

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 Jesse Bushman

Signature of Treasurer Jesse Bushman [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="2015"/>		139414.74
(b) Cash on Hand at Beginning of Reporting Period.....	182022.03	
(c) Total Receipts (from Line 19)	2420.00	71143.64
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	184442.03	210558.38
7. Total Disbursements (from Line 31).....	2216.31	28332.66
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	182225.72	182225.72
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

FEC Form 3X (Rev. 06/2004)

Page 3

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).....	2420.00	49968.64
(ii) Unitemized	0.00	21175.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	2420.00	71143.64
(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)	2420.00	71143.64
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 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))..... ▶	2420.00	71143.64
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	2420.00	71143.64

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	216.31	16132.66
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	216.31	16132.66
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2000.00	11500.00
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	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	700.00
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)) ..	2216.31	28332.66
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2216.31	28332.66

DETAILED SUMMARY PAGE
of Disbursements

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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)	2420.00	71143.64
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2420.00	71143.64
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	216.31	16132.66
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	216.31	16132.66

**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 20
	<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. Margaret K Batson
 Full Name (Last, First, Middle Initial)
 Mailing Address 1283 E South Temple Apt 202
 City Salt Lake City State UT Zip Code 84102-1716
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Margy Batson, LLC Occupation Certified Nurse-Midwife
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 100.00

Date of Receipt 11 / 23 / 2015
Transaction ID : SA11AI.11872
 Amount of Each Receipt this Period 100.00
 November 2015 Contribution

B. Brenda Bednar
 Full Name (Last, First, Middle Initial)
 Mailing Address 2627 NW 87th St
 City Seattle State WA Zip Code 98117
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Swedish Medical Group Occupation Certified Nurse-Midwife
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 100.00

Date of Receipt 11 / 16 / 2015
Transaction ID : SA11AI.11849
 Amount of Each Receipt this Period 100.00
 November 2015 Contribution

C. Jessie Blumin
 Full Name (Last, First, Middle Initial)
 Mailing Address 1336 Taylor St NW
 City Washington State DC Zip Code 20011-5508
 FEC ID number of contributing federal political committee. **C**
 Name of Employer N/A Occupation Student
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 20.00

Date of Receipt 11 / 23 / 2015
Transaction ID : SA11AI.11873
 Amount of Each Receipt this Period 20.00
 November 2015 Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 220.00
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 7 OF 20
	<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. Nicole S. Carlson
 Full Name (Last, First, Middle Initial)
 Mailing Address 221 Fayetteville Rd.
 City Decatur State GA Zip Code 30030-4911
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Northside Women's Specialists Occupation Certified Nurse-Midwife
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **100.00**

Date of Receipt **11 / 02 / 2015**
Transaction ID : SA11AI.11838
 Amount of Each Receipt this Period **100.00**
 November 2015 Contribution

B. Kathryn K. Carr
 Full Name (Last, First, Middle Initial)
 Mailing Address 5 Garden Ct Apt 3
 City Cambridge State MA Zip Code 02138-1355
 FEC ID number of contributing federal political committee. **C**
 Name of Employer St Elizabeth's Medical Center Occupation Certified Nurse-Midwife
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **150.00**

Date of Receipt **11 / 23 / 2015**
Transaction ID : SA11AI.11871
 Amount of Each Receipt this Period **50.00**
 November 2015 Contribution

c. Margi Coggins
 Full Name (Last, First, Middle Initial)
 Mailing Address 11 Cedar Ave
 City Arlington State MA Zip Code 02476-7417
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mount Auburn Hospital Occupation Certified Nurse-Midwife
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **50.00**

Date of Receipt **11 / 23 / 2015**
Transaction ID : SA11AI.11875
 Amount of Each Receipt this Period **50.00**
 November 2015 Contribution

SUBTOTAL of Receipts This Page (optional)..... **200.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 20
<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. Geri Cullers		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 19 / 2015 Transaction ID : SA11Al.11853
Mailing Address 3049 NW Greenbriar Ter		Amount of Each Receipt this Period 150.00 November 2015 Contribution
City Portland	State OR	Zip Code 97210-2710
FEC ID number of contributing federal political committee. C		
Name of Employer Kaiser Permanente	Occupation Certified Nurse-Midwife	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 150.00	

Full Name (Last, First, Middle Initial) B. Marilyn Derksen		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 30 / 2015 Transaction ID : SA11Al.11876
Mailing Address 511 28th Ave.		Amount of Each Receipt this Period 100.00 November 2015 Contribution
City Seattle	State WA	Zip Code 98122-6209
FEC ID number of contributing federal political committee. C		
Name of Employer Swedish Midwifery - First Hill	Occupation Certified Nurse-Midwife	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 100.00	

Full Name (Last, First, Middle Initial) C. Nicole Drake		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 02 / 2015 Transaction ID : SA11Al.11836
Mailing Address 1885 Basham Ln		Amount of Each Receipt this Period 10.00 November 2015 Contribution
City Clarksville	State TN	Zip Code 37043-6186
FEC ID number of contributing federal political committee. C		
Name of Employer US Army	Occupation Certified Nurse-Midwife	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 10.00	

SUBTOTAL of Receipts This Page (optional).....▶	260.00
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 9 OF 20
	<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. Sharon Foster
 Full Name (Last, First, Middle Initial)
 Mailing Address 7670 SW Cedar Ln
 City Augusta State KS Zip Code 67010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Associates in Women's Health Occupation Nurse-midwife
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **100.00**

Date of Receipt **11 / 02 / 2015**
Transaction ID : SA11AI.11839
 Amount of Each Receipt this Period **100.00**
 November 2015 Contribution

B. Gisele George
 Full Name (Last, First, Middle Initial)
 Mailing Address 715 D'Andrea Court
 City Windsor State ZZ Zip Code 99999
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Beaumont-Dearborn (MI) Occupation Certified Nurse-Midwife
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **75.00**

Date of Receipt **11 / 20 / 2015**
Transaction ID : SA11AI.11866
 Amount of Each Receipt this Period **75.00**
 November 2015 Contribution

C. Carla Gordan
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 1177
 City Mesilla Park State NM Zip Code 88047
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of New Mexico Occupation Certified Nurse-Midwife
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **20.00**

Date of Receipt **11 / 19 / 2015**
Transaction ID : SA11AI.11861
 Amount of Each Receipt this Period **20.00**
 November 2015 Contribution

SUBTOTAL of Receipts This Page (optional)..... **195.00**
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 10 OF 20
	<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. Phyllis Gorman
 Full Name (Last, First, Middle Initial)
 Mailing Address 420 Lowell Avenue
 City Newton State MA Zip Code 02460-2152
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mount Auburn Hospital Occupation Certified Nurse-Midwife
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 100.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 04 / 2015
Transaction ID : SA11AI.11840
 Amount of Each Receipt this Period
 100.00
 November 2015 Contribution

B. Anna Hanson
 Full Name (Last, First, Middle Initial)
 Mailing Address 5349 E Windrose Dr
 City Scottsdale State AZ Zip Code 85254-4235
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Frontier Nursing University Occupation Student Nurse-Midwife
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 50.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 02 / 2015
Transaction ID : SA11AI.11834
 Amount of Each Receipt this Period
 50.00
 November 2015 Contribution

C. Amanda Heffernan
 Full Name (Last, First, Middle Initial)
 Mailing Address 1464 W University Heights Dr N
 City Flagstaff State AZ Zip Code 86005-8970
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Tuba City Regional Healthcare Occupation Certified Nurse-Midwife
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 10.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 02 / 2015
Transaction ID : SA11AI.11833
 Amount of Each Receipt this Period
 10.00
 November 2015 Contribution

SUBTOTAL of Receipts This Page (optional).....▶	160.00
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 11 OF 20
	<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. Natalie Jacobson-Dunlop
 Full Name (Last, First, Middle Initial)
 Mailing Address 324 Busch Terrace
 City Minneapolis State MN Zip Code 55419
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Women's Healthcare Assoc Occupation Nurse Midwife
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 50.00

Date of Receipt 11 / 23 / 2015
Transaction ID : SA11AI.11867
 Amount of Each Receipt this Period 50.00
 November 2015 Contribution

B. Jennifer Gwen Jagger
 Full Name (Last, First, Middle Initial)
 Mailing Address 3742 NW Boxwood Pl
 City Corvallis State OR Zip Code 97330-3309
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Georgetown University Occupation Certified Nurse-Midwife
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 50.00

Date of Receipt 11 / 20 / 2015
Transaction ID : SA11AI.11869
 Amount of Each Receipt this Period 50.00
 November 2015 Contribution

C. Ira Kantrowitz-Gordon
 Full Name (Last, First, Middle Initial)
 Mailing Address 10022 46th Avenue NE
 City Seattle State WA Zip Code 98125-8124
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Univ. of Washington Occupation Certified Nurse-Midwife
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 75.00

Date of Receipt 11 / 17 / 2015
Transaction ID : SA11AI.11851
 Amount of Each Receipt this Period 25.00
 November 2015 Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 125.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 20
<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. Frances K Knoll
 Full Name (Last, First, Middle Initial)
 Mailing Address 4524 Albion Rd
 City College Park State MD Zip Code 20740
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Capital Women's Care Occupation Certified Nurse-Midwife
 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
 11 / 16 / 2015
Transaction ID : SA11Al.11850
 Amount of Each Receipt this Period
 25.00
 November 2015 Contribution

B. Mary Lou Kopas
 Full Name (Last, First, Middle Initial)
 Mailing Address 10531 11th Ave NE
 City Seattle State WA Zip Code 98125-7505
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Washington Occupation Certified Nurse-Midwife
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 205.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 16 / 2015
Transaction ID : SA11Al.11847
 Amount of Each Receipt this Period
 50.00
 November 2015 Contribution

c. Dorothea M Lang
 Full Name (Last, First, Middle Initial)
 Mailing Address 417 Riverside Drive Suite 12A
 City New York State NY Zip Code 10025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Midwifery Information Council Occupation Certified 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
 11 / 20 / 2015
Transaction ID : SA11Al.11864
 Amount of Each Receipt this Period
 50.00
 November 2015 Contribution

SUBTOTAL of Receipts This Page (optional).....▶	125.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 20
	<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. Kate M. McHugh
 Full Name (Last, First, Middle Initial)
 Mailing Address 4707 Windsor Avenue
 City Philadelphia State PA Zip Code 19143-3516
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Univ. of Pennsylvania Occupation Certified Nurse-Midwife
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 100.00

Date of Receipt 11 / 02 / 2015
Transaction ID : SA11Al.11835
 Amount of Each Receipt this Period 100.00
 November 2015 Contribution

B. Kathryn Nielsen
 Full Name (Last, First, Middle Initial)
 Mailing Address 4585 Patriot Ct SE
 City Salem State OR Zip Code 97302-1927
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Willamette Health Partners Mid Occupation Certified Nurse-Midwife
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 200.00

Date of Receipt 11 / 19 / 2015
Transaction ID : SA11Al.11856
 Amount of Each Receipt this Period 200.00
 November 2015 Contribution

C. Carol Sherman Olivier
 Full Name (Last, First, Middle Initial)
 Mailing Address 2451 S Kent-Des Moines Rd
 City Des Moines State WA Zip Code 98198
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Retired Occupation Certified Nurse-Midwife
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 50.00

Date of Receipt 11 / 13 / 2015
Transaction ID : SA11Al.11843
 Amount of Each Receipt this Period 50.00
 November 2015 Contribution

SUBTOTAL of Receipts This Page (optional)..... **350.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 20
	<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. Ann Orndorff
Full Name (Last, First, Middle Initial)

Mailing Address 175 Redding Ln

City Gettysburg State PA Zip Code 17325-7271

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

Name of Employer Wellspring Certif Nurse-Midwives Occupation Certified Nurse-Midwife

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **50.00**

Date of Receipt **11 / 13 / 2015**
Transaction ID : **SA11Al.11844**

Amount of Each Receipt this Period **50.00**

November 2015 Contribution

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

Mailing Address 7455 Miramar Ave

City La Jolla State CA Zip Code 92037-5250

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

Name of Employer Best Start Birth Center Occupation Certified Nurse-Midwife

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **200.00**

Date of Receipt **11 / 19 / 2015**
Transaction ID : **SA11Al.11855**

Amount of Each Receipt this Period **200.00**

November 2015 Contribution

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

Mailing Address 209 Aegean Way Apt 266

City Vacaville State CA Zip Code 95687-4090

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

Name of Employer N/A Occupation Student

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **170.00**

Date of Receipt **11 / 19 / 2015**
Transaction ID : **SA11Al.11852**

Amount of Each Receipt this Period **25.00**

November 2015 Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ **275.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 20
	<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. Holly Pranaat		Date of Receipt
Mailing Address 5615 N Burrage Ave		<input type="text" value="11"/> / <input type="text" value="19"/> / <input type="text" value="2015"/>
City	State	Zip Code
Portland	OR	97217-4131
FEC ID number of contributing federal political committee.		Transaction ID : SA11Al.11858
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="50.00"/>
Name of Employer		November 2015 Contribution
Providence Medical Group	Occupation	
	Certified Nurse-Midwife	
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) ▼		

Full Name (Last, First, Middle Initial) B. Samantha Ryneason		Date of Receipt
Mailing Address 526 NW 12th St		<input type="text" value="11"/> / <input type="text" value="19"/> / <input type="text" value="2015"/>
City	State	Zip Code
McMinnville	OR	97128-3519
FEC ID number of contributing federal political committee.		Transaction ID : SA11Al.11857
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="25.00"/>
Name of Employer		November 2015 Contribution
Valley Women's Health	Occupation	
	Certified Nurse-Midwife	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="25.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Devin Salazar		Date of Receipt
Mailing Address 524 S 1st St		<input type="text" value="11"/> / <input type="text" value="19"/> / <input type="text" value="2015"/>
City	State	Zip Code
Silverton	OR	97381-2106
FEC ID number of contributing federal political committee.		Transaction ID : SA11Al.11859
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="30.00"/>
Name of Employer		November 2015 Contribution
Silverton Health	Occupation	
	Certified Nurse-Midwife	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="30.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="105.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 20
	<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. Melissa Sapiro Sayer
 Full Name (Last, First, Middle Initial)
 Mailing Address 1260 Morris Ave
 City State Zip Code
 Bryn Mawr PA 19010-1712
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-employed Certified 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
 11 / 02 / 2015
Transaction ID : SA11AI.11837
 Amount of Each Receipt this Period
 50.00
 November 2015 Contribution

B. Kate Reese Schwob
 Full Name (Last, First, Middle Initial)
 Mailing Address 2701 Woodley PI NW
 City State Zip Code
 Washington DC 20008-1518
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Prince Georges Hospital Center Certified Nurse-Midwife
 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
 11 / 06 / 2015
Transaction ID : SA11AI.11841
 Amount of Each Receipt this Period
 25.00
 November 2015 Contribution

C. Lillian Siegel
 Full Name (Last, First, Middle Initial)
 Mailing Address 34 Chestnut Sq Apt 1
 City State Zip Code
 Jamaica Plain MA 02130-2220
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Harvard Vanguard Medical Assoc Certified Nurse-Midwife
 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
 11 / 10 / 2015
Transaction ID : SA11AI.11842
 Amount of Each Receipt this Period
 25.00
 November 2015 Contribution

SUBTOTAL of Receipts This Page (optional).....▶	100.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 20
	<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. Adele D. Silhavy
 Full Name (Last, First, Middle Initial)
 Mailing Address 357 Grant Hill Rd.
 City Tolland State CT Zip Code 06084-3830
 FEC ID number of contributing federal political committee. **C**
 Name of Employer St. Francis Medical Group Occupation Certified Nurse-Midwife
 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
 11 / 20 / 2015
Transaction ID : SA11Al.11862
 Amount of Each Receipt this Period
 20.00
 November 2015 Contribution

B. Penny Simkin
 Full Name (Last, First, Middle Initial)
 Mailing Address 1100 23rd Ave East
 City Seattle State WA Zip Code 98112
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Penny Simkin, Inc Occupation Teacher
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 16 / 2015
Transaction ID : SA11Al.11848
 Amount of Each Receipt this Period
 100.00
 November 2015 Contribution

C. Sarah M Stone
 Full Name (Last, First, Middle Initial)
 Mailing Address 1554 E Jamison Ave
 City Centennial State CO Zip Code 80122-3006
 FEC ID number of contributing federal political committee. **C**
 Name of Employer South Denver Midwives Occupation Certified Nurse-Midwife
 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
 11 / 23 / 2015
Transaction ID : SA11Al.11874
 Amount of Each Receipt this Period
 20.00
 November 2015 Contribution

SUBTOTAL of Receipts This Page (optional).....▶	140.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 20
	<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. Julie Visk
Full Name (Last, First, Middle Initial)

Mailing Address 4502 Kingsessing Ave

City Philadelphia State PA Zip Code 19143-3713

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

Name of Employer N/A Occupation Student

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **75.00**

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 19 / 2015

Transaction ID : SA11Al.11860

Amount of Each Receipt this Period
25.00

November 2015 Contribution

B. Emily Z Yeast
Full Name (Last, First, Middle Initial)

Mailing Address 20 Elm St #306

City Glens Falls State NY Zip Code 12801

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

Name of Employer Women's Care OBGyn Occupation Certified Nurse-Midwife

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
11 / 30 / 2015

Transaction ID : SA11Al.11830

Amount of Each Receipt this Period
40.00

In-kind - Two winter hats

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

Mailing Address 9251 East DE Avenue

City Richland State MI Zip Code 49083

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

Name of Employer University of Michigan Occupation Professor/Certified Nurse-Midwife

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **100.00**

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 13 / 2015

Transaction ID : SA11Al.11845

Amount of Each Receipt this Period
100.00

November 2015 Contribution

SUBTOTAL of Receipts This Page (optional).....▶	165.00
TOTAL This Period (last page this line number only).....▶	2420.00

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

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

FOR LINE NUMBER:
(check only one)

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

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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

Date of Disbursement

Mailing Address 7810 Old Branch Avenue

M M M	/	D D D	/	Y Y Y Y Y Y
11		02		2015

City State Zip Code
Clinton MD 20735

Transaction ID : SB21B.11877

Purpose of Disbursement
Bank of America fee

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

116.36

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

B. Paypal INC

Date of Disbursement

Mailing Address 4100 Solutions Center #774100

M M M	/	D D D	/	Y Y Y Y Y Y
11		03		2015

City State Zip Code
Chicago IL 60677

Transaction ID : SB21B.11878

Purpose of Disbursement
PayPal fee

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

59.95

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

C. Emily Z Yeast

Date of Disbursement

Mailing Address 20 Elm St #306

M M M	/	D D D	/	Y Y Y Y Y Y
11		30		2015

City State Zip Code
Glens Falls NY 12801

Transaction ID : SB21B.11832

Purpose of Disbursement
In-kind - Two winter hats

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

40.00

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

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

216.31

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

216.31

**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. LUCILLE ROYBAL-ALLARD

Mailing Address 880 W. FIRST STREET, UNIT 618

City LOS ANGELES State CA Zip Code 90012

Purpose of Disbursement
Campaign Contribution

Candidate Name
LUCILLE ROYBAL-ALLARD

Office Sought: House Senate President
State: CA District: 40
Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			02			2015			

Transaction ID : SB23.11882

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Mike Thompson

Mailing Address P.O. Box 10541

City Napa State CA Zip Code 94581

Purpose of Disbursement
Campaign Contribution

Candidate Name
Mike Thompson

Office Sought: House Senate President
State: CA District: 05
Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			06			2015			

Transaction ID : SB23.11883

Amount of Each Disbursement this Period

1000.00

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	/	D	D	/	Y	Y	Y	Y

Amount of Each Disbursement this Period

--

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

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

2000.00

2000.00
