C**
 Name of Employer N/A Occupation SNM
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 15.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2013
Transaction ID : SA11AI.8107
 Amount of Each Receipt this Period
 15.00

B. Emily Hayes
 Full Name (Last, First, Middle Initial)
 Mailing Address 10906 S Weiss Dr
 City South Jordan State UT Zip Code 84095
 FEC ID number of contributing federal political committee. **C**
 Name of Employer N/A Occupation SNM
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 15.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2013
Transaction ID : SA11AI.8122
 Amount of Each Receipt this Period
 15.00

C. Emily Hayes
 Full Name (Last, First, Middle Initial)
 Mailing Address 10906 S Weiss Dr
 City South Jordan State UT Zip Code 84095
 FEC ID number of contributing federal political committee. **C**
 Name of Employer N/A Occupation SNM
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 30.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2013
Transaction ID : SA11AI.8123
 Amount of Each Receipt this Period
 15.00

SUBTOTAL of Receipts This Page (optional).....▶	45.00
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.8107

|

Form/Schedule: SA11AI

Transaction ID: SA11AI.8122

|

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.8123

|

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 102 OF 182
(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. Emily Hayes
 Full Name (Last, First, Middle Initial)
 Mailing Address 10906 S Weiss Dr
 City South Jordan State UT Zip Code 84095
 FEC ID number of contributing federal political committee. **C**
 Name of Employer N/A Occupation SNM
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 45.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2013
Transaction ID : SA11AI.8124
 Amount of Each Receipt this Period
 15.00

B. Emily Hayes
 Full Name (Last, First, Middle Initial)
 Mailing Address 10906 S Weiss Dr
 City South Jordan State UT Zip Code 84095
 FEC ID number of contributing federal political committee. **C**
 Name of Employer N/A Occupation SNM
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 60.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2013
Transaction ID : SA11AI.8125
 Amount of Each Receipt this Period
 15.00

C. Elizabeth Herskovitz
 Full Name (Last, First, Middle Initial)
 Mailing Address 515 Quinnipiac Ave # 1
 City New Haven State CT Zip Code 06513
 FEC ID number of contributing federal political committee. **C**
 Name of Employer N/A Occupation CNM
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 50.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2013
Transaction ID : SA11AI.8145
 Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 80.00
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.8124

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.8125

|

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.8145

|

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 105 OF 182
(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. Eliza Holland
 Full Name (Last, First, Middle Initial)
 Mailing Address 7 Betts Place
 City Norwalk State CT Zip Code 06855
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Norwalk Hospital Occupation CNM
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2013
Transaction ID : SA11AI.8159
 Amount of Each Receipt this Period
 50.00

B. Melinda Hoskins
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 99
 City Minden State NV Zip Code 89423-0099
 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 ▼ 310.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2013
Transaction ID : SA11AI.8166
 Amount of Each Receipt this Period
 50.00

C. Jane Houston
 Full Name (Last, First, Middle Initial)
 Mailing Address 6905 NW 52nd Dr
 City Gainesville State FL Zip Code 32653
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Florida 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
 07 / 01 / 2013
Transaction ID : SA11AI.8160
 Amount of Each Receipt this Period
 50.00

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

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

Form/Schedule: SA11AI
Transaction ID : SA11AI.8159

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.8166

|

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.8160

|

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 108 OF 182
(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. Carol L. Howe
 Full Name (Last, First, Middle Initial)
 Mailing Address 13043 SW Ascension Drive
 City Tigard State OR Zip Code 97223-5686
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OHSU Occupation CNM
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 265.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2013
Transaction ID : SA11AI.8109
 Amount of Each Receipt this Period
 15.00

B. Carol L. Howe
 Full Name (Last, First, Middle Initial)
 Mailing Address 13043 SW Ascension Drive
 City Tigard State OR Zip Code 97223-5686
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OHSU Occupation CNM
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2013
Transaction ID : SA11AI.8110
 Amount of Each Receipt this Period
 15.00

C. Carol L. Howe
 Full Name (Last, First, Middle Initial)
 Mailing Address 13043 SW Ascension Drive
 City Tigard State OR Zip Code 97223-5686
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OHSU Occupation CNM
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 295.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2013
Transaction ID : SA11AI.8111
 Amount of Each Receipt this Period
 15.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 45.00
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.8109

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.8110

|

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.8111

|

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 111 OF 182
(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. Carol L. Howe
 Full Name (Last, First, Middle Initial)
 Mailing Address 13043 SW Ascension Drive
 City Tigard State OR Zip Code 97223-5686
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OHSU Occupation CNM
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 310.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2013
Transaction ID : SA11AI.8112
 Amount of Each Receipt this Period
 15.00

B. Carol L. Howe
 Full Name (Last, First, Middle Initial)
 Mailing Address 13043 SW Ascension Drive
 City Tigard State OR Zip Code 97223-5686
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OHSU Occupation CNM
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2013
Transaction ID : SA11AI.8113
 Amount of Each Receipt this Period
 15.00

C. Lucia Jenkusky
 Full Name (Last, First, Middle Initial)
 Mailing Address 4197 McNamara Pl
 City Lewis Center State OH Zip Code 43035-6910
 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 ▼ 1030.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2013
Transaction ID : SA11AI.8172
 Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 80.00
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.8112

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.8113

|

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.8172

|

Form/Schedule:

Transaction ID:

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

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FOR LINE NUMBER: PAGE 114 OF 182
(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. Elaine L. Kaplan
 Full Name (Last, First, Middle Initial)
 Mailing Address 3559 NW 29th Pl.
 City Gainesville State FL Zip Code 32605
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 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
 07 / 10 / 2013
Transaction ID : SA11AI.8191
 Amount of Each Receipt this Period
 50.00

B. Deborah K. Karsnitz
 Full Name (Last, First, Middle Initial)
 Mailing Address 2230 Taylorwood Rd.
 City Simpsonville State KY Zip Code 40067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Frontier Nursing University CNM/ DNP/ FACNM
 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
 07 / 01 / 2013
Transaction ID : SA11AI.8174
 Amount of Each Receipt this Period
 50.00

C. Christina Kocis
 Full Name (Last, First, Middle Initial)
 Mailing Address 39 Summit Street
 City Huntington State NY Zip Code 11743-2603
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 STUMED CNM
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 143.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2013
Transaction ID : SA11AI.8153
 Amount of Each Receipt this Period
 50.00

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

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

Form/Schedule: SA11AI
Transaction ID : SA11AI.8191

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.8174

|

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.8153

|

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 117 OF 182
(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. Annemarie Krim
 Full Name (Last, First, Middle Initial)
 Mailing Address 3444 Kossuth Ave
 City State Zip Code
 Bronx NY 10467
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Montefiore Medical Group 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
 07 / 01 / 2013
Transaction ID : SA11AI.8139
 Amount of Each Receipt this Period
 50.00

B. Julia Lange Kessler
 Full Name (Last, First, Middle Initial)
 Mailing Address 163 William Lain Rd.
 City State Zip Code
 Westtown NY 10998
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 N/A CM
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2013
Transaction ID : SA11AI.8149
 Amount of Each Receipt this Period
 70.00

C. Maura Larkin
 Full Name (Last, First, Middle Initial)
 Mailing Address 462 1st Ave
 City State Zip Code
 New York NY 10016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 N/A 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
 07 / 01 / 2013
Transaction ID : SA11AI.8147
 Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 170.00
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.8139

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.8149

|

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.8147

|

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 120 OF 182
(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. Pamela Lee
 Full Name (Last, First, Middle Initial)
 Mailing Address 407 Canner St Apt 3
 City New Haven State CT Zip Code 06511
 FEC ID number of contributing federal political committee. **C**
 Name of Employer N/A Occupation SNM
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 15.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2013
Transaction ID : SA11AI.8117
 Amount of Each Receipt this Period
 15.00

B. Pamela Lee
 Full Name (Last, First, Middle Initial)
 Mailing Address 407 Canner St Apt 3
 City New Haven State CT Zip Code 06511
 FEC ID number of contributing federal political committee. **C**
 Name of Employer N/A Occupation SNM
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 30.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2013
Transaction ID : SA11AI.8118
 Amount of Each Receipt this Period
 15.00

C. Pamela Lee
 Full Name (Last, First, Middle Initial)
 Mailing Address 407 Canner St Apt 3
 City New Haven State CT Zip Code 06511
 FEC ID number of contributing federal political committee. **C**
 Name of Employer N/A Occupation SNM
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 45.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2013
Transaction ID : SA11AI.8119
 Amount of Each Receipt this Period
 15.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 45.00
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.8117

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.8118

|

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.8119

|

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 123 OF 182
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Pamela Lee
 Full Name (Last, First, Middle Initial)
 Mailing Address 407 Canner St Apt 3
 City New Haven State CT Zip Code 06511
 FEC ID number of contributing federal political committee. **C**
 Name of Employer N/A Occupation SNM
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 60.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2013
Transaction ID : SA11AI.8120
 Amount of Each Receipt this Period
 15.00

B. Stephanie Lewis
 Full Name (Last, First, Middle Initial)
 Mailing Address 25 Edge Hill Rd
 City Weymouth State MA Zip Code 02188-3647
 FEC ID number of contributing federal political committee. **C**
 Name of Employer N/A Occupation SNM
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 15.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2013
Transaction ID : SA11AI.8023
 Amount of Each Receipt this Period
 15.00

C. Alison Lingo
 Full Name (Last, First, Middle Initial)
 Mailing Address 1088 Cragmont Ave
 City Berkeley State CA Zip Code 94708
 FEC ID number of contributing federal political committee. **C**
 Name of Employer N/A Occupation N/A
 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
 07 / 01 / 2013
Transaction ID : SA11AI.8182
 Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional).....▶	80.00
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.8120

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.8023

|

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.8182

|

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 126 OF 182
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) A. Lisa Kane Low		Date of Receipt MM / DD / YYYY 07 / 01 / 2013 Transaction ID : SA11AI.8184
Mailing Address 400 N. Ingalls St. Ste. 3320		Amount of Each Receipt this Period 50.00
City Ann Arbor	State MI	
Zip Code 48109-2003		Aggregate Year-to-Date ▼ 50.00
FEC ID number of contributing federal political committee. C		
Name of Employer Univ. of Michigan	Occupation CNM	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Vivian Lowenstein		Date of Receipt MM / DD / YYYY 07 / 01 / 2013 Transaction ID : SA11AI.8084
Mailing Address 1124 Beverly Rd.		Amount of Each Receipt this Period 15.00
City Jerkiatown	State PA	
Zip Code 19046		Aggregate Year-to-Date ▼ 15.00
FEC ID number of contributing federal political committee. C		
Name of Employer GPHA	Occupation CNM	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Vivian Lowenstein		Date of Receipt MM / DD / YYYY 07 / 01 / 2013 Transaction ID : SA11AI.8085
Mailing Address 1124 Beverly Rd.		Amount of Each Receipt this Period 15.00
City Jerkiatown	State PA	
Zip Code 19046		Aggregate Year-to-Date ▼ 30.00
FEC ID number of contributing federal political committee. C		
Name of Employer GPHA	Occupation CNM	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Receipts This Page (optional).....▶	80.00
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.8184

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.8084

|

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.8085

|

Form/Schedule:

Transaction ID:

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

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FOR LINE NUMBER: PAGE 129 OF 182
(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

Full Name (Last, First, Middle Initial)
A. Vivian Lowenstein

Mailing Address 1124 Beverly Rd.

City Jerkiatown State PA Zip Code 19046

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

Name of Employer GPHA Occupation CNM

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
45.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2013
Transaction ID : SA11AI.8086

Amount of Each Receipt this Period
15.00

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

Mailing Address 777 Bridge Road

City Northampton State MA Zip Code 01060

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
50.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2013
Transaction ID : SA11AI.8179

Amount of Each Receipt this Period
50.00

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

Mailing Address 777 Bridge Road

City Northampton State MA Zip Code 01060

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2013
Transaction ID : SA11AI.8180

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 115.00

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

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.8086

|

Form/Schedule: SA11AI

Transaction ID: SA11AI.8179

|

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.8180

|

Form/Schedule:

Transaction ID:

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

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FOR LINE NUMBER: PAGE 132 OF 182
(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. Barbara B Lutz
 Full Name (Last, First, Middle Initial)
 Mailing Address 2671 Highway 70
 City Manasquan State NJ Zip Code 08736-2605
 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 ▼ 190.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2013
Transaction ID : SA11AI.8150
 Amount of Each Receipt this Period
 50.00

B. Barbara B Lutz
 Full Name (Last, First, Middle Initial)
 Mailing Address 2671 Highway 70
 City Manasquan State NJ Zip Code 08736-2605
 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 ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2013
Transaction ID : SA11AI.8151
 Amount of Each Receipt this Period
 50.00

C. Erica Lybarger
 Full Name (Last, First, Middle Initial)
 Mailing Address 6558 16th Ave SW
 City Seattle State WA Zip Code 98106
 FEC ID number of contributing federal political committee. **C**
 Name of Employer N/A Occupation CNM
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 50.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2013
Transaction ID : SA11AI.8144
 Amount of Each Receipt this Period
 50.00

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

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

Form/Schedule: SA11AI
Transaction ID : SA11AI.8150

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.8151

|

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.8144

|

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 135 OF 182
(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

Full Name (Last, First, Middle Initial)
A. Sarah M Lynch

Mailing Address 2669 Sherman Rd

City Jackson State WI Zip Code 53037-9794

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

Name of Employer N/A Occupation SNM

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **40.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 01 / 2013

Transaction ID : **SA11AI.8033**

Amount of Each Receipt this Period
15.00

Full Name (Last, First, Middle Initial)
B. Goldie Ann McBride

Mailing Address 245 W. 1st St.

City West Islip State NY Zip Code 11795

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

Name of Employer N/A Occupation CM

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
07 / 01 / 2013

Transaction ID : **SA11AI.8154**

Amount of Each Receipt this Period
50.00

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

Mailing Address 3918 167th St NW

City Stanwood State WA Zip Code 98292

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

Name of Employer Group Health Cooperative,Eastside 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
07 / 01 / 2013

Transaction ID : **SA11AI.8185**

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional)..... ► **115.00**

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

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

Form/Schedule: SA11AI
Transaction ID : SA11AI.8033

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.8154

|

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.8185

|

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 138 OF 182
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Teera Merrell
 Full Name (Last, First, Middle Initial)
 Mailing Address 3562 Coconut Way
 City Oceanside State CA Zip Code 92058
 FEC ID number of contributing federal political committee. **C**
 Name of Employer N/A Occupation SNM
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 15.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2013
Transaction ID : SA11AI.8034
 Amount of Each Receipt this Period
 15.00

B. Meredith Mikulich
 Full Name (Last, First, Middle Initial)
 Mailing Address 250 10TH ST NE APT 3202
 City Atlanta State GA Zip Code 30309
 FEC ID number of contributing federal political committee. **C**
 Name of Employer N/A Occupation MPH
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 15.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2013
Transaction ID : SA11AI.8134
 Amount of Each Receipt this Period
 15.00

C. Tonia Moore-Davis
 Full Name (Last, First, Middle Initial)
 Mailing Address 1436 Station Four Lane
 City Old Hickory State TN Zip Code 37138
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Vanderbilt University Occupation Certified Nurse-Midwife
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 95.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2013
Transaction ID : SA11AI.8170
 Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 80.00
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.8034

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.8134

|

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.8170

|

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 141 OF 182
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) A. Elizabeth W Morton		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 01 / 2013 Transaction ID : SA11AI.8177
Mailing Address 3117 Bee Tree Ln		Amount of Each Receipt this Period 50.00
City Signal Mountain	State TN	Zip Code 37377
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 50.00
Name of Employer N/A	Occupation CNM	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Elizabeth Munoz		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 01 / 2013 Transaction ID : SA11AI.8025
Mailing Address 1214 15th Ave S		Amount of Each Receipt this Period 15.00
City Nashville	State TN	Zip Code 37212
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 15.00
Name of Employer N/A	Occupation SNM	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Tonya Nicholson		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 01 / 2013 Transaction ID : SA11AI.8152
Mailing Address 1111 Shamrock Dr		Amount of Each Receipt this Period 50.00
City Dublin	State GA	Zip Code 31021
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 50.00
Name of Employer Frontier University	Occupation CNM	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

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

Form/Schedule: SA11AI
Transaction ID : SA11AI.8177

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.8025

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.8152

|

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 144 OF 182
	<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

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

A. Angelita Nixon
Full Name (Last, First, Middle Initial)
Mailing Address P.O. Box 213

City Scott Depot	State WV	Zip Code 25560
FEC ID number of contributing federal political committee. C		
Name of Employer Angelita Nixon, CNM, LLC	Occupation CNM	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 150.00	

Date of Receipt
07 / 01 / 2013
Transaction ID : SA11AI.8143

Amount of Each Receipt this Period
50.00

B. Kristin Nowak
Full Name (Last, First, Middle Initial)
Mailing Address 625 Orange St Apt 8

City New Haven	State CT	Zip Code 06511
FEC ID number of contributing federal political committee. C		
Name of Employer N/A	Occupation CNM	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 50.00	

Date of Receipt
07 / 01 / 2013
Transaction ID : SA11AI.8140

Amount of Each Receipt this Period
50.00

C. Kathryn Osborne
Full Name (Last, First, Middle Initial)
Mailing Address 305 Coach House Dr.

City Madison	State WI	Zip Code 53714-2709
FEC ID number of contributing federal political committee. C		
Name of Employer Frontier School	Occupation CNM	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Date of Receipt
07 / 01 / 2013
Transaction ID : SA11AI.8156

Amount of Each Receipt this Period
50.00

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

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

Form/Schedule: SA11AI
Transaction ID : SA11AI.8143

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.8140

|

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.8156

|

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 147 OF 182
	<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

Full Name (Last, First, Middle Initial) A. Dana B Perlman			Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 01 / 2013
Mailing Address 723 Arden Road			Transaction ID : SA11AI.8083
City Jenkintown	State PA	Zip Code 19046	Amount of Each Receipt this Period 15.00
FEC ID number of contributing federal political committee. C			
Name of Employer Philadelphia University	Occupation CNM		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 572.00		

Full Name (Last, First, Middle Initial) B. Amanda Perry			Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 01 / 2013
Mailing Address 7013 Cotton Blossom Ln			Transaction ID : SA11AI.8028
City Nashville	State TN	Zip Code 37221	Amount of Each Receipt this Period 15.00
FEC ID number of contributing federal political committee. C			
Name of Employer N/A	Occupation SNM		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 15.00		

Full Name (Last, First, Middle Initial) C. Melanie Phipps-Morgan			Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 01 / 2013
Mailing Address 7455 Miramar Ave			Transaction ID : SA11AI.8178
City La Jolla	State CA	Zip Code 92037-5250	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			
Name of Employer Univ. of New Mexico	Occupation CNM		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00		

SUBTOTAL of Receipts This Page (optional).....▶	80.00
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.8083

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.8028

|

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.8178

|

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 150 OF 182
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 212 Washington St

City Hermann State MO Zip Code 65041

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

Name of Employer N/A Occupation SNM

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 15.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2013
Transaction ID : SA11AI.8024

Amount of Each Receipt this Period
 15.00

B. Brenda Radford
Full Name (Last, First, Middle Initial)

Mailing Address 15021 Three Creeks Ln

City Montpelier State VA Zip Code 23192

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

Name of Employer N/A Occupation SNM

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 50.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2013
Transaction ID : SA11AI.8189

Amount of Each Receipt this Period
 50.00

C. Angela Reidner
Full Name (Last, First, Middle Initial)

Mailing Address 16460 2400 East St

City Princeton State IL Zip Code 61356

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 ▼ 100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2013
Transaction ID : SA11AI.8142

Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional).....▶	165.00
TOTAL This Period (last page this line number only).....▶	

: 97 `A-G79 @C5 B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.8024

|

Form/Schedule: SA11AI

Transaction ID: SA11AI.8189

|

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.8142

|

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 153 OF 182
(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. Marilyn K Rhodes
 Full Name (Last, First, Middle Initial)
 Mailing Address 526 Seminole Place
 City State Zip Code
 Montgomery AL 36117-3930
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Auburn University at Montgomery Assistant Professor
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2013
Transaction ID : SA11AI.8181
 Amount of Each Receipt this Period
 50.00

B. Kathryn Roberts
 Full Name (Last, First, Middle Initial)
 Mailing Address 2703 Acklen Ave Unit A
 City State Zip Code
 Nashville TN 37212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 N/A SNM
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 15.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2013
Transaction ID : SA11AI.8030
 Amount of Each Receipt this Period
 15.00

C. Amy Romano
 Full Name (Last, First, Middle Initial)
 Mailing Address 68 Hauser St.
 City State Zip Code
 Milford CT 06460
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Childbirth Connection CNM
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 190.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2013
Transaction ID : SA11AI.8148
 Amount of Each Receipt this Period
 50.00

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

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

Form/Schedule: SA11AI
Transaction ID : SA11AI.8181

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.8030

|

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.8148

|

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 156 OF 182
(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. Susan M Rooks
 Full Name (Last, First, Middle Initial)
 Mailing Address 27661 View Rd
 City Oral State SD Zip Code 57766
 FEC ID number of contributing federal political committee. **C**
 Name of Employer N/A Occupation CNM
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 50.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2013
Transaction ID : SA11AI.8161
 Amount of Each Receipt this Period
 50.00

B. Catherine Ruhl
 Full Name (Last, First, Middle Initial)
 Mailing Address 5810 Wilmett Rd.
 City Bethesda State MD Zip Code 20817
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AWHONN 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
 07 / 01 / 2013
Transaction ID : SA11AI.8169
 Amount of Each Receipt this Period
 50.00

C. Jan Salstrom
 Full Name (Last, First, Middle Initial)
 Mailing Address 2508 Madison Circle
 City Greenville State NC Zip Code 27858
 FEC ID number of contributing federal political committee. **C**
 Name of Employer East Carolina University 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
 07 / 01 / 2013
Transaction ID : SA11AI.8171
 Amount of Each Receipt this Period
 50.00

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

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

Form/Schedule: SA11AI
Transaction ID : SA11AI.8161

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.8169

|

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.8171

|

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 159 OF 182
(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. Kerri D Schuiling
 Full Name (Last, First, Middle Initial)
 Mailing Address 8115 Woodview Rd.
 City Clarkston State MI Zip Code 48348-4060
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ACNM 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
 07 / 01 / 2013
Transaction ID : SA11AI.8186
 Amount of Each Receipt this Period
 50.00

B. Heather Sevcik
 Full Name (Last, First, Middle Initial)
 Mailing Address 5270 Old Hickory Blvd
 City Nashville State TN Zip Code 37218
 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
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2013
Transaction ID : SA11AI.8026
 Amount of Each Receipt this Period
 15.00

C. Amanda Shafton
 Full Name (Last, First, Middle Initial)
 Mailing Address 8954 Sunstone Ln
 City Middleton State WI Zip Code 53562-4277
 FEC ID number of contributing federal political committee. **C**
 Name of Employer N/A Occupation SNM
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 40.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2013
Transaction ID : SA11AI.8020
 Amount of Each Receipt this Period
 15.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 80.00
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.8186

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.8026

|

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.8020

|

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 162 OF 182
(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

A. Jamie L Sternberg
Full Name (Last, First, Middle Initial)

Mailing Address 1505 Market St

City Algonac State MI Zip Code 48001-1316

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

Name of Employer N/A Occupation SNM

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **73.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 01 / 2013

Transaction ID : SA11AI.8027

Amount of Each Receipt this Period
15.00

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

Mailing Address 116 Barberry Ln.

City Berea State KY Zip Code 40403

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

Name of Employer N/A Occupation SNM

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **50.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 01 / 2013

Transaction ID : SA11AI.8168

Amount of Each Receipt this Period
50.00

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

Mailing Address 8 Peachtree Ln

City Rolla State MO Zip Code 65401

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

Name of Employer N/A Occupation SNM

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **15.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 01 / 2013

Transaction ID : SA11AI.8021

Amount of Each Receipt this Period
15.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **80.00**

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.8027

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.8168

|

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.8021

|

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 165 OF 182
(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. Angela Wilson-Liverman
 Full Name (Last, First, Middle Initial)
 Mailing Address 7964 Hooten Hows Rd.
 City Nashville State TN Zip Code 37221
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Vanderbilt Center for Women's Health Occupation CNM/ FACNM
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 90.00

Date of Receipt 07 / 01 / 2013
Transaction ID : SA11AI.8175
 Amount of Each Receipt this Period 50.00

B. Laura Zeidenstein
 Full Name (Last, First, Middle Initial)
 Mailing Address 16 Fuller Place
 City Brooklyn State NY Zip Code 11215
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Columbia University Occupation CNM
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 15.00

Date of Receipt 07 / 01 / 2013
Transaction ID : SA11AI.8063
 Amount of Each Receipt this Period 15.00

C. Laura Zeidenstein
 Full Name (Last, First, Middle Initial)
 Mailing Address 16 Fuller Place
 City Brooklyn State NY Zip Code 11215
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Columbia University Occupation CNM
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 30.00

Date of Receipt 07 / 01 / 2013
Transaction ID : SA11AI.8064
 Amount of Each Receipt this Period 15.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 80.00
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.8175

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.8063

|

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.8064

|

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 168 OF 182
	<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. Laura Zeidenstein
Full Name (Last, First, Middle Initial)

Mailing Address 16 Fuller Place

City Brooklyn State NY Zip Code 11215

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

Name of Employer Columbia University Occupation CNM

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 45.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2013
Transaction ID : SA11AI.8065

Amount of Each Receipt this Period
 15.00

B. Laura Zeidenstein
Full Name (Last, First, Middle Initial)

Mailing Address 16 Fuller Place

City Brooklyn State NY Zip Code 11215

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

Name of Employer Columbia University Occupation CNM

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 60.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2013
Transaction ID : SA11AI.8066

Amount of Each Receipt this Period
 15.00

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

Mailing Address 16 Fuller Place

City Brooklyn State NY Zip Code 11215

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

Name of Employer Columbia University Occupation CNM

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
 07 / 01 / 2013
Transaction ID : SA11AI.8067

Amount of Each Receipt this Period
 15.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 45.00

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.8065

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Form/Schedule: SA11AI

Transaction ID: SA11AI.8066

|

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.8067

|

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 171 OF 182
(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. Laura Zeidenstein
 Full Name (Last, First, Middle Initial)
 Mailing Address 16 Fuller Place
 City State Zip Code
 Brooklyn NY 11215
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Columbia University CNM
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 90.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2013
Transaction ID : SA11AI.8068
 Amount of Each Receipt this Period
 15.00

B. Laura Zeidenstein
 Full Name (Last, First, Middle Initial)
 Mailing Address 16 Fuller Place
 City State Zip Code
 Brooklyn NY 11215
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Columbia University CNM
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 105.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2013
Transaction ID : SA11AI.8069
 Amount of Each Receipt this Period
 15.00

C. Laura Zeidenstein
 Full Name (Last, First, Middle Initial)
 Mailing Address 16 Fuller Place
 City State Zip Code
 Brooklyn NY 11215
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Columbia University CNM
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 120.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2013
Transaction ID : SA11AI.8070
 Amount of Each Receipt this Period
 15.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 45.00
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.8068

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.8069

|

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.8070

|

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 174 OF 182
(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. Laura Zeidenstein
 Full Name (Last, First, Middle Initial)
 Mailing Address 16 Fuller Place
 City State Zip Code
 Brooklyn NY 11215
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Columbia University CNM
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 135.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2013
Transaction ID : SA11AI.8071
 Amount of Each Receipt this Period
 15.00

B. Laura Zeidenstein
 Full Name (Last, First, Middle Initial)
 Mailing Address 16 Fuller Place
 City State Zip Code
 Brooklyn NY 11215
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Columbia University 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
 07 / 01 / 2013
Transaction ID : SA11AI.8072
 Amount of Each Receipt this Period
 15.00

C. Laura Zeidenstein
 Full Name (Last, First, Middle Initial)
 Mailing Address 16 Fuller Place
 City State Zip Code
 Brooklyn NY 11215
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Columbia University CNM
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 165.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2013
Transaction ID : SA11AI.8073
 Amount of Each Receipt this Period
 15.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 45.00
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.8071

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.8072

|

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.8073

|

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 177 OF 182
(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)
Laura Zeidenstein

Mailing Address 16 Fuller Place

City State Zip Code
 Brooklyn NY 11215

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

Name of Employer Occupation
 Columbia University CNM

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 180.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 01 / 2013

Transaction ID : SA11AI.8074

Amount of Each Receipt this Period
 15.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	15.00
TOTAL This Period (last page this line number only).....▶	4545.00

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.8074

|

Form/Schedule:

Transaction ID:

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Bank of America

Mailing Address 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
07		02		2013

Transaction ID : SB21B.8207

Amount of Each Disbursement this Period

85.43

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
07		03		2013

Transaction ID : SB21B.8208

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
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Amount of Each Disbursement this Period

--

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

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

145.38

145.38

**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

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

Full Name (Last, First, Middle Initial)

A. COLLINS FOR SENATOR

Mailing Address PO BOX 1096

City BANGOR State ME Zip Code 04402

Purpose of Disbursement
Campaign Contribution

Candidate Name

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

Disbursement For: 2013
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 31 / 2013

Transaction ID : SB23.8199

Amount of Each Disbursement this Period

2000.00

Category/
Type

Full Name (Last, First, Middle Initial)

B. FRIENDS OF ERIK PAULSEN

Mailing Address P.O. BOX 44369
250 PRAIRIE CENTER DRIVE

City EDEN PRAIRIE State MN Zip Code 55344

Purpose of Disbursement
Campaign Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: MN District: 03

Disbursement For: 2013
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 31 / 2013

Transaction ID : SB23.8201

Amount of Each Disbursement this Period

1000.00

Category/
Type

Full Name (Last, First, Middle Initial)

C. FRIENDS OF JOE PITTS

Mailing Address PO BOX 775

City UNIONVILLE State PA Zip Code 19375

Purpose of Disbursement
Campaign Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: PA District: 16

Disbursement For: 2013
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 31 / 2013

Transaction ID : SB23.8197

Amount of Each Disbursement this Period

1000.00

Category/
Type

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

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

4000.00

**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 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

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

Full Name (Last, First, Middle Initial)

A. FRIENDS OF LOIS CAPP

Mailing Address PO BOX 23940

City State Zip Code
SANTA BARBARA CA 93121

Purpose of Disbursement
Campaign Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: CA District: 23

Disbursement For: 2013
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2013

Transaction ID : **SB23.8198**

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. KIND FOR CONGRESS COMMITTEE

Mailing Address 205 5TH AVENUE SOUTH

City State Zip Code
LA CROSSE WI 54601

Purpose of Disbursement
Campaign Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: WI District: 03

Disbursement For: 2013
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	09	/	2013

Transaction ID : **SB23.8196**

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. LONE STAR LEADERSHIP PAC

Mailing Address PO BOX 30844

City State Zip Code
BETHESDA MD 20824

Purpose of Disbursement
Campaign Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2013
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	09	/	2013

Transaction ID : **SB23.8194**

Amount of Each Disbursement this Period

2000.00

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

6000.00

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

10000.00

**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 type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		30		2013

Mailing Address 8403 Colesville Road
Suite 1550

Transaction ID : SB29.8205

City Silver Spring State MD Zip Code 20910

Amount of Each Disbursement this Period

8000.00

Purpose of Disbursement
Online Banking Transfer to CHK 1112

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

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

Mailing Address

Amount of Each Disbursement this Period

--

City State Zip Code

Purpose of Disbursement

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

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

Mailing Address

Amount of Each Disbursement this Period

--

City State Zip Code

Purpose of Disbursement

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

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

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

8000.00

8000.00
