

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
American College of Nurse-Midwives Midwives-PAC

ADDRESS (number and street) 8403 Colesville Road
Suite 1550
 Check if different than previously reported. (ACC)
Silver Spring MD 20910 6374

2. **FEC IDENTIFICATION NUMBER** C00358812
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 12 01 2009 through 12 31 2009

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 Kathryn Kravetz

Signature of Treasurer Electronically Filed by Kathryn Kravetz Date 01 29 2010

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

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
American College of Nurse-Midwives Midwives-PAC

Report Covering the Period: From:

M	M
1	2

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		25107.33
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	26407.35									
(c) Total Receipts (from Line 19)	3725.77	46301.27								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	30133.12	71408.60								
7. Total Disbursements (from Line 31)	1638.45	42913.93								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	28494.67	28494.67								
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

FEC Form 3X (Rev. 06/2004)

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)	400.00	4645.00
(ii) Unitemized	3325.77	41656.27
(iii) TOTAL (add Lines 11(a)(i) and (ii)	3725.77	46301.27
(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)	3725.77	46301.27
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	3725.77	46301.27
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	3725.77	46301.27

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	183.45	7598.73
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	183.45	7598.73
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	21000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	1455.00	1960.00
(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))	1455.00	1960.00
29. Other Disbursements.....	0.00	12355.20
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	1638.45	42913.93
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1638.45	42913.93

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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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)	3725.77	46301.27
34. Total Contribution Refunds (from Line 28(d))	1455.00	1960.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2270.77	44341.27
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	183.45	7598.73
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	183.45	7598.73

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

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

NAME OF COMMITTEE (In Full)
American College of Nurse-Midwives Midwives-PAC

A.	Full Name (Last, First, Middle Initial) Joyce Griffin, CNM		Date of Receipt MM / DD / YYYY 12 / 08 / 2009		
	Mailing Address 141 South 5th Street		Transaction ID: 30948189		
	City Brooklyn	State NY	Zip Code 11211-5597	Amount of Each Receipt this Period 400.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer The Midwifery Practice	Occupation Midwife	Aggregate Year-to-Date 400.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) Diane Easton, CNM, MSN		Date of Receipt MM / DD / YYYY 12 / 09 / 2009		
	Mailing Address 412 Antique Bay St		Transaction ID: 31262956		
	City Las Vegas	State NV	Zip Code 89145-4871	Amount of Each Receipt this Period 0.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Jackson Madison Co. Gen Hosp	Occupation Midwife	Aggregate Year-to-Date 150.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

[MEMO ITEM]
Refund(s) on Schedule B Totaling \$150.00 This changes the YTD Total to \$15-0.00

C.	Full Name (Last, First, Middle Initial) Emma Lois Yoder, CNM		Date of Receipt MM / DD / YYYY 12 / 09 / 2009		
	Mailing Address 5506 S. Riverton Rd.		Transaction ID: 31262957		
	City Hutchinson	State KS	Zip Code 67501	Amount of Each Receipt this Period 0.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Birth and Womens Center	Occupation Midwife	Aggregate Year-to-Date 25.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

[MEMO ITEM]
Refund(s) on Schedule B Totaling \$25.00 This changes the YTD Total to \$25.-00

SUBTOTAL of Receipts This Page (optional)	▶	400.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 (check only one)	PAGE 7 / 14
	<input checked="" type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American College of Nurse-Midwives Midwives-PAC

A.	Full Name (Last, First, Middle Initial) Ann Weathersby, CNM	Date of Receipt MM / DD / YYYY 12 / 09 / 2009
	Mailing Address 3572 Hershey Lane	Transaction ID: 31262958
	City State Zip Code Tucker GA 30084-2305	Amount of Each Receipt this Period 0.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Kaiser Permanente SE Region Occupation Midwife	[MEMO ITEM] Refund(s) on Schedule B Totaling \$50.00 This changes the YTD Total to \$50.-00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Aggregate Year-to-Date ▼ 50.00		

B.	Full Name (Last, First, Middle Initial) Mary Adamson, CNM	Date of Receipt MM / DD / YYYY 12 / 09 / 2009
	Mailing Address 3037 Jay Street	Transaction ID: 31262959
	City State Zip Code Ravenna OH 44266-9506	Amount of Each Receipt this Period 0.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Robinson Memorial Hospital Occupation CNM	[MEMO ITEM] Refund(s) on Schedule B Totaling \$50.00 This changes the YTD Total to \$50.-00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Aggregate Year-to-Date ▼ 50.00		

C.	Full Name (Last, First, Middle Initial) Jill Alliman, CNM	Date of Receipt MM / DD / YYYY 12 / 09 / 2009
	Mailing Address 410 Broad St	Transaction ID: 31262960
	City State Zip Code Sweetwater TN 37874-1735	Amount of Each Receipt this Period 0.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Women's Wellness & Maternity Ctr Occupation Midwife	[MEMO ITEM] Refund(s) on Schedule B Totaling \$50.00 This changes the YTD Total to \$50.-00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Aggregate Year-to-Date ▼ 50.00		

SUBTOTAL of Receipts This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 14
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American College of Nurse-Midwives Midwives-PAC

A.	Full Name (Last, First, Middle Initial) Ione Bissonnette, CNM		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 9 / 2 0 0 9
	Mailing Address 14 Walnut Street		Transaction ID: 31262961
	City Lexington	State MA	Zip Code 02421-8220
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 0.00
	Name of Employer HVMA Nurse Midwifery Srvc	Occupation Midwife	[MEMO ITEM] Refund(s) on Schedule B Totaling \$100.00 This changes the YTD Total to \$10-0.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 100.00		

B.	Full Name (Last, First, Middle Initial) Claudia Brown, CNM		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 9 / 2 0 0 9
	Mailing Address 491 Kamalu Road		Transaction ID: 31262962
	City Kaipaa	State HI	Zip Code 96746-9616
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 0.00
	Name of Employer Homebirthing on Kauai	Occupation CNM	[MEMO ITEM] Refund(s) on Schedule B Totaling \$100.00 This changes the YTD Total to \$10-0.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 100.00		

C.	Full Name (Last, First, Middle Initial) Barbara Camune, CNM		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 9 / 2 0 0 9
	Mailing Address 644 Michigan Dr.		Transaction ID: 31262963
	City Romeoville	State IL	Zip Code 60446-1279
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 0.00
	Name of Employer Univ of IL	Occupation Director of Midwifery Prog	[MEMO ITEM] Refund(s) on Schedule B Totaling \$50.00 This changes the YTD Total to \$50.-00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 50.00		

SUBTOTAL of Receipts This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 14
(check only one)

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

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NAME OF COMMITTEE (In Full)
American College of Nurse-Midwives Midwives-PAC

A.

Full Name (Last, First, Middle Initial)
Katherine L. Dawley, CNM PhD

Mailing Address 235 Pelham Road

City Philadelphia State PA Zip Code 19119-2624

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

Name of Employer Midwifery Institute of Philadelphia Un Occupation Midwife

Receipt For: Primary General Other (specify) Aggregate Year-to-Date 300.00

Date of Receipt 12 / 09 / 2009

Transaction ID: 31262964

Amount of Each Receipt this Period 0.00

[MEMO ITEM]
Refund(s) on Schedule B Totaling \$200.00 This changes the YTD Total to \$30-0.00

B.

Full Name (Last, First, Middle Initial)
Nancy Jean Fredo, CNM

Mailing Address 2308 Pinecrest Drive

City Nacogdoches State TX Zip Code 75965-3605

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

Name of Employer Nacogdoches Nurse-Mdwfy Serv Occupation Midwife

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

Date of Receipt 12 / 09 / 2009

Transaction ID: 31262965

Amount of Each Receipt this Period 0.00

[MEMO ITEM]
Refund(s) on Schedule B Totaling \$100.00 This changes the YTD Total to \$10-0.00

C.

Full Name (Last, First, Middle Initial)
Marsha E. Jackson, CNM FACNM

Mailing Address 12400 Martin Road

City Brandywine State MD Zip Code 20613-8745

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

Name of Employer Birth Care & Women's Health Occupation Midwife

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

Date of Receipt 12 / 09 / 2009

Transaction ID: 31262966

Amount of Each Receipt this Period 0.00

[MEMO ITEM]
Refund(s) on Schedule B Totaling \$50.00 This changes the YTD Total to \$50.-00

SUBTOTAL of Receipts This Page (optional) **0.00**

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 14
(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)
JoAnn Greenfeld Johansen, CNM
Mailing Address P O Box 6329

City State Zip Code
Kamuela HI 96743-6329

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

Name of Employer Occupation
N Hawaii Community Hospital CNM

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

Date of Receipt: 12 / 09 / 2009
Transaction ID: 31262967
Amount of Each Receipt this Period: 0.00

[MEMO ITEM]
Refund(s) on Schedule B
Totaling \$100.00 This changes the YTD Total to \$10-0.00

B. Full Name (Last, First, Middle Initial)
Rachel Johns, CNM
Mailing Address 514 N Greene Rd

City State Zip Code
Goshen IN 46526-1310

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

Name of Employer Occupation
Fairhaven Physicians, Inc. Midwife

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

Date of Receipt: 12 / 09 / 2009
Transaction ID: 31262968
Amount of Each Receipt this Period: 0.00

[MEMO ITEM]
Refund(s) on Schedule B
Totaling \$50.00 This changes the YTD Total to \$50.-00

C. Full Name (Last, First, Middle Initial)
Jane Elizabeth Mashburn, CNM FACNM
Mailing Address 2388 Sanford Road

City State Zip Code
Decatur GA 30033-5529

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

Name of Employer Occupation
Emory University Midwife

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

Date of Receipt: 12 / 09 / 2009
Transaction ID: 31262969
Amount of Each Receipt this Period: 0.00

[MEMO ITEM]
Refund(s) on Schedule B
Totaling \$100.00 This changes the YTD Total to \$10-0.00

SUBTOTAL of Receipts This Page (optional) ▶ 0.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 14
(check only one)

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

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NAME OF COMMITTEE (In Full)
American College of Nurse-Midwives Midwives-PAC

A.

Full Name (Last, First, Middle Initial)
Marilyn Pierce-Bulger, CNM

Mailing Address 8531 Pioneer Drive

City Anchorage State AK Zip Code 99504-4213

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

Name of Employer Self Employed Occupation Consultant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 50.00

Date of Receipt 12 / 09 / 2009

Transaction ID: 31262970

Amount of Each Receipt this Period 0.00

[MEMO ITEM]
Refund(s) on Schedule B
Totaling \$50.00 This changes the YTD Total to \$50.-00

B.

Full Name (Last, First, Middle Initial)
Leissa Roberts, CNM

Mailing Address 10 South 2000 East

City Salt Lake City State UT Zip Code 84112-5880

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

Name of Employer BirthCare Health Care - Madsen Hlth Ct Occupation Midwife

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 100.00

Date of Receipt 12 / 09 / 2009

Transaction ID: 31262971

Amount of Each Receipt this Period 0.00

[MEMO ITEM]
Refund(s) on Schedule B
Totaling \$100.00 This changes the YTD Total to \$10-00

C.

Full Name (Last, First, Middle Initial)
Susan Sims, CNM

Mailing Address 4805 Woodfern Rd

City Knoxville State TN Zip Code 37918-1564

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

Name of Employer Lisa Ross Birth & Women's Center Occupation Midwife

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 50.00

Date of Receipt 12 / 09 / 2009

Transaction ID: 31262972

Amount of Each Receipt this Period 0.00

[MEMO ITEM]
Refund(s) on Schedule B
Totaling \$50.00 This changes the YTD Total to \$50.-00

SUBTOTAL of Receipts This Page (optional) ▶ 0.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 14
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
American College of Nurse-Midwives Midwives-PAC

A. Full Name (Last, First, Middle Initial)
Luanne Tangedal, CNM MS

Mailing Address 5441 Golden Hollow Rd

City State Zip Code
Billings MT 59101-8947

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

Name of Employer Occupation
Northeast Montana Health Midwife
Srvs.

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 20.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 9 / 2 0 0 9

Transaction ID: 31262973

Amount of Each Receipt this Period
0.00

[MEMO ITEM]
Refund(s) on Schedule B
Totaling \$20.00 This changes the YTD Total to \$20.-00

B. Full Name (Last, First, Middle Initial)
Melissa Summerville, CNM

Mailing Address 223 Chastain Ct.

City State Zip Code
Jacksonville NC 28546-4859

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

Name of Employer Occupation
Self Employed CNM

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

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 9 / 2 0 0 9

Transaction ID: 31262974

Amount of Each Receipt this Period
0.00

[MEMO ITEM]
Refund(s) on Schedule B
Totaling \$50.00 This changes the YTD Total to \$50.-00

C. Full Name (Last, First, Middle Initial)
Sivan Veksler, CNM

Mailing Address 13013 Blakeslee Drive

City State Zip Code
Philadelphia PA 19116-1054

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

Name of Employer Occupation
Temple University Hospital CNM

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 10.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 9 / 2 0 0 9

Transaction ID: 31262975

Amount of Each Receipt this Period
0.00

[MEMO ITEM]
Refund(s) on Schedule B
Totaling \$10.00 This changes the YTD Total to \$10.-00

SUBTOTAL of Receipts This Page (optional) ▶ 0.00

TOTAL This Period (last page this line number only) ▶ 400.00

**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)

PAGE 13 / 14

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

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

NAME OF COMMITTEE (In Full)
American College of Nurse-Midwives Midwives-PAC

A. Full Name (Last, First, Middle Initial) Diane Easton, CNM, MSN <hr/> Mailing Address 412 Antique Bay St <hr/> City Las Vegas State NV Zip Code 89145-4871 <hr/> Purpose of Disbursement Refund Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 31118023 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 9 / 2 0 0 9
	Amount of Each Disbursement this Period 150.00 <hr/> Refund
B. Full Name (Last, First, Middle Initial) Katherine L. Dawley, CNM PhD <hr/> Mailing Address 235 Pelham Road <hr/> City Philadelphia State PA Zip Code 19119-2624 <hr/> Purpose of Disbursement Refund Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 31118035 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 9 / 2 0 0 9
	Amount of Each Disbursement this Period 200.00 <hr/> Refund

SUBTOTAL of Disbursements This Page (optional)	▶	350.00
TOTAL This Period (last page this line number only)	▶	350.00

**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)

PAGE 14 / 14

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

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NAME OF COMMITTEE (In Full)
American College of Nurse-Midwives Midwives-PAC

A. Full Name (Last, First, Middle Initial)
BankCard Credit Card Processing

Mailing Address P.O. Box 2485

City Spokane State WA Zip Code 99210-2485

Purpose of Disbursement
Credit card processing fees

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 31127449
Date of Disbursement

12 / 01 / 2009

Amount of Each Disbursement this Period

97.31

Credit card processing fees

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

Mailing Address 4100 Solutions Center
#774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement
Credit card processing fees

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 31127451
Date of Disbursement

12 / 15 / 2009

Amount of Each Disbursement this Period

59.95

Credit card processing fees

SUBTOTAL of Disbursements This Page (optional)

157.26

TOTAL This Period (last page this line number only)

157.26