



**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.....	78640.86	
(c) Total Receipts (from Line 19) .....	49248.55	61874.05
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	127889.41	133288.76
7. Total Disbursements (from Line 31).....	18788.70	24188.05
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	109100.71	109100.71
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> 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: 06 / 01 / 2013 To: 06 / 30 / 2013

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).....	49248.55	60874.05
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	49248.55	60874.05
(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) .....	49248.55	60874.05
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))..... ▶	49248.55	61874.05
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	49248.55	61874.05

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

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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 .....	13788.70	14488.05
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	13788.70	14488.05
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5000.00	9500.00
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 .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	18788.70	24188.05
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	18788.70	24188.05

**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) .....	49248.55	60874.05
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	200.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	49248.55	60674.05
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	13788.70	14488.05
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	13788.70	14488.05

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

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

FOR LINE NUMBER: PAGE 6 OF 363  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     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. Mary J Adamson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3037 Jay St  
 City State Zip Code  
 Ravenna OH 44266-9506  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Robinson Memorial Hospital 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  
 06 / 01 / 2013  
**Transaction ID : SA11AI.7485**  
 Amount of Each Receipt this Period  
 50.00

**B. Suzanne Adkins**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 207 S Dunnwood Ln  
 City State Zip Code  
 Mount Juliet TN 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 ▼  
 50.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 01 / 2013  
**Transaction ID : SA11AI.7629**  
 Amount of Each Receipt this Period  
 50.00

**C. Kendra M Adkisson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 111 Wabash Dr.  
 City State Zip Code  
 Lexington KY 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 ▼  
 75.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2013  
**Transaction ID : SA11AI.7917**  
 Amount of Each Receipt this Period  
 25.00

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

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

Form/Schedule: SA11AI  
Transaction ID : SA11AI.7485

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Form/Schedule: SA11AI  
Transaction ID: SA11AI.7629

|

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.7917

|

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 363
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC**

Full Name (Last, First, Middle Initial) <b>A. Jill Alliman</b>		Date of Receipt MM / DD / YYYY 06 / 01 / 2013 <b>Transaction ID : SA11AI.7505</b>
Mailing Address 410 Broad St.		Amount of Each Receipt this Period 100.00
City Sweetwater	State TN	Zip Code 37874
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Student	Occupation Nurse-Midwife	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 165.00	

Full Name (Last, First, Middle Initial) <b>B. Susan Altman</b>		Date of Receipt MM / DD / YYYY 06 / 01 / 2013 <b>Transaction ID : SA11AI.7635</b>
Mailing Address 11 Stonywood Dr		Amount of Each Receipt this Period 3043.00
City Commack	State NY	Zip Code 11725-5111
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 3043.00
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 ▼ 3043.00	

Full Name (Last, First, Middle Initial) <b>C. Lynn Tomlinson Anderson</b>		Date of Receipt MM / DD / YYYY 06 / 01 / 2013 <b>Transaction ID : SA11AI.7506</b>
Mailing Address 1500 E 2nd St. Ste. 408		Amount of Each Receipt this Period 305.00
City Reno	State NV	Zip Code 89502-1197
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 305.00
Name of Employer Women's Health Specialists	Occupation CNM	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 305.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3448.00
<b>TOTAL</b> 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.7505

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Form/Schedule: SA11AI  
Transaction ID: SA11AI.7635

|

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

Form/Schedule: SA11AI  
Transaction ID : SA11AI.7506

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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 12 OF 363
	<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. Lynn Tomlinson Anderson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1500 E 2nd St.  
 Ste. 408  
 City Reno State NV Zip Code 89502-1197  
 Occupation CNM  
 Name of Employer Women's Health Specialists  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 405.00

Date of Receipt 06 / 01 / 2013  
 Transaction ID : SA11AI.7507  
 Amount of Each Receipt this Period 100.00

**B. Michelle L Anderson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14720 Kittlanselt Way  
 City Orlando State FL Zip Code 32828-8042  
 Occupation SNM  
 Name of Employer N/A  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 70.00

Date of Receipt 06 / 01 / 2013  
 Transaction ID : SA11AI.7508  
 Amount of Each Receipt this Period 70.00

**C. Sally Avenson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 760 26th Ave NE  
 City Seattle State WA Zip Code 98118  
 Occupation  
 Name of Employer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 06 / 01 / 2013  
 Transaction ID : SA11AI.7622  
 Amount of Each Receipt this Period 200.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	370.00
<b>TOTAL</b> 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.7507

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Form/Schedule: SA11AI  
Transaction ID: SA11AI.7508

|

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.7622

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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 363
	<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) <b>A. Melissa D Avery</b>		Date of Receipt
Mailing Address 4845 Irving Ave S		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City	State	Zip Code
Minneapolis	MN	55419-5233
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.7949</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="47.00"/>
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="47.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Kathleen J. Bailey</b>		Date of Receipt
Mailing Address 5007 Shoal Creek Road		<input type="text" value="06"/> / <input type="text" value="01"/> / <input type="text" value="2013"/>
City	State	Zip Code
Suffolk	VA	23435
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.7509</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="35.00"/>
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="85.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Kathleen J. Bailey</b>		Date of Receipt
Mailing Address 5007 Shoal Creek Road		<input type="text" value="06"/> / <input type="text" value="01"/> / <input type="text" value="2013"/>
City	State	Zip Code
Suffolk	VA	23435
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.7510</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="110.00"/>
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="195.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="192.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Form/Schedule: SA11AI  
Transaction ID : SA11AI.7949

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Form/Schedule: SA11AI  
Transaction ID: SA11AI.7509

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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.7510

|

Form/Schedule:

Transaction ID:

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

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

FOR LINE NUMBER: PAGE 18 OF 363  
(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. Kathleen J. Bailey**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5007 Shoal Creek Road  
 City Suffolk State VA Zip Code 23435  
 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 ▼ 395.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 01 / 2013  
**Transaction ID : SA11AI.7511**  
 Amount of Each Receipt this Period  
 200.00

**B. Kathleen J. Bailey**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5007 Shoal Creek Road  
 City Suffolk State VA Zip Code 23435  
 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 ▼ 565.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 01 / 2013  
**Transaction ID : SA11AI.7512**  
 Amount of Each Receipt this Period  
 170.00

**C. Karen A Baldwin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 48 Old Albany Post Rd.  
 City Rhinebeck State NY Zip Code 12572  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MSMC Occupation CNM  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 258.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 01 / 2013  
**Transaction ID : SA11AI.7599**  
 Amount of Each Receipt this Period  
 258.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 628.00  
**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.7511

|

Form/Schedule: SA11AI  
Transaction ID: SA11AI.7512

|

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.7599

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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 21 OF 363  
(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. Mary Barger**

Mailing Address 4400 New Jersey St

City San Diego      State CA      Zip Code 92116

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

Name of Employer Univ. of CA, SF      Occupation CNM

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**06 / 01 / 2013**

**Transaction ID : SA11AI.7513**

Amount of Each Receipt this Period  
**200.00**

Full Name (Last, First, Middle Initial)  
**B. Michael Beard**

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 N/A      Occupation N/A

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **70.00**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**06 / 01 / 2013**

**Transaction ID : SA11AI.7614**

Amount of Each Receipt this Period  
**70.00**

Full Name (Last, First, Middle Initial)  
**C. Tanya M Belanger**

Mailing Address 201 W Coventry Ct  
Apt 304

City Glendale      State WI      Zip Code 53217-3956

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 ▼ **55.00**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**06 / 01 / 2013**

**Transaction ID : SA11AI.7617**

Amount of Each Receipt this Period  
**55.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **325.00**

**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.7513

|

Form/Schedule: SA11AI  
Transaction ID: SA11AI.7614

|

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.7617

|

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 363
	<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. Renee L Benz-Hansen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3346 Bakerstand Rd  
 City Franklinville State NY Zip Code 14737-9729  
 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 ▼ 55.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 01 / 2013  
**Transaction ID : SA11AI.7533**  
 Amount of Each Receipt this Period  
 55.00

**B. Cynthia Bernard**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 18239 State Route EE  
 City Sainte Genevieve State MO Zip Code 63670-8211  
 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  
 06 / 01 / 2013  
**Transaction ID : SA11AI.7484**  
 Amount of Each Receipt this Period  
 50.00

**C. Jane Beshore**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1212 County Line Rd.  
 City Bryn Mawr State PA Zip Code 19010  
 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  
 06 / 01 / 2013  
**Transaction ID : SA11AI.7514**  
 Amount of Each Receipt this Period  
 50.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	155.00
<b>TOTAL</b> 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.7533

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Form/Schedule: SA11AI  
Transaction ID: SA11AI.7484

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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.7514

|

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 363
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC**

Full Name (Last, First, Middle Initial) <b>A. Georgia Blair</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 06 / 01 / 2013 <b>Transaction ID : SA11AI.7688</b>
Mailing Address 41 Obre Place		Amount of Each Receipt this Period 50.00
City Shrewsbury	State NJ	Zip Code 07702
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>B. Debra L Bloch</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 06 / 01 / 2013 <b>Transaction ID : SA11AI.7660</b>
Mailing Address 16 Park Ave		Amount of Each Receipt this Period 25.00
City Airmont	State NY	Zip Code 10952
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 25.00
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>C. Deborah Blue</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 06 / 01 / 2013 <b>Transaction ID : SA11AI.7633</b>
Mailing Address 2223 NE 137 th St		Amount of Each Receipt this Period 25.00
City Seattle	State WA	Zip Code 98125-3341
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 25.00
Name of Employer N/A	Occupation SNM	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	100.00
<b>TOTAL</b> 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.7688

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Form/Schedule: SA11AI  
Transaction ID: SA11AI.7660

|

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.7633

|

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 30 OF 363
	<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. Katie E. Bogle**  
Full Name (Last, First, Middle Initial)

Mailing Address 258 E 14th St Unit B

City Elmira Heights State NY Zip Code 14903

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 235.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 01 / 2013

**Transaction ID : SA11AI.7515**

Amount of Each Receipt this Period  
 135.00

**B. Katie E. Bogle**  
Full Name (Last, First, Middle Initial)

Mailing Address 258 E 14th St Unit B

City Elmira Heights State NY Zip Code 14903

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

Name of Employer Occupation

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  
 06 / 01 / 2013

**Transaction ID : SA11AI.7516**

Amount of Each Receipt this Period  
 60.00

**C. Jacqueline Born**  
Full Name (Last, First, Middle Initial)

Mailing Address 4210 Coventry Rd

City Fayetteville State NC Zip Code 28304

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 ▼ 2.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 01 / 2013

**Transaction ID : SA11AI.7469**

Amount of Each Receipt this Period  
 2.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 197.00

**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.7515

|

Form/Schedule: SA11AI  
Transaction ID: SA11AI.7516

|

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.7469

|

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 33 OF 363
	<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) <b>A. Heather Bradford</b>		Date of Receipt
Mailing Address 527 Kirkland Avenue		<input type="text" value="06"/> / <input type="text" value="01"/> / <input type="text" value="2013"/>
City Kirkland	State WA	Zip Code 98033-6220
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.7479</b>
Name of Employer EvergreenHealth Midwifery Care	Occupation CNM	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="1.00"/>
	<input type="text" value="96.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Heather Bradford</b>		Date of Receipt
Mailing Address 527 Kirkland Avenue		<input type="text" value="06"/> / <input type="text" value="02"/> / <input type="text" value="2013"/>
City Kirkland	State WA	Zip Code 98033-6220
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.7657</b>
Name of Employer EvergreenHealth Midwifery Care	Occupation CNM	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="200.00"/>
	<input type="text" value="296.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Heather Bradford</b>		Date of Receipt
Mailing Address 527 Kirkland Avenue		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City Kirkland	State WA	Zip Code 98033-6220
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.7941</b>
Name of Employer EvergreenHealth Midwifery Care	Occupation CNM	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="775.40"/>
	<input type="text" value="1071.40"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="976.40"/>
<b>TOTAL</b> 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.7479

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Form/Schedule: SA11AI  
Transaction ID: SA11AI.7657

|

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.7941

|

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 363
	<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) <b>A. Ginger Breedlove</b>			Date of Receipt
Mailing Address 13608 W 54th St.			M M M / D D D / Y Y Y Y Y Y 06 / 01 / 2013
City Shawnee	State KS	Zip Code 66216	<b>Transaction ID : SA11AI.7655</b>
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period		1150.00
Name of Employer Shenandoah University	Occupation CNM	Aggregate Year-to-Date ▼	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	1150.00		

Full Name (Last, First, Middle Initial) <b>B. Ginger Breedlove</b>			Date of Receipt
Mailing Address 13608 W 54th St.			M M M / D D D / Y Y Y Y Y Y 06 / 01 / 2013
City Shawnee	State KS	Zip Code 66216	<b>Transaction ID : SA11AI.7656</b>
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period		1750.00
Name of Employer Shenandoah University	Occupation CNM	Aggregate Year-to-Date ▼	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	2900.00		

Full Name (Last, First, Middle Initial) <b>C. Ginger Breedlove</b>			Date of Receipt
Mailing Address 13608 W 54th St.			M M M / D D D / Y Y Y Y Y Y 06 / 30 / 2013
City Shawnee	State KS	Zip Code 66216	<b>Transaction ID : SA11AI.7950</b>
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period		350.00
Name of Employer Shenandoah University	Occupation CNM	Aggregate Year-to-Date ▼	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	3250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3250.00
<b>TOTAL</b> 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.7655

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Form/Schedule: SA11AI  
Transaction ID: SA11AI.7656

|

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.7950

|

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 363  
(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. Joyce Brewer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 206 Deerfield Club Dr  
 City Canton State MS Zip Code 39046-9218  
 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 ▼ 200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 01 / 2013  
**Transaction ID : SA11AI.7670**  
 Amount of Each Receipt this Period  
 200.00

**B. Ellen M Brodrick**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 308 19th St. S  
 City La Crosse State WI Zip Code 54601-5015  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Univ. of Pennsylvania Occupation CNM  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 470.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 01 / 2013  
**Transaction ID : SA11AI.7653**  
 Amount of Each Receipt this Period  
 420.00

**C. Ellen M Brodrick**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 308 19th St. S  
 City La Crosse State WI Zip Code 54601-5015  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Univ. of Pennsylvania Occupation CNM  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 545.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 01 / 2013  
**Transaction ID : SA11AI.7654**  
 Amount of Each Receipt this Period  
 75.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 695.00  
**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.7670

|

Form/Schedule: SA11AI  
Transaction ID: SA11AI.7653

|

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.7654

|

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 363
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC**

**A. Jessica Burke-Lazarus**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 114 22nd Ave  
 City Seattle State WA Zip Code 98122-6007  
 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 ▼ 25.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 01 / 2013  
**Transaction ID : SA11AI.7643**  
 Amount of Each Receipt this Period  
 25.00

**B. Cassandra A Burrell**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4514 Simmons Ln  
 City Temple Hills State MD Zip Code 20748-3827  
 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 ▼ 3.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 01 / 2013  
**Transaction ID : SA11AI.7465**  
 Amount of Each Receipt this Period  
 3.00

**C. Christina Butler**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3 S 536 Curtis Ave.  
 City Warrenville State IL Zip Code 60555  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NW Prof.Obstetrics&Gynecology 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  
 06 / 03 / 2013  
**Transaction ID : SA11AI.7676**  
 Amount of Each Receipt this Period  
 100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	128.00
<b>TOTAL</b> 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.7643

|

Form/Schedule: SA11AI  
Transaction ID: SA11AI.7465

|

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.7676

|

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 363
	<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. Barbara D Camune**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 139 Stoneleigh Dr  
 City Heath State TX Zip Code 75032-6630  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Baylor University Occupation CNM  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **100.00**

Date of Receipt **06 / 01 / 2013**  
**Transaction ID : SA11AI.7662**  
 Amount of Each Receipt this Period **100.00**

**B. Tara Cardinal**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5147 S Brighton St  
 City Seattle State WA Zip Code 98118  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Planned Parenthood Occupation Clinician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **40.00**

Date of Receipt **06 / 30 / 2013**  
**Transaction ID : SA11AI.7943**  
 Amount of Each Receipt this Period **40.00**

**C. Katherine Camacho Carr**  
 Full Name (Last, First, Middle Initial)  
 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 **1525.00**

Date of Receipt **06 / 30 / 2013**  
**Transaction ID : SA11AI.7958**  
 Amount of Each Receipt this Period **1475.00**

**SUBTOTAL** of Receipts This Page (optional)..... **1615.00**  
**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.7662

|

Form/Schedule: SA11AI  
Transaction ID: SA11AI.7943

|

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.7958

|

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.7517

|

Form/Schedule: SA11AI  
Transaction ID: SA11AI.7518

|

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

Form/Schedule: SA11AI  
Transaction ID : SA11AI.7931

|

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 51 OF 363  
(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. 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 ▼ **150.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 01 / 2013**

**Transaction ID : SA11AI.7489**

Amount of Each Receipt this Period  
**125.00**

Full Name (Last, First, Middle Initial)  
**B. Anne Cockerham**

Mailing Address 25813 Spring Farm Cr.

City Chantilly State VA Zip Code 20152

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 ▼ **30.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 30 / 2013**

**Transaction ID : SA11AI.7932**

Amount of Each Receipt this Period  
**30.00**

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

Mailing Address 150 S. Broadway S.

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 ▼ **113.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 30 / 2013**

**Transaction ID : SA11AI.7896**

Amount of Each Receipt this Period  
**63.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **218.00**

**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.7489

|

Form/Schedule: SA11AI  
Transaction ID: SA11AI.7932

|

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.7896

|

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 54 OF 363
	<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) <b>A. Elizabeth Coleman</b>		Date of Receipt M M / D D / Y Y Y Y Y 06 / 30 / 2013 <b>Transaction ID : SA11AI.7898</b>
Mailing Address 1113 Weldor Ct.		Amount of Each Receipt this Period 24.00
City Lexington State KY Zip Code 40515	FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date ▼ 24.00
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>B. Mary Kaye Collins</b>		Date of Receipt M M / D D / Y Y Y Y Y 06 / 01 / 2013 <b>Transaction ID : SA11AI.7531</b>
Mailing Address 2089 NW Pine Tree Way		Amount of Each Receipt this Period 913.00
City Stuart State FL Zip Code 34994-8829	FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date ▼ 913.00
Name of Employer Mary K. Collins, PL Occupation CNM	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Mary Kaye Collins</b>		Date of Receipt M M / D D / Y Y Y Y Y 06 / 01 / 2013 <b>Transaction ID : SA11AI.7532</b>
Mailing Address 2089 NW Pine Tree Way		Amount of Each Receipt this Period 70.00
City Stuart State FL Zip Code 34994-8829	FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date ▼ 983.00
Name of Employer Mary K. Collins, PL Occupation CNM	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1007.00
<b>TOTAL</b> 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.7898

|

Form/Schedule: SA11AI  
Transaction ID: SA11AI.7531

|

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.7532

|

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 57 OF 363  
(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. Mary Kaye Collirs**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2089 NW Pine tree way L  
 City Stuart State FL Zip Code 34994  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mary K. Collins, PL Occupation CNM/ JD  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 52.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2013  
**Transaction ID : SA11AI.7907**  
 Amount of Each Receipt this Period  
 52.00

**B. Mary Kaye Collirs**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2089 NW Pine tree way L  
 City Stuart State FL Zip Code 34994  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mary K. Collins, PL Occupation CNM/ JD  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 102.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2013  
**Transaction ID : SA11AI.7952**  
 Amount of Each Receipt this Period  
 50.00

**C. Kristen E Conroy**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1428 Constellation Dr  
 City Allen State TX Zip Code 75013-3466  
 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 ▼ 120.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 19 / 2013  
**Transaction ID : SA11AI.7498**  
 Amount of Each Receipt this Period  
 120.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 222.00  
**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.7907

|

Form/Schedule: SA11AI  
Transaction ID: SA11AI.7952

|

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.7498

|

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 60 OF 363  
(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. 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 ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 01 / 2013  
**Transaction ID : SA11AI.7520**  
 Amount of Each Receipt this Period  
 500.00

**B. Kim J Cox**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 600 Lafayette Dr. NE  
 City Albuquerque State NM Zip Code 87106  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Univ. of New Mexico Occupation CNM  
 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  
 06 / 01 / 2013  
**Transaction ID : SA11AI.7640**  
 Amount of Each Receipt this Period  
 200.00

**C. Lynn D. Cox-Jonke**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4987 Avenida De Los Reyes  
 City Yorba Linda State CA Zip Code 92886  
 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 ▼ 2.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 01 / 2013  
**Transaction ID : SA11AI.7468**  
 Amount of Each Receipt this Period  
 2.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 702.00  
**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.7520

|

Form/Schedule: SA11AI  
Transaction ID: SA11AI.7640

|

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.7468

|

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 363
	<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. Carolyn A.B. Curtis**  
Full Name (Last, First, Middle Initial)

Mailing Address 4961 8th St NE  
Ste NE

City Washington State DC Zip Code 20017-3907

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 ▼  
25.00

Date of Receipt  
06 / 01 / 2013  
Transaction ID : SA11AI.7668

Amount of Each Receipt this Period  
25.00

**B. Esther DeJong**  
Full Name (Last, First, Middle Initial)

Mailing Address 950 Pichaloup PI

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 ▼  
160.00

Date of Receipt  
06 / 01 / 2013  
Transaction ID : SA11AI.7648

Amount of Each Receipt this Period  
160.00

**C. Jennifer Demma**  
Full Name (Last, First, Middle Initial)

Mailing Address 2828 Aldrich Ave S  
Unit 9

City Minneapolis State MN Zip Code 55408

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
100.00

Date of Receipt  
06 / 01 / 2013  
Transaction ID : SA11AI.7521

Amount of Each Receipt this Period  
50.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	235.00
<b>TOTAL</b> 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.7668

|

Form/Schedule: SA11AI  
Transaction ID: SA11AI.7648

|

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.7521

|

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 363
	<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) <b>A. Jennifer Demma</b>		Date of Receipt MM / DD / YYYY 06 / 01 / 2013 <b>Transaction ID : SA11AI.7522</b>
Mailing Address 2828 Aldrich Ave S Unit 9		Amount of Each Receipt this Period 350.00
City Minneapolis	State MN	Zip Code 55408
FEC ID number of contributing federal political committee. C	Name of Employer	Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

Full Name (Last, First, Middle Initial) <b>B. Emily G Dial</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2013 <b>Transaction ID : SA11AI.7910</b>
Mailing Address 20009 Cifton		Amount of Each Receipt this Period 30.00
City Laurencebury	State KY	Zip Code 40342
FEC ID number of contributing federal political committee. C	Name of Employer N/A	Occupation CNM ARNP WHNP-BC
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 30.00	

Full Name (Last, First, Middle Initial) <b>C. Lora Dibner-Garcia</b>		Date of Receipt MM / DD / YYYY 06 / 01 / 2013 <b>Transaction ID : SA11AI.7613</b>
Mailing Address 521 17th St		Amount of Each Receipt this Period 25.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 25.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	405.00
<b>TOTAL</b> 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.7522

|

Form/Schedule: SA11AI  
Transaction ID: SA11AI.7910

|

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

Form/Schedule: SA11AI  
Transaction ID : SA11AI.7613

|

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 69 OF 363  
(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. Florence Donohue**  
 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 M / D D D / Y Y Y Y Y Y  
 06 / 01 / 2013  
**Transaction ID : SA11AI.7694**  
 Amount of Each Receipt this Period  
 80.00  
 Aggregate Year-to-Date ▼  
 80.00

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

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 01 / 2013  
**Transaction ID : SA11AI.7558**  
 Amount of Each Receipt this Period  
 540.00  
 Aggregate Year-to-Date ▼  
 540.00

**C. Margaret A. Egeland**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1735 Rio Vista Way S  
 City State Zip Code  
 Salem OR 97302  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 ACNM CNM  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 01 / 2013  
**Transaction ID : SA11AI.7523**  
 Amount of Each Receipt this Period  
 50.00  
 Aggregate Year-to-Date ▼  
 100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 670.00  
**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.7558

|

Form/Schedule: SA11AI  
Transaction ID: SA11AI.7523

|

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

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

FOR LINE NUMBER: PAGE 71 OF 363  
(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. Amy English-Burt**

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 ▼  
29.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 01 / 2013  
**Transaction ID : SA11AI.7524**

Amount of Each Receipt this Period  
29.00

Full Name (Last, First, Middle Initial)  
**B. Eunice K Ernst**

Mailing Address 1207 Perkiomenville Road

City Perkiomenville State PA Zip Code 18074

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 ▼  
200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 01 / 2013  
**Transaction ID : SA11AI.7669**

Amount of Each Receipt this Period  
200.00

Full Name (Last, First, Middle Initial)  
**C. Eunice Kitty Ernst**

Mailing Address 1207 Perkiomenville Rd

City Perkiomenville State PA Zip Code 18074-9603

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 ▼  
200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 01 / 2013  
**Transaction ID : SA11AI.7638**

Amount of Each Receipt this Period  
200.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 429.00

**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.7524

|

Form/Schedule: SA11AI  
Transaction ID: SA11AI.7669

|

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.7638

|

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 74 OF 363  
(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. Juliana Fehr**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3106 Castleman Rd.  
 City Berryville State VA Zip Code 22611-3031  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Shenandoah University Occupation CNM  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 35.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2013  
**Transaction ID : SA11AI.7922**  
 Amount of Each Receipt this Period  
 35.00

**B. Juliana Fehr**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3106 Castleman Rd.  
 City Berryville State VA Zip Code 22611-3031  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Shenandoah University Occupation CNM  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 70.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2013  
**Transaction ID : SA11AI.7946**  
 Amount of Each Receipt this Period  
 35.00

**C. Maria Fisher**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 20 Simon St  
 City Babylon State NY Zip Code 11702  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 223.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 01 / 2013  
**Transaction ID : SA11AI.7525**  
 Amount of Each Receipt this Period  
 173.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 243.00  
**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.7922

|

Form/Schedule: SA11AI  
Transaction ID: SA11AI.7946

|

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.7525

|

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 77 OF 363
	<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. 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 ▼ 25.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 01 / 2013

**Transaction ID : SA11AI.7651**

Amount of Each Receipt this Period  
 25.00

**B. Traci A 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 SNM

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 54.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 01 / 2013

**Transaction ID : SA11AI.7611**

Amount of Each Receipt this Period  
 54.00

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

Mailing Address 2 Westminster Ct

City Pennington State NJ Zip Code 08534-5249

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 ▼ 130.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 01 / 2013

**Transaction ID : SA11AI.7526**

Amount of Each Receipt this Period  
 130.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	209.00
<b>TOTAL</b> 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.7651

|

Form/Schedule: SA11AI  
Transaction ID: SA11AI.7611

|

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.7526

|

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 80 OF 363  
(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 Germano**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8 Upper Glenview Drive  
 City State Zip Code  
 Glenford NY 12433-5100  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 American College of Nurse-Midwives 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  
 06 / 01 / 2013  
**Transaction ID : SA11AI.7664**  
 Amount of Each Receipt this Period  
 50.00

**B. Vivian Goldenberg**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1124 Beverly Rd  
 City State Zip Code  
 Jenkintown PA 19046-3006  
 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 ▼  
 43.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 01 / 2013  
**Transaction ID : SA11AI.7519**  
 Amount of Each Receipt this Period  
 43.00

**c. Julie G Gorwoda**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6629 Elwood Dr. NW  
 City State Zip Code  
 Los Ranchos NM 04212  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 University of New Mexico CNM  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 125.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2013  
**Transaction ID : SA11AI.7923**  
 Amount of Each Receipt this Period  
 125.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 218.00  
**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.7664

|

Form/Schedule: SA11AI  
Transaction ID: SA11AI.7519

|

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.7923

|

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 83 OF 363
	<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. Erin Graham**  
Full Name (Last, First, Middle Initial)

Mailing Address 2000 Monroe PI NE  
Apt 3203

City Atlanta State GA Zip Code 30324-4979

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 ▼ 10.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
06 / 01 / 2013  
**Transaction ID : SA11AI.7463**

Amount of Each Receipt this Period  
10.00

**B. Meredith M. Graham**  
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 ACNM Occupation Direct of Finance

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
06 / 01 / 2013  
**Transaction ID : SA11AI.7472**

Amount of Each Receipt this Period  
2.00

**C. Michelle Grandy**  
Full Name (Last, First, Middle Initial)

Mailing Address 4026 224th Street SE  
Apt. 7

City Bothell State WA Zip Code 98021

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

Name of Employer UW Medicine/Northwest Hospital Occupation CNM, ACNM BOD Member

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  
06 / 25 / 2013  
**Transaction ID : SA11AI.7659**

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 62.00

**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.7463

|

Form/Schedule: SA11AI  
Transaction ID: SA11AI.7472

|

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.7659

|

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 86 OF 363
	<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. Barbara W Graves**  
Full Name (Last, First, Middle Initial)  
Mailing Address 689 Chestnut St.  
City Springfield State MA Zip Code 01107-1620  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Baystate Midwifery Education Program Occupation CNM  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 850.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
06 / 01 / 2013  
**Transaction ID : SA11AI.7527**  
Amount of Each Receipt this Period  
800.00

**B. Janelle Green**  
Full Name (Last, First, Middle Initial)  
Mailing Address 26 Rosebank Ave  
City Kentfield State CA Zip Code 94904-1609  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Occupation Homemaker  
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  
06 / 01 / 2013  
**Transaction ID : SA11AI.7528**  
Amount of Each Receipt this Period  
245.00

**C. Janelle Green**  
Full Name (Last, First, Middle Initial)  
Mailing Address 26 Rosebank Ave  
City Kentfield State CA Zip Code 94904-1609  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Occupation Homemaker  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 695.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
06 / 01 / 2013  
**Transaction ID : SA11AI.7529**  
Amount of Each Receipt this Period  
450.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1495.00  
**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.7527

|

Form/Schedule: SA11AI  
Transaction ID: SA11AI.7528

|

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.7529

|

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 89 OF 363  
(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. Becky L Gunthert**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1012 Lake Rd  
 City Altoona State WI Zip Code 54720-1843  
 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 / D D / Y Y Y Y Y Y  
 06 / 01 / 2013  
**Transaction ID : SA11AI.7492**  
 Amount of Each Receipt this Period  
 100.00

**B. Laraine H Guyette**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1685 Uinta Street  
 City Denver State CO Zip Code 80220-2117  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Denver Health & Hospitals Occupation CNM  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 01 / 2013  
**Transaction ID : SA11AI.7476**  
 Amount of Each Receipt this Period  
 500.00

**C. Eve K Hadley**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 4809  
 City Portland State ME Zip Code 04112-4809  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Univ. of Penn, School of Nursing Occupation CNM  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 110.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 01 / 2013  
**Transaction ID : SA11AI.7530**  
 Amount of Each Receipt this Period  
 60.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 660.00  
**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.7492

|

Form/Schedule: SA11AI

Transaction ID: SA11AI.7476

|

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.7530

|

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 92 OF 363  
(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. Eve K Hadley**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 4809

City Portland State ME Zip Code 04112-4809

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

Name of Employer Univ. of Penn, School of Nursing 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  
**06 / 30 / 2013**

**Transaction ID : SA11AI.7938**

Amount of Each Receipt this Period  
**80.00**

**B. Eve K Hadley**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 4809

City Portland State ME Zip Code 04112-4809

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

Name of Employer Univ. of Penn, School of Nursing Occupation 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  
**06 / 30 / 2013**

**Transaction ID : SA11AI.7939**

Amount of Each Receipt this Period  
**100.00**

**C. Anna Hanson**  
Full Name (Last, First, Middle Initial)

Mailing Address 5349 E Windrose Dr

City Scottsdale State AZ Zip Code 85254-5117

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 ▼ **80.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 01 / 2013**

**Transaction ID : SA11AI.7612**

Amount of Each Receipt this Period  
**80.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **260.00**

**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.7938

|

Form/Schedule: SA11AI  
Transaction ID: SA11AI.7939

|

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.7612

|

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 95 OF 363
	<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) <b>A. Lisa C Hanson</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 06 / 01 / 2013 <b>Transaction ID : SA11AI.7650</b>
Mailing Address 1026 Lakeland Road		Amount of Each Receipt this Period 100.00
City Grafon	State WI	Zip Code 53024
FEC ID number of contributing federal political committee.	C	
Name of Employer Marquette Univ, NM Program	Occupation CNM	
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>B. Lisa C Hanson</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 06 / 30 / 2013 <b>Transaction ID : SA11AI.7930</b>
Mailing Address 1026 Lakeland Road		Amount of Each Receipt this Period 40.00
City Grafon	State WI	Zip Code 53024
FEC ID number of contributing federal political committee.	C	
Name of Employer Marquette Univ, NM Program	Occupation CNM	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 190.00	

Full Name (Last, First, Middle Initial) <b>C. Lisa C Hanson</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 06 / 30 / 2013 <b>Transaction ID : SA11AI.7933</b>
Mailing Address 1026 Lakeland Road		Amount of Each Receipt this Period 50.00
City Grafon	State WI	Zip Code 53024
FEC ID number of contributing federal political committee.	C	
Name of Employer Marquette Univ, NM Program	Occupation CNM	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	190.00
<b>TOTAL</b> 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.7650

|

Form/Schedule: SA11AI  
Transaction ID: SA11AI.7930

|

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.7933

|

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 98 OF 363
	<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. Patricia J Harman**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3011 Greystone Dr.  
City Morgantown State WV Zip Code 26508  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Partners In Women's Health Care Occupation CNM  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 55.00

Date of Receipt 06 / 30 / 2013  
**Transaction ID : SA11AI.7925**  
Amount of Each Receipt this Period 55.00

**B. Kate Harrod**  
Full Name (Last, First, Middle Initial)  
Mailing Address W1815 Country Hwy B  
City Genoa City State WI Zip Code 53128  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Aurora Health Care/Marquette Universit Occupation Certified Nurse Midwife  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 435.00

Date of Receipt 06 / 01 / 2013  
**Transaction ID : SA11AI.7534**  
Amount of Each Receipt this Period 435.00

**C. Kate Harrod**  
Full Name (Last, First, Middle Initial)  
Mailing Address W1815 Country Hwy B  
City Genoa City State WI Zip Code 53128  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Aurora Health Care/Marquette Universit Occupation Certified Nurse Midwife  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 535.00

Date of Receipt 06 / 01 / 2013  
**Transaction ID : SA11AI.7535**  
Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 590.00  
**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.7925

|

Form/Schedule: SA11AI  
Transaction ID: SA11AI.7534

|

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.7535

|

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 101 OF 363
	<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. Kate Harrod**  
Full Name (Last, First, Middle Initial)

Mailing Address W1815 Country Hwy B

City Genoa City State WI Zip Code 53128

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

Name of Employer Occupation  
Aurora Health Care/Marquette Universit Certified Nurse Midwife

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **564.99**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**06 / 30 / 2013**

**Transaction ID : SA11AI.7894**

Amount of Each Receipt this Period  
**29.99**

**B. Kathryn Shisler Harrod**  
Full Name (Last, First, Middle Initial)

Mailing Address W1815 Country Road B

City Genoa City State WI Zip Code 53128-1938

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

Name of Employer Occupation  
Aurora Health Care CNM, Board Member

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**06 / 30 / 2013**

**Transaction ID : SA11AI.7934**

Amount of Each Receipt this Period  
**550.00**

**C. Jerrilyn Hobdy**  
Full Name (Last, First, Middle Initial)

Mailing Address 130 Spruce St. #16B

City Philadelphia State PA Zip Code 19106-4324

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

Name of Employer Occupation  
Greater Phila Health Action CNM

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **150.00**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**06 / 01 / 2013**

**Transaction ID : SA11AI.7481**

Amount of Each Receipt this Period  
**150.00**

**SUBTOTAL** of Receipts This Page (optional)..... **729.99**

**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.7934

|

Form/Schedule: SA11AI

Transaction ID: SA11AI.7481

|

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

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

FOR LINE NUMBER: PAGE 103 OF 363  
(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 ▼ 100.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2013  
**Transaction ID : SA11AI.7895**  
 Amount of Each Receipt this Period  
 100.00

**B. 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 ▼ 750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2013  
**Transaction ID : SA11AI.7957**  
 Amount of Each Receipt this Period  
 650.00

**C. Marianna Holland**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7 Betts PI  
 City Norwalk State CT Zip Code 06855-1801  
 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 ▼ 135.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 01 / 2013  
**Transaction ID : SA11AI.7606**  
 Amount of Each Receipt this Period  
 135.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 885.00  
**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.7895

|

Form/Schedule: SA11AI  
Transaction ID: SA11AI.7957

|

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.7606

|

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 106 OF 363
	<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. Marianna Holland**  
Full Name (Last, First, Middle Initial)

Mailing Address 7 Betts Pl

City Norwalk State CT Zip Code 06855-1801

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 ▼ **195.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 01 / 2013**

**Transaction ID : SA11AI.7607**

Amount of Each Receipt this Period  
**60.00**

**B. Marianna Holland**  
Full Name (Last, First, Middle Initial)

Mailing Address 7 Betts Pl

City Norwalk State CT Zip Code 06855-1801

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  
**06 / 01 / 2013**

**Transaction ID : SA11AI.7608**

Amount of Each Receipt this Period  
**20.00**

**C. Sarah Hood**  
Full Name (Last, First, Middle Initial)

Mailing Address 174 Suburban Ct.

City Lexington State KY Zip Code 40503

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

Name of Employer N/A Occupation SNM/ CPM

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  
**06 / 30 / 2013**

**Transaction ID : SA11AI.7920**

Amount of Each Receipt this Period  
**30.00**

**SUBTOTAL** of Receipts This Page (optional)..... **110.00**

**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.7607

|

Form/Schedule: SA11AI  
Transaction ID: SA11AI.7608

|

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.7920

|

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 109 OF 363  
(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. Cheri Van Hoover**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O.Box 1658Port  
 City State Zip Code  
 Hadlock WA 98339  
 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 ▼  
 565.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2013  
**Transaction ID : SA11AI.7955**  
 Amount of Each Receipt this Period  
 565.00

**B. Melinda Hoskins**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. Box 99  
 City State Zip Code  
 Minden NV 89423-0099  
 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 ▼  
 170.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 01 / 2013  
**Transaction ID : SA11AI.7619**  
 Amount of Each Receipt this Period  
 170.00

**C. Melinda Hoskins**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. Box 99  
 City State Zip Code  
 Minden NV 89423-0099  
 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 ▼  
 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 01 / 2013  
**Transaction ID : SA11AI.7620**  
 Amount of Each Receipt this Period  
 90.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 825.00  
**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.7955

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Form/Schedule: SA11AI  
Transaction ID: SA11AI.7619

|

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.7620

|

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 112 OF 363
	<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) <b>A. Barbara Hughes</b>		Date of Receipt 06 / 30 / 2013 <b>Transaction ID : SA11AI.7937</b>
Mailing Address 2100 Humboldt St. Apt. 302		Amount of Each Receipt this Period 1500.00
City Denver	State CO	
Zip Code 80205		Aggregate Year-to-Date ▼ 1500.00
FEC ID number of contributing federal political committee. C		
Name of Employer Wilson Hughes Consulting, LLC	Occupation CNM MS MBA FACNM	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Linda A Hunter</b>		Date of Receipt 06 / 01 / 2013 <b>Transaction ID : SA11AI.7663</b>
Mailing Address 15 Trenton St. Apt 1L		Amount of Each Receipt this Period 50.00
City Pawtucket	State RI	
Zip Code 02860-6078		Aggregate Year-to-Date ▼ 50.00
FEC ID number of contributing federal political committee. C		
Name of Employer Women & Infants Hospital	Occupation CNM	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>c. Sally R Inglesby-Schaefer</b>		Date of Receipt 06 / 01 / 2013 <b>Transaction ID : SA11AI.7470</b>
Mailing Address 94 Ivanhoe Ct		Amount of Each Receipt this Period 10.00
City Waynesville	State NC	
Zip Code 28785		Aggregate Year-to-Date ▼ 10.00
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) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1560.00
<b>TOTAL</b> 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.7937

|

Form/Schedule: SA11AI  
Transaction ID: SA11AI.7663

|

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.7470

|

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.7913

|

Form/Schedule: SA11AI  
Transaction ID: SA11AI.7924

|

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.7944

|

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 118 OF 363  
(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. 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 ▼ 980.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 01 / 2013  
**Transaction ID : SA11Al.7621**  
 Amount of Each Receipt this Period  
 980.00

**B. Richard F Jennings**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6 Wildwood Dr  
 City Branford State CT Zip Code 06405-3935  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Yale University 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  
 06 / 01 / 2013  
**Transaction ID : SA11Al.7536**  
 Amount of Each Receipt this Period  
 150.00

**C. Cecilia M Jevitt**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3 Short Beach Rd.  
 City East Haven State CT Zip Code 06512-3520  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Yale University Occupation CNM  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 185.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 01 / 2013  
**Transaction ID : SA11Al.7537**  
 Amount of Each Receipt this Period  
 85.00

**SUBTOTAL** of Receipts This Page (optional)..... ► 1215.00  
**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.7621

|

Form/Schedule: SA11AI  
Transaction ID: SA11AI.7536

|

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.7537

|

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 121 OF 363  
(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. Cecilia M Jevitt**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3 Short Beach Rd.  
 City East Haven State CT Zip Code 06512-3520  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Yale University Occupation CNM  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 235.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 01 / 2013  
**Transaction ID : SA11AI.7538**  
 Amount of Each Receipt this Period  
 50.00

**B. Peter Johnson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1938 Bank St  
 City Baltimore State MD Zip Code 21231  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Jhpiego Occupation CNM PhD FACNM  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2013  
**Transaction ID : SA11AI.7953**  
 Amount of Each Receipt this Period  
 1200.00

**C. Tina Maria Johnson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1938 Bank St  
 City Baltimore State MD Zip Code 21231-2513  
 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 ▼ 594.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 01 / 2013  
**Transaction ID : SA11AI.7546**  
 Amount of Each Receipt this Period  
 594.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1844.00  
**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.7538

|

Form/Schedule: SA11AI  
Transaction ID: SA11AI.7953

|

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.7546

|

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 124 OF 363  
(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. Tina Maria Johnson**

Mailing Address 1938 Bank St

City Baltimore	State MD	Zip Code 21231-2513
-------------------	-------------	------------------------

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 ▼ **674.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	01	/	2013

**Transaction ID : SA11AI.7547**

Amount of Each Receipt this Period  
**80.00**

Full Name (Last, First, Middle Initial)  
**B. Shannon Kane**

Mailing Address 49 William St

City Tonawanda	State NY	Zip Code 14150
-------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **55.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	01	/	2013

**Transaction ID : SA11AI.7539**

Amount of Each Receipt this Period  
**40.00**

Full Name (Last, First, Middle Initial)  
**C. Shannon Kane**

Mailing Address 49 William St

City Tonawanda	State NY	Zip Code 14150
-------------------	-------------	-------------------

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

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

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
06	/	01	/	2013

**Transaction ID : SA11AI.7540**

Amount of Each Receipt this Period  
**20.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>140.00</b>
<b>TOTAL</b> 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.7547

|

Form/Schedule: SA11AI  
Transaction ID: SA11AI.7539

|

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.7540

|

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 127 OF 363  
(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. 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 Frontier Nursing University Occupation CNM/ DNP/ FACNM  
 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  
 06 / 30 / 2013  
**Transaction ID : SA11AI.7899**  
 Amount of Each Receipt this Period  
 25.00

**B. Nicole Keller**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 216 Aspenwood Ln  
 City Nashville State TN Zip Code 37221  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vanderbilt Univ. Schl of Med Occupation CNM  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 70.99

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2013  
**Transaction ID : SA11AI.7908**  
 Amount of Each Receipt this Period  
 70.99

**C. Holly Powell Kennedy**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 34 Quarry Dock Rd  
 City Branford State CT Zip Code 06405-4655  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Yale University Occupation ACNM President, CNM  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 01 / 2013  
**Transaction ID : SA11AI.7541**  
 Amount of Each Receipt this Period  
 110.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 205.99  
**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.7899

|

Form/Schedule: SA11AI  
Transaction ID: SA11AI.7908

|

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.7541

|

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 130 OF 363
	<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. Holly Powell Kennedy**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 34 Quarry Dock Rd  
 City Branford State CT Zip Code 06405-4655  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Yale University Occupation ACNM President, CNM  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **785.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 01 / 2013  
**Transaction ID : SA11AI.7542**  
 Amount of Each Receipt this Period  
**575.00**

**B. Kathleen M Kett**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 16893 Helmet Rd  
 City Tomah State WI Zip Code 54660-6787  
 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  
 06 / 01 / 2013  
**Transaction ID : SA11AI.7674**  
 Amount of Each Receipt this Period  
**50.00**

**c. LaShawna King**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 101 Summit St.  
 City Brooklyn State NY Zip Code 11231-2713  
 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  
 06 / 01 / 2013  
**Transaction ID : SA11AI.7474**  
 Amount of Each Receipt this Period  
**50.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>675.00</b>
<b>TOTAL</b> 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.7542

|

Form/Schedule: SA11AI  
Transaction ID: SA11AI.7674

|

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.7474

|

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 133 OF 363
	<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) <b>A. Stephanie Kleven</b>		Date of Receipt
Mailing Address 1818 Spruce St Apt. 1F		<input type="text" value="06"/> / <input type="text" value="01"/> / <input type="text" value="2013"/>
City Philadelphia	State PA	Zip Code 19103
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.7543</b>
Name of Employer Hospital of the Univ of Penn		Amount of Each Receipt this Period
Occupation RN - Labor and Delivery		<input type="text" value="85.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="85.00"/>		

Full Name (Last, First, Middle Initial) <b>B. Carrie Klima</b>		Date of Receipt
Mailing Address 2624 N Spaulding Ave Apt 1W Apt 1W		<input type="text" value="06"/> / <input type="text" value="01"/> / <input type="text" value="2013"/>
City Chicago	State IL	Zip Code 60647-1453
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.7589</b>
Name of Employer University of Illinois Chicago		Amount of Each Receipt this Period
Occupation CNM		<input type="text" value="180.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="180.00"/>		

Full Name (Last, First, Middle Initial) <b>C. Christina Kocis</b>		Date of Receipt
Mailing Address 39 Summit Street		<input type="text" value="06"/> / <input type="text" value="01"/> / <input type="text" value="2013"/>
City Huntington	State NY	Zip Code 11743-2603
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.7610</b>
Name of Employer STUMED		Amount of Each Receipt this Period
Occupation CNM		<input type="text" value="93.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="93.00"/>		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="358.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Form/Schedule: SA11AI  
Transaction ID : SA11AI.7543

|

Form/Schedule: SA11AI  
Transaction ID: SA11AI.7589

|

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.7610

|

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 136 OF 363
	<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. Pamela M Koehler**  
Full Name (Last, First, Middle Initial)

Mailing Address 1212 Calhoun St

City State Zip Code  
Peru IL 61354

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  
06 / 01 / 2013  
**Transaction ID : SA11AI.7487**

Amount of Each Receipt this Period  
50.00

**B. Mary Lou Kopas**  
Full Name (Last, First, Middle Initial)

Mailing Address 10531 11th Ave NE

City State Zip Code  
Seattle WA 98125-7505

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  
06 / 01 / 2013  
**Transaction ID : SA11AI.7544**

Amount of Each Receipt this Period  
50.00

**C. Mary Lou Kopas**  
Full Name (Last, First, Middle Initial)

Mailing Address 10531 11th Ave NE

City State Zip Code  
Seattle WA 98125-7505

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 ▼  
80.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
06 / 01 / 2013  
**Transaction ID : SA11AI.7545**

Amount of Each Receipt this Period  
30.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 130.00

**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.7487

|

Form/Schedule: SA11AI  
Transaction ID: SA11AI.7544

|

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

Form/Schedule: SA11AI  
Transaction ID : SA11AI.7545

|

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 139 OF 363
	<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. Nancy Kraus**  
Full Name (Last, First, Middle Initial)

Mailing Address 340 Corlies Ave

City Pelham State NY Zip Code 10803

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  
 06 / 01 / 2013  
**Transaction ID : SA11AI.7644**

Amount of Each Receipt this Period  
**190.00**

**B. Jan M. Kriebs**  
Full Name (Last, First, Middle Initial)

Mailing Address 13121 Idlewild Drive

City Bowie State MD Zip Code 20715

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  
 06 / 01 / 2013  
**Transaction ID : SA11AI.7483**

Amount of Each Receipt this Period  
**50.00**

**C. Dana Kunze**  
Full Name (Last, First, Middle Initial)

Mailing Address 2206 W Prospect Rd

City Fort Collins State CO Zip Code 80526

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  
 06 / 01 / 2013  
**Transaction ID : SA11AI.7682**

Amount of Each Receipt this Period  
**15.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **255.00**

**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.7644

|

Form/Schedule: SA11AI  
Transaction ID: SA11AI.7483

|

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.7682

|

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 142 OF 363
	<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. Janice Kvale**  
Full Name (Last, First, Middle Initial)

Mailing Address 5914 Blanco River Pass

City Austin	State TX	Zip Code 78749-2860
----------------	-------------	------------------------

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 ▼ **315.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2013

**Transaction ID : SA11AI.7947**

Amount of Each Receipt this Period  

315.00
--------

**B. Karin J Larson**  
Full Name (Last, First, Middle Initial)

Mailing Address 1431 Arden Pl

City Arden Hills	State MN	Zip Code 55112
---------------------	-------------	-------------------

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
06	/	01	/	2013

**Transaction ID : SA11AI.7675**

Amount of Each Receipt this Period  

50.00
-------

**C. Rachel Latta**  
Full Name (Last, First, Middle Initial)

Mailing Address 3232 Birdsall Ave

City Oakland	State CA	Zip Code 94619-3310
-----------------	-------------	------------------------

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 ▼ **40.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	01	/	2013

**Transaction ID : SA11AI.7623**

Amount of Each Receipt this Period  

40.00
-------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>405.00</b>
<b>TOTAL</b> 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.7947

|

Form/Schedule: SA11AI  
Transaction ID: SA11AI.7675

|

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.7623

|

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 145 OF 363
	<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) <b>A. Vivian Lawenstein</b>		Date of Receipt
Mailing Address 1124 Beverly Road		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City	State	Zip Code
Jenkintown	PA	19046
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.7915</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="25.00"/>
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="25.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Kate L Lawrence</b>		Date of Receipt
Mailing Address 100 Henlopen Sta Unit 202A		<input type="text" value="06"/> / <input type="text" value="19"/> / <input type="text" value="2013"/>
City	State	Zip Code
Rehoboth Beach	DE	19971-3128
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.7497</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="8.00"/>
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="8.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Laura Leatherman</b>		Date of Receipt
Mailing Address 444 Elmington Ave Apt 632		<input type="text" value="06"/> / <input type="text" value="01"/> / <input type="text" value="2013"/>
City	State	Zip Code
Nashville	TN	37205
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.7548</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="28.00"/>
Name of Employer	Occupation	
N/A	RN	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="28.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="61.00"/>
<b>TOTAL</b> 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.7915

|

Form/Schedule: SA11AI  
Transaction ID: SA11AI.7497

|

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.7548

|

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.7549

|

Form/Schedule: SA11AI  
Transaction ID: SA11AI.7550

|

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.7637

|

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 151 OF 363
	<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) <b>A. Amy J. Levi</b>		Date of Receipt
Mailing Address 726 Tramway Vista Ct NE Unit 1		M M M / D D D / Y Y Y Y Y Y 06 / 01 / 2013
City Albuquerque	State NM	Zip Code 87122-1696
FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID : SA11AI.7642</b>
Name of Employer N/A		Amount of Each Receipt this Period
Occupation CNM		288.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼
		338.00

Full Name (Last, First, Middle Initial) <b>B. Janet Lewis</b>		Date of Receipt
Mailing Address 516 S 44th Street		M M M / D D D / Y Y Y Y Y Y 06 / 01 / 2013
City Philadelphia	State PA	Zip Code 19104-3908
FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID : SA11AI.7551</b>
Name of Employer N/A		Amount of Each Receipt this Period
Occupation CNM		110.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼
		160.00

Full Name (Last, First, Middle Initial) <b>C. Nora McDermott Lewis</b>		Date of Receipt
Mailing Address 759 Drumm Lane		M M M / D D D / Y Y Y Y Y Y 06 / 30 / 2013
City Nipomp	State CA	Zip Code 93444
FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID : SA11AI.7911</b>
Name of Employer Santa Barbara Co. PHD		Amount of Each Receipt this Period
Occupation CNM		100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼
		100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	498.00
<b>TOTAL</b> 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.7642

|

Form/Schedule: SA11AI  
Transaction ID: SA11AI.7551

|

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.7911

|

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 154 OF 363  
(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. Nora McDermott Lewis**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 759 Drumm Lane  
 City Nipomp State CA Zip Code 93444  
 Name of Employer Santa Barbara Co. PHD Occupation CNM  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 185.00

Date of Receipt 06 / 30 / 2013  
**Transaction ID : SA11AI.7912**  
 Amount of Each Receipt this Period 85.00

**B. Nora McDermott Lewis**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 759 Drumm Lane  
 City Nipomp State CA Zip Code 93444  
 Name of Employer Santa Barbara Co. PHD Occupation CNM  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 194.00

Date of Receipt 06 / 30 / 2013  
**Transaction ID : SA11AI.7914**  
 Amount of Each Receipt this Period 9.00

**C. Nora McDermott Lewis**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 759 Drumm Lane  
 City Nipomp State CA Zip Code 93444  
 Name of Employer Santa Barbara Co. PHD Occupation CNM  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 291.00

Date of Receipt 06 / 30 / 2013  
**Transaction ID : SA11AI.7916**  
 Amount of Each Receipt this Period 97.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 191.00  
**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.7912

|

Form/Schedule: SA11AI  
Transaction ID: SA11AI.7914

|

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.7916

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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 157 OF 363  
(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. Nora McDermott Lewis**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 759 Drumm Lane  
 City Nipomp State CA Zip Code 93444  
 Name of Employer Santa Barbara Co. PHD Occupation CNM  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 331.00

Date of Receipt 06 / 30 / 2013  
**Transaction ID : SA11AI.7926**  
 Amount of Each Receipt this Period 40.00

**B. Nora McDermott Lewis**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 759 Drumm Lane  
 City Nipomp State CA Zip Code 93444  
 Name of Employer Santa Barbara Co. PHD Occupation CNM  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 357.00

Date of Receipt 06 / 30 / 2013  
**Transaction ID : SA11AI.7929**  
 Amount of Each Receipt this Period 26.00

**C. Nora McDermott Lewis**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 759 Drumm Lane  
 City Nipomp State CA Zip Code 93444  
 Name of Employer Santa Barbara Co. PHD Occupation CNM  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 757.00

Date of Receipt 06 / 30 / 2013  
**Transaction ID : SA11AI.7940**  
 Amount of Each Receipt this Period 400.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 466.00  
**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.7926

|

Form/Schedule: SA11AI  
Transaction ID: SA11AI.7929

|

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.7940

|

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 160 OF 363
	<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. Francie E Likis**  
Full Name (Last, First, Middle Initial)

Mailing Address 4530 Everett Drive

City Nashville State TN Zip Code 37215

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 ▼ 21.99

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2013  
**Transaction ID : SA11AI.7954**

Amount of Each Receipt this Period  
 21.99

**B. 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 Wine Occupation

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  
 06 / 01 / 2013  
**Transaction ID : SA11AI.7693**

Amount of Each Receipt this Period  
 25.00

**C. 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 Wine Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 50.99

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2013  
**Transaction ID : SA11AI.7905**

Amount of Each Receipt this Period  
 25.99

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 72.98

**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.7954

|

Form/Schedule: SA11AI

Transaction ID: SA11AI.7905

|



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

Form/Schedule: SA11AI  
Transaction ID : SA11AI.7649

|

Form/Schedule: SA11AI  
Transaction ID: SA11AI.7552

|

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.7553

|

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 363  
(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 ▼ 140.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 01 / 2013  
**Transaction ID : SA11Al.7554**  
 Amount of Each Receipt this Period  
 140.00

**B. Sarah M Lynch**  
 Full Name (Last, First, Middle Initial)  
 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 ▼ 25.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 01 / 2013  
**Transaction ID : SA11Al.7555**  
 Amount of Each Receipt this Period  
 25.00

**C. Jean M Mac Barron**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 26 Wompatuck Rd  
 City Hingham State MA Zip Code 02043-1126  
 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 ▼ 140.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 01 / 2013  
**Transaction ID : SA11Al.7556**  
 Amount of Each Receipt this Period  
 140.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 305.00  
**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.7554

|

Form/Schedule: SA11AI

Transaction ID: SA11AI.7555

|

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.7556

|

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 363
	<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. Emily Evans MacLaury**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1618 Juliet Ave  
 City Saint Paul State MN Zip Code 55105-2117  
 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 ▼ 25.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 01 / 2013  
**Transaction ID : SA11AI.7502**  
 Amount of Each Receipt this Period  
 25.00

**B. Caithlin Madison**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 223A S Farragut St  
 City Philadelphia State PA Zip Code 19139-4411  
 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  
 06 / 01 / 2013  
**Transaction ID : SA11AI.7480**  
 Amount of Each Receipt this Period  
 100.00

**C. Polly Malby**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1419 NE Market Dr  
 City Fairview State OR Zip Code 97024  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer N/A Occupation CNM, Health Coach  
 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  
 06 / 01 / 2013  
**Transaction ID : SA11AI.7685**  
 Amount of Each Receipt this Period  
 50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 175.00  
**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.7502

|

Form/Schedule: SA11AI  
Transaction ID: SA11AI.7480

|

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.7685

|

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 363  
(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. Melinda C Mann**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1142 Ramblewood Dr  
 City Annapolis State MD Zip Code 21409-4651  
 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 ▼ 25.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 01 / 2013  
**Transaction ID : SA11AI.7557**  
 Amount of Each Receipt this Period  
 25.00

**B. Ellen Martin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1159 Moores Mill Road  
 City Atlanta State GA Zip Code 30327  
 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  
 06 / 01 / 2013  
**Transaction ID : SA11AI.7667**  
 Amount of Each Receipt this Period  
 100.00

**C. Julia Martin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1025 S York St  
 City Denver State CO Zip Code 80209-4650  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 65.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 01 / 2013  
**Transaction ID : SA11AI.7559**  
 Amount of Each Receipt this Period  
 50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 175.00  
**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.7557

|

Form/Schedule: SA11AI  
Transaction ID: SA11AI.7667

|

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.7559

|

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 363  
(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. Leilani J Mason**

Mailing Address 829 Clayton Ave # A

City Nashville State TN Zip Code 37204

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

Name of Employer Occupation  
CNM

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
292.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 01 / 2013  
**Transaction ID : SA11AI.7560**

Amount of Each Receipt this Period  
242.00

Full Name (Last, First, Middle Initial)  
**B. Leilani J Mason**

Mailing Address 829 Clayton Ave # A

City Nashville State TN Zip Code 37204

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

Name of Employer Occupation  
CNM

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
342.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2013  
**Transaction ID : SA11AI.7909**

Amount of Each Receipt this Period  
50.00

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

Mailing Address 26 Prospect St  
Unit 1

City Greenfield State MA Zip Code 01301-3525

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 ▼  
25.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 01 / 2013  
**Transaction ID : SA11AI.7652**

Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 317.00

**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.7560

|

Form/Schedule: SA11AI  
Transaction ID: SA11AI.7909

|

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.7652

|

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 177 OF 363
	<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 Maycock**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 26 Prospect St  
 Unit 1  
 City Greenfield State MA Zip Code 01301-3525  
 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 ▼ 40.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 01 / 2013  
**Transaction ID : SA11AI.7679**  
 Amount of Each Receipt this Period  
 15.00

**B. Michael M McCann**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1551 Debra Drive  
 City Smyrna State GA Zip Code 30080  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer ACNM Occupation CNM, ACNM BOD Member  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 590.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 01 / 2013  
**Transaction ID : SA11AI.7561**  
 Amount of Each Receipt this Period  
 540.00

**C. Michael M McCann**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1551 Debra Drive  
 City Smyrna State GA Zip Code 30080  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer ACNM Occupation CNM, ACNM BOD Member  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 690.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 01 / 2013  
**Transaction ID : SA11AI.7562**  
 Amount of Each Receipt this Period  
 100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 655.00  
**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.7679

|

Form/Schedule: SA11AI  
Transaction ID: SA11AI.7561

|

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.7562

|

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 180 OF 363
	<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. Michael M McCann**  
Full Name (Last, First, Middle Initial)

Mailing Address 1551 Debra Drive

City State Zip Code  
Smyrna GA 30080

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

Name of Employer Occupation  
ACNM CNM, ACNM BOD Member

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
741.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
06 / 30 / 2013  
**Transaction ID : SA11AI.7901**

Amount of Each Receipt this Period  
51.00

**B. William McCool**  
Full Name (Last, First, Middle Initial)

Mailing Address 6 Harvard Rd.

City State Zip Code  
Havertown PA 19083-3613

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

Name of Employer Occupation  
University of Pennsylvania CNM

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
06 / 01 / 2013  
**Transaction ID : SA11AI.7563**

Amount of Each Receipt this Period  
550.00

**C. William McCool**  
Full Name (Last, First, Middle Initial)

Mailing Address 6 Harvard Rd.

City State Zip Code  
Havertown PA 19083-3613

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

Name of Employer Occupation  
University of Pennsylvania CNM

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
665.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
06 / 01 / 2013  
**Transaction ID : SA11AI.7564**

Amount of Each Receipt this Period  
65.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 666.00

**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.7901

|

Form/Schedule: SA11AI  
Transaction ID: SA11AI.7563

|

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.7564

|

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 183 OF 363  
(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. William McCool**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6 Harvard Rd.  
 City Havertown State PA Zip Code 19083-3613  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University of Pennsylvania Occupation CNM  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 702.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 01 / 2013  
**Transaction ID : SA11AI.7565**  
 Amount of Each Receipt this Period  
 37.00

**B. William McCool**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6 Harvard Rd.  
 City Havertown State PA Zip Code 19083-3613  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University of Pennsylvania Occupation CNM  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 768.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 01 / 2013  
**Transaction ID : SA11AI.7566**  
 Amount of Each Receipt this Period  
 66.00

**C. Alison R McDonald**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 499 Fort Washington Ave Apt 5C  
 City New York State NY Zip Code 10033-4679  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Columbia University Occupation SNM  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 01 / 2013  
**Transaction ID : SA11AI.7689**  
 Amount of Each Receipt this Period  
 5.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 108.00  
**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.7565

|

Form/Schedule: SA11AI  
Transaction ID: SA11AI.7566

|

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

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

FOR LINE NUMBER: PAGE 185 OF 363  
(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. Kelly McKittrick**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 910 N Balsam St  
 City Boise State ID Zip Code 83706  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Treasure Valley Midwives 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  
 06 / 01 / 2013  
**Transaction ID : SA11Al.7567**  
 Amount of Each Receipt this Period  
 85.00

**B. Kelly McKittrick**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 910 N Balsam St  
 City Boise State ID Zip Code 83706  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Treasure Valley Midwives CNM  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 195.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 01 / 2013  
**Transaction ID : SA11Al.7568**  
 Amount of Each Receipt this Period  
 60.00

**C. Kelly McKittrick**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 910 N Balsam St  
 City Boise State ID Zip Code 83706  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Treasure Valley Midwives CNM  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 251.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 01 / 2013  
**Transaction ID : SA11Al.7569**  
 Amount of Each Receipt this Period  
 56.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 201.00  
**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.7567

|

Form/Schedule: SA11AI  
Transaction ID: SA11AI.7568

|

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.7569

|

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 188 OF 363  
(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. Kathleen Menasche**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 102 Lantana Dr.  
 City Georgetown State TX Zip Code 78633-4845  
 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 ▼ 200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 01 / 2013  
**Transaction ID : SA11AI.7478**  
 Amount of Each Receipt this Period  
 150.00

**B. Kathleen Menasche**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 102 Lantana Dr.  
 City Georgetown State TX Zip Code 78633-4845  
 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 ▼ 340.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 01 / 2013  
**Transaction ID : SA11AI.7570**  
 Amount of Each Receipt this Period  
 140.00

**C. Kathleen Menasche**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 102 Lantana Dr.  
 City Georgetown State TX Zip Code 78633-4845  
 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 ▼ 390.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 01 / 2013  
**Transaction ID : SA11AI.7571**  
 Amount of Each Receipt this Period  
 50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 340.00  
**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.7478

|

Form/Schedule: SA11AI  
Transaction ID: SA11AI.7570

|

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.7571

|

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 191 OF 363
	<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) <b>A. Judith Mercer</b>		Date of Receipt MM / DD / YYYY 06 / 01 / 2013 <b>Transaction ID : SA11AI.7661</b>
Mailing Address 76 Woodbury Road		Amount of Each Receipt this Period 50.00
City Cranston	State RI	
Zip Code 02905		Aggregate Year-to-Date ▼ 50.00
FEC ID number of contributing federal political committee. C		
Name of Employer University of Rhode Island	Occupation CNM Scientist	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. Gretchen G Mettler</b>		Date of Receipt MM / DD / YYYY 06 / 01 / 2013 <b>Transaction ID : SA11AI.7490</b>
Mailing Address 1020 Yellowstone Road		Amount of Each Receipt this Period 50.00
City Cleveland	State OH	
Zip Code 44121-1423		Aggregate Year-to-Date ▼ 50.00
FEC ID number of contributing federal political committee. C		
Name of Employer UHMG and Case Western Reserve Univ.	Occupation CNM	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. Jeanne Meurer</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2013 <b>Transaction ID : SA11AI.7959</b>
Mailing Address 3393 McKelvey Road		Amount of Each Receipt this Period 25.00
City Bridgeton	State MO	
Zip Code 63044		Aggregate Year-to-Date ▼ 25.00
FEC ID number of contributing federal political committee. C		
Name of Employer Retired	Occupation Retired	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	125.00
<b>TOTAL</b> 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.7661

|

Form/Schedule: SA11AI  
Transaction ID: SA11AI.7490

|

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.7959

|

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 194 OF 363
	<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) <b>A. Yolanda Anne Meza</b>			Date of Receipt
Mailing Address 8311 Pioneer Drive			<input type="text" value="06"/> / <input type="text" value="01"/> / <input type="text" value="2013"/>
City	State	Zip Code	<b>Transaction ID : SA11Al.7645</b>
Anchorage	AK	99504-4714	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="137.00"/>
Name of Employer	Occupation		
Southcentral Foundation	CNM		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="137.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Yolanda Anne Meza</b>			Date of Receipt
Mailing Address 8311 Pioneer Drive			<input type="text" value="06"/> / <input type="text" value="01"/> / <input type="text" value="2013"/>
City	State	Zip Code	<b>Transaction ID : SA11Al.7646</b>
Anchorage	AK	99504-4714	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="13.00"/>
Name of Employer	Occupation		
Southcentral Foundation	CNM		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="150.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Yolanda Anne Meza</b>			Date of Receipt
Mailing Address 8311 Pioneer Drive			<input type="text" value="06"/> / <input type="text" value="01"/> / <input type="text" value="2013"/>
City	State	Zip Code	<b>Transaction ID : SA11Al.7647</b>
Anchorage	AK	99504-4714	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="53.00"/>
Name of Employer	Occupation		
Southcentral Foundation	CNM		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="203.00"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="203.00"/>
<b>TOTAL</b> 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.7645

|

Form/Schedule: SA11AI

Transaction ID: SA11AI.7646

|

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.7647

|

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 197 OF 363  
(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 W Mielcarski**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6100 Wolfeboro Road  
 City Jamesville State NY Zip Code 13078-9304  
 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  
 06 / 01 / 2013  
**Transaction ID : SA11AI.7687**  
 Amount of Each Receipt this Period  
 50.00

**B. Laura D Migliaccio**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address MSCIO 5580 IUNM  
 City Albuquerque State NM Zip Code 87131  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Univ. Midwifery Associates Occupation CNM  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 36.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2013  
**Transaction ID : SA11AI.7945**  
 Amount of Each Receipt this Period  
 36.00

**C. Mary Kay Miller**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1956 King Arthurs Ct  
 City Winter Park State FL Zip Code 32792-1840  
 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  
 06 / 01 / 2013  
**Transaction ID : SA11AI.7572**  
 Amount of Each Receipt this Period  
 50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 136.00  
**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.7687

|

Form/Schedule: SA11AI  
Transaction ID: SA11AI.7945

|

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.7572

|

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 200 OF 363
	<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. Mary Kay Miller**  
Full Name (Last, First, Middle Initial)

Mailing Address 1956 King Arthurs Ct

City Winter Park State FL Zip Code 32792-1840

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 ▼ **175.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 01 / 2013**

**Transaction ID : SA11AI.7573**

Amount of Each Receipt this Period  
**125.00**

**B. 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 ▼ **45.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 01 / 2013**

**Transaction ID : SA11AI.7628**

Amount of Each Receipt this Period  
**45.00**

**C. Lonnie C Morris**  
Full Name (Last, First, Middle Initial)

Mailing Address 4 Roberts Ct.

City Tenafly State NJ Zip Code 07670-2001

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 ▼ **60.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 01 / 2013**

**Transaction ID : SA11AI.7574**

Amount of Each Receipt this Period  
**60.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>230.00</b>
<b>TOTAL</b> 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.7573

|

Form/Schedule: SA11AI  
Transaction ID: SA11AI.7628

|

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.7574

|

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 203 OF 363  
(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. Lonnie C Morris**

Mailing Address 4 Roberts Ct.

City Tenafly State NJ Zip Code 07670-2001

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  
 M M / D D / Y Y Y Y Y Y  
 06 / 01 / 2013  
**Transaction ID : SA11Al.7575**

Amount of Each Receipt this Period  
**150.00**

Full Name (Last, First, Middle Initial)  
**B. Lonnie C Morris**

Mailing Address 4 Roberts Ct.

City Tenafly State NJ Zip Code 07670-2001

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 ▼ **1110.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 01 / 2013  
**Transaction ID : SA11Al.7576**

Amount of Each Receipt this Period  
**900.00**

Full Name (Last, First, Middle Initial)  
**C. Lonnie C Morris**

Mailing Address 4 Roberts Ct.

City Tenafly State NJ Zip Code 07670-2001

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 ▼ **1510.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 01 / 2013  
**Transaction ID : SA11Al.7577**

Amount of Each Receipt this Period  
**400.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **1450.00**

**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.7575

|

Form/Schedule: SA11AI  
Transaction ID: SA11AI.7576

|

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.7577

|

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 206 OF 363
	<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. Lonnie C Morris**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4 Roberts Ct.  
 City Tenafly State NJ Zip Code 07670-2001  
 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 ▼ 3310.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2013  
**Transaction ID : SA11AI.7951**  
 Amount of Each Receipt this Period  
 1800.00

**B. Heather Murphy**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 316 S 12th Ave  
 City Hattiesburg State MS Zip Code 39401  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Alivio Medical Center 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  
 06 / 01 / 2013  
**Transaction ID : SA11AI.7681**  
 Amount of Each Receipt this Period  
 50.00

**C. Lucie Neiman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9 Altmont Ct  
 City Durham State NC Zip Code 27705-5478  
 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 ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 01 / 2013  
**Transaction ID : SA11AI.7488**  
 Amount of Each Receipt this Period  
 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2350.00
<b>TOTAL</b> 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.7951

|

Form/Schedule: SA11AI  
Transaction ID: SA11AI.7681

|

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.7488

|

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 209 OF 363
	<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. Cara E. Nogare**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 30 Magaw Pl Apt 2E  
 City New York State NY Zip Code 10033  
 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 ▼ 20.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 19 / 2013  
**Transaction ID : SA11Al.7499**  
 Amount of Each Receipt this Period  
 20.00

**B. 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:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 100.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 01 / 2013  
**Transaction ID : SA11Al.7467**  
 Amount of Each Receipt this Period  
 100.00

**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:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 150.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 01 / 2013  
**Transaction ID : SA11Al.7609**  
 Amount of Each Receipt this Period  
 50.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	170.00
<b>TOTAL</b> 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.7499

|

Form/Schedule: SA11AI

Transaction ID: SA11AI.7467

|

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.7609

|

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.7948

|

Form/Schedule: SA11AI  
Transaction ID: SA11AI.7636

|

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.7615

|

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 215 OF 363  
(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. Jennifer E Oxley**

Mailing Address 1100 Walter Clark Dr

City Hillsborough      State NC      Zip Code 27278-8764

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  
06 / 01 / 2013  
**Transaction ID : SA11AI.7616**

Amount of Each Receipt this Period  
33.00

Full Name (Last, First, Middle Initial)  
**B. Katie Page**

Mailing Address 225 Coffee Rd.  
Apt. 10

City Lynchburg      State VA      Zip Code 24503

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 ▼  
100.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
06 / 01 / 2013  
**Transaction ID : SA11AI.7641**

Amount of Each Receipt this Period  
100.00

Full Name (Last, First, Middle Initial)  
**C. Deborah Paley**

Mailing Address 115 Montague St  
Apt 7A

City Brooklyn      State NY      Zip Code 11201-3443

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

Name of Employer Woodhull Medical Center      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  
06 / 01 / 2013  
**Transaction ID : SA11AI.7473**

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 233.00

**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.7616

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Form/Schedule: SA11AI

Transaction ID: SA11AI.7641

|

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.7473

|

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 218 OF 363  
(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. Heather Palmer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 231911  
 City Anchorage State AK Zip Code 99523  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Southcentral Foundation 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  
 06 / 01 / 2013  
**Transaction ID : SA11AI.7684**  
 Amount of Each Receipt this Period  
 50.00

**B. Karen Perdion**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 836 W Pennsylvania Avenue Apt. 117  
 City San Diego State CA Zip Code 92103-3856  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Univ. of CA, San Diego Occupation CNM  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 878.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 01 / 2013  
**Transaction ID : SA11AI.7578**  
 Amount of Each Receipt this Period  
 878.00

**C. Karen Perdion**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 836 W Pennsylvania Avenue Apt. 117  
 City San Diego State CA Zip Code 92103-3856  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Univ. of CA, San Diego Occupation CNM  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1008.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 01 / 2013  
**Transaction ID : SA11AI.7579**  
 Amount of Each Receipt this Period  
 130.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1058.00  
**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.7684

|

Form/Schedule: SA11AI  
Transaction ID: SA11AI.7578

|

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.7579

|

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 221 OF 363  
(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. Dana B Perlman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 723 Arden Road  
 City Jenkintown State PA Zip Code 19046  
 Date of Receipt: 06 / 01 / 2013  
**Transaction ID : SA11AI.7580**  
 Amount of Each Receipt this Period: 231.00  
 FEC ID number of contributing federal political committee: C  
 Name of Employer Philadelphia University Occupation CNM  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date: 356.00

**B. Dana B Perlman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 723 Arden Road  
 City Jenkintown State PA Zip Code 19046  
 Date of Receipt: 06 / 01 / 2013  
**Transaction ID : SA11AI.7581**  
 Amount of Each Receipt this Period: 34.00  
 FEC ID number of contributing federal political committee: C  
 Name of Employer Philadelphia University Occupation CNM  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date: 390.00

**C. Dana B Perlman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 723 Arden Road  
 City Jenkintown State PA Zip Code 19046  
 Date of Receipt: 06 / 01 / 2013  
**Transaction ID : SA11AI.7582**  
 Amount of Each Receipt this Period: 60.00  
 FEC ID number of contributing federal political committee: C  
 Name of Employer Philadelphia University Occupation CNM  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date: 450.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 325.00  
**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.7580

|

Form/Schedule: SA11AI  
Transaction ID: SA11AI.7581

|

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.7582

|

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 224 OF 363  
(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. Dana B Perlman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 723 Arden Road  
 City Jenkintown State PA Zip Code 19046  
 Date of Receipt: 06 / 01 / 2013  
**Transaction ID : SA11AI.7583**  
 Amount of Each Receipt this Period: 14.00  
 FEC ID number of contributing federal political committee: C  
 Name of Employer Philadelphia University Occupation CNM  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date: 464.00

**B. Dana B Perlman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 723 Arden Road  
 City Jenkintown State PA Zip Code 19046  
 Date of Receipt: 06 / 01 / 2013  
**Transaction ID : SA11AI.7584**  
 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:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date: 479.00

**C. Dana B Perlman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 723 Arden Road  
 City Jenkintown State PA Zip Code 19046  
 Date of Receipt: 06 / 01 / 2013  
**Transaction ID : SA11AI.7585**  
 Amount of Each Receipt this Period: 78.00  
 FEC ID number of contributing federal political committee: C  
 Name of Employer Philadelphia University Occupation CNM  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date: 557.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 107.00  
**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.7583

|

Form/Schedule: SA11AI  
Transaction ID: SA11AI.7584

|

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.7585

|

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 227 OF 363
	<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) <b>A. Julia Cain Phillippi</b>			Date of Receipt
Mailing Address 9207 Shawnee Tri			<input type="text" value="06"/> / <input type="text" value="01"/> / <input type="text" value="2013"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.7471</b>
Brentwood	TN	37027-7429	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="40.00"/>
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="40.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Melanie Phipps-Morgan</b>			Date of Receipt
Mailing Address 7455 Miramar Ave			<input type="text" value="06"/> / <input type="text" value="01"/> / <input type="text" value="2013"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.7618</b>
La Jolla	CA	92037-5250	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="150.00"/>
Name of Employer	Occupation		
Univ. of New Mexico	CNM		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="150.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Jenifer Poell</b>			Date of Receipt
Mailing Address 849 N Damen Ave Apt 3			<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.7921</b>
Chicago	IL	60622	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="35.00"/>
Name of Employer	Occupation		
Alivio Medical Center	CNM WNHP-BC		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="85.00"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="225.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Form/Schedule: SA11AI  
Transaction ID : SA11AI.7471

|

Form/Schedule: SA11AI  
Transaction ID: SA11AI.7618

|

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.7921

|

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 230 OF 363
	<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) <b>A. Jennifer Poell</b>		Date of Receipt
Mailing Address 849 N Damen Ave Apt 304		M M M / D D D / Y Y Y Y Y Y 06 / 01 / 2013
City Chicago	State IL	Zip Code 60622-7205
FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID : SA11AI.7586</b>
Name of Employer N/A		Amount of Each Receipt this Period
Occupation CNM		55.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
		55.00

Full Name (Last, First, Middle Initial) <b>B. Amy Ramano</b>		Date of Receipt
Mailing Address 67 Hauser St.		M M M / D D D / Y Y Y Y Y Y 06 / 30 / 2013
City Milford	State CT	Zip Code 06460
FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID : SA11AI.7935</b>
Name of Employer N/A		Amount of Each Receipt this Period
Occupation CNM		35.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
		35.00

Full Name (Last, First, Middle Initial) <b>C. Amy Ramano</b>		Date of Receipt
Mailing Address 67 Hauser St.		M M M / D D D / Y Y Y Y Y Y 06 / 30 / 2013
City Milford	State CT	Zip Code 06460
FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID : SA11AI.7936</b>
Name of Employer N/A		Amount of Each Receipt this Period
Occupation CNM		46.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
		81.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	136.00
<b>TOTAL</b> 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.7586

|

Form/Schedule: SA11AI  
Transaction ID: SA11AI.7935

|

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.7936

|

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 233 OF 363  
(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 Pavuk Recker**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12602 Maple Ave.  
 City Blue Island State IL Zip Code 60406  
 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 ▼ 25.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2013  
**Transaction ID : SA11AI.7903**  
 Amount of Each Receipt this Period  
 25.00

**B. Marilyn K Rhodes**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 526 Seminole Place  
 City Montgomery State AL Zip Code 36117-3930  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Auburn University at Montgomery Occupation Assistant Professor  
 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  
 06 / 01 / 2013  
**Transaction ID : SA11AI.7625**  
 Amount of Each Receipt this Period  
 100.00

**C. Marilyn K Rhodes**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 526 Seminole Place  
 City Montgomery State AL Zip Code 36117-3930  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Auburn University at Montgomery Occupation Assistant Professor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 01 / 2013  
**Transaction ID : SA11AI.7626**  
 Amount of Each Receipt this Period  
 400.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 525.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Form/Schedule: SA11AI  
Transaction ID : SA11AI.7903

|

Form/Schedule: SA11AI  
Transaction ID: SA11AI.7625

|

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.7626

|

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 236 OF 363  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     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. Kristin Ricci**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 55 Westminster Ave # 3  
 City Portland State ME Zip Code 04103  
 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 / D D / Y Y Y Y Y Y  
 06 / 01 / 2013  
**Transaction ID : SA11AI.7494**  
 Amount of Each Receipt this Period  
 15.00

**B. Kristin Ricci**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 55 Westminster Ave # 3  
 City Portland State ME Zip Code 04103  
 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 ▼ 65.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 01 / 2013  
**Transaction ID : SA11AI.7683**  
 Amount of Each Receipt this Period  
 50.00

**C. Anne M Richter**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1422 Arrowhead Cir. W.  
 City Clearwater State FL Zip Code 33759-2556  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MPH Occupation CNM  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 01 / 2013  
**Transaction ID : SA11AI.7587**  
 Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 565.00  
**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.7494

|

Form/Schedule: SA11AI  
Transaction ID: SA11AI.7683

|

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.7587

|

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 239 OF 363
	<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. Linda J Robinson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 45 Pine Health Road  
 City Bar Harbor State ME Zip Code 04609  
 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 ▼ 16.95

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2013  
**Transaction ID : SA11AI.7928**  
 Amount of Each Receipt this Period  
 16.95

**B. Linda J Robinson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 45 Pine Health Road  
 City Bar Harbor State ME Zip Code 04609  
 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 ▼ 33.90

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2013  
**Transaction ID : SA11AI.7956**  
 Amount of Each Receipt this Period  
 16.95

**C. Amy Romano**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 67 Hauset Street  
 City Milford State CT Zip Code 06460  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Childbirth Connection Occupation CNM  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 140.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 01 / 2013  
**Transaction ID : SA11AI.7627**  
 Amount of Each Receipt this Period  
 140.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 173.90  
**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.7928

|

Form/Schedule: SA11AI  
Transaction ID: SA11AI.7956

|

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.7627

|

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 242 OF 363
	<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. Lynneece M. Rooney**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1430 Spellers Lane  
 City Houston State TX Zip Code 77043-4137  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MemorialSpringBranchMidwifery 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  
 06 / 01 / 2013  
**Transaction ID : SA11AI.7588**  
 Amount of Each Receipt this Period  
 100.00

**B. Mairi Breen Rothman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7301 Garland Ave  
 City Takoma Park State MD Zip Code 20912-6417  
 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  
 06 / 01 / 2013  
**Transaction ID : SA11AI.7677**  
 Amount of Each Receipt this Period  
 50.00

**C. Mairi Breen Rothman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7301 Garland Ave  
 City Takoma Park State MD Zip Code 20912-6417  
 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 ▼ 76.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 19 / 2013  
**Transaction ID : SA11AI.7500**  
 Amount of Each Receipt this Period  
 26.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	176.00
<b>TOTAL</b> 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.7588

|

Form/Schedule: SA11AI  
Transaction ID: SA11AI.7677

|

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.7500

|

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 245 OF 363  
(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. Mairi Breen Rothman**

Mailing Address 7301 Garland Ave

City Takoma Park      State MD      Zip Code 20912-6417

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 ▼  
 107.00

Date of Receipt  
 06 / 19 / 2013  
**Transaction ID : SA11Al.7501**

Amount of Each Receipt this Period  
 31.00

Full Name (Last, First, Middle Initial)  
**B. Kathryn Rowan**

Mailing Address 225 Waldon St  
 Apt 5J

City Cambridge      State MA      Zip Code 02140-3517

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 ▼  
 25.00

Date of Receipt  
 06 / 01 / 2013  
**Transaction ID : SA11Al.7632**

Amount of Each Receipt this Period  
 25.00

Full Name (Last, First, Middle Initial)  
**C. Kathryn Rowan**

Mailing Address 225 Waldon St  
 Apt 5J

City Cambridge      State MA      Zip Code 02140-3517

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 ▼  
 40.00

Date of Receipt  
 06 / 01 / 2013  
**Transaction ID : SA11Al.7680**

Amount of Each Receipt this Period  
 15.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 71.00

**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.7501

|

Form/Schedule: SA11AI  
Transaction ID: SA11AI.7632

|

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

Form/Schedule: SA11AI  
Transaction ID : SA11AI.7680

|

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 248 OF 363
	<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) <b>A. Catherine M Salam</b>		Date of Receipt
Mailing Address 1293 Swan Dr		<input type="text" value="06"/> / <input type="text" value="01"/> / <input type="text" value="2013"/>
City	State	Zip Code
Annapolis	MD	21409-4920
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.7671</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
N/A	CNM	<input type="text" value="25.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="25.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Erin Schleicher</b>		Date of Receipt
Mailing Address 2325 Brynmahr Dr.		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City	State	Zip Code
Tallahassee	FL	32303
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.7900</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Azalea Women's Healthcare	CNM	<input type="text" value="90.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="90.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Tisha Seghers</b>		Date of Receipt
Mailing Address 3309 Tartan Dr		<input type="text" value="06"/> / <input type="text" value="01"/> / <input type="text" value="2013"/>
City	State	Zip Code
Metairie	LA	70003
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.7503</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
		<input type="text" value="63.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="78.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="178.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Form/Schedule: SA11AI  
Transaction ID : SA11AI.7671

|

Form/Schedule: SA11AI  
Transaction ID: SA11AI.7900

|

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.7503

|

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 251 OF 363
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) <b>A. Amanda Shafton</b>		Date of Receipt M M / D D / Y Y Y Y Y 06 / 01 / 2013 <b>Transaction ID : SA11AI.7504</b>
Mailing Address 8954 Sunstone Ln		Amount of Each Receipt this Period 25.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 25.00	

Full Name (Last, First, Middle Initial) <b>B. Jane A Silver</b>		Date of Receipt M M / D D / Y Y Y Y Y 06 / 01 / 2013 <b>Transaction ID : SA11AI.7493</b>
Mailing Address 7 N Ash St		Amount of Each Receipt this Period 10.00
City Spokane	State WA	Zip Code 99201-1301
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 ▼ 10.00	

Full Name (Last, First, Middle Initial) <b>C. Suzanne Smith</b>		Date of Receipt M M / D D / Y Y Y Y Y 06 / 01 / 2013 <b>Transaction ID : SA11AI.7482</b>
Mailing Address 35 Prospect Pk West Apt 15 E		Amount of Each Receipt this Period 50.00
City Brooklyn	State NY	Zip Code 11215
FEC ID number of contributing federal political committee. C		
Name of Employer N/A	Occupation CNM, Former BOD Member	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 50.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	85.00
<b>TOTAL</b> 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.7504

|

Form/Schedule: SA11AI  
Transaction ID: SA11AI.7493

|

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.7482

|

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 254 OF 363  
(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. Annie Sorensen**

Mailing Address 1312 Boscobel

City Nashville State TN Zip Code 37206

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

Name of Employer Wine Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **27.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 30 / 2013**

**Transaction ID : SA11AI.7897**

Amount of Each Receipt this Period  
**27.00**

Full Name (Last, First, Middle Initial)  
**B. Kaitlin Spangler**

Mailing Address 2703 Acklen Ave Unit A

City Nashville State TN Zip Code 37212-3303

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 ▼ **20.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 19 / 2013**

**Transaction ID : SA11AI.7495**

Amount of Each Receipt this Period  
**20.00**

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

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 ▼ **40.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 01 / 2013**

**Transaction ID : SA11AI.7590**

Amount of Each Receipt this Period  
**40.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **87.00**

**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.7897

|

Form/Schedule: SA11AI  
Transaction ID: SA11AI.7495

|

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

Form/Schedule: SA11AI  
Transaction ID : SA11AI.7590

|

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 257 OF 363  
(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. 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 ▼ 58.00

Date of Receipt  
06 / 01 / 2013  
Transaction ID : SA11AI.7591

Amount of Each Receipt this Period  
18.00

**B. Elizabeth B. Stevens**  
Full Name (Last, First, Middle Initial)

Mailing Address 256 Bay St.

City Springfield State MA Zip Code 01109

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

Name of Employer Providence Prenatal Co Occupation CNM

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
06 / 01 / 2013  
Transaction ID : SA11AI.7592

Amount of Each Receipt this Period  
315.00

**C. Cindy Stippich**  
Full Name (Last, First, Middle Initial)

Mailing Address 8 State Road 33

City Juneau State WI Zip Code 53039

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 ▼ 200.00

Date of Receipt  
06 / 01 / 2013  
Transaction ID : SA11AI.7477

Amount of Each Receipt this Period  
200.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 533.00

**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.7591

|

Form/Schedule: SA11AI  
Transaction ID: SA11AI.7592

|

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.7477

|

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 260 OF 363
	<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. Susan Stone**  
Full Name (Last, First, Middle Initial)

Mailing Address 2550 Rogers Avenue

City Fort Worth State TX Zip Code 76109

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

Name of Employer UNT Health Occupation Nurse Practitioner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 30 / 2013**

**Transaction ID : SA11AI.7902**

Amount of Each Receipt this Period  
**25.00**

**B. Amanda Strauss**  
Full Name (Last, First, Middle Initial)

Mailing Address 29 Nicoll St

City New Haven State CT Zip Code 06511-2619

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  
**06 / 01 / 2013**

**Transaction ID : SA11AI.7630**

Amount of Each Receipt this Period  
**40.00**

**C. Lisa Summers**  
Full Name (Last, First, Middle Initial)

Mailing Address 1220 Noyes Dr.

City Silver Spring State MD Zip Code 20910

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

Name of Employer FACNM Occupation CNM

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **125.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 01 / 2013**

**Transaction ID : SA11AI.7593**

Amount of Each Receipt this Period  
**75.00**

**SUBTOTAL** of Receipts This Page (optional)..... **140.00**

**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.7902

|

Form/Schedule: SA11AI  
Transaction ID: SA11AI.7630

|

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.7593

|

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 263 OF 363  
(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. Lisa Summers**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1220 Noyes Dr.  
 City Silver Spring State MD Zip Code 20910  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer FACNM Occupation CNM  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 01 / 2013  
**Transaction ID : SA11AI.7594**  
 Amount of Each Receipt this Period  
 240.00

**B. Lisa Summers**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1220 Noyes Dr.  
 City Silver Spring State MD Zip Code 20910  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer FACNM Occupation CNM  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 415.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 01 / 2013  
**Transaction ID : SA11AI.7595**  
 Amount of Each Receipt this Period  
 50.00

**C. Lisa Summers**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1220 Noyes Dr.  
 City Silver Spring State MD Zip Code 20910  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer FACNM Occupation CNM  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 765.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 01 / 2013  
**Transaction ID : SA11AI.7596**  
 Amount of Each Receipt this Period  
 350.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 640.00  
**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.7594

|

Form/Schedule: SA11AI  
Transaction ID: SA11AI.7595

|

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.7596

|

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 266 OF 363  
(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. Lisa Summers**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1220 Noyes Dr.  
 City Silver Spring State MD Zip Code 20910  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer FACNM Occupation CNM  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1565.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 01 / 2013  
**Transaction ID : SA11AI.7597**  
 Amount of Each Receipt this Period  
 800.00

**B. Lisa Summers**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1220 Noyes Dr.  
 City Silver Spring State MD Zip Code 20910  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer FACNM Occupation CNM  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1640.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 01 / 2013  
**Transaction ID : SA11AI.7598**  
 Amount of Each Receipt this Period  
 75.00

**C. Stacey Sutchwell**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2461 Hillbrooke PKWY  
 City Owensboro State KY Zip Code 42303  
 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 ▼ 25.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2013  
**Transaction ID : SA11AI.7918**  
 Amount of Each Receipt this Period  
 25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 900.00  
**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.7597

|

Form/Schedule: SA11AI  
Transaction ID: SA11AI.7598

|

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.7918

|

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 269 OF 363  
(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. Heather Suzette Swanson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 257 22 Rd  
 City Wilcox State NE Zip Code 68982  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer IBCLC Occupation CNM  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 01 / 2013  
**Transaction ID : SA11AI.7658**  
 Amount of Each Receipt this Period  
 200.00

**B. Alice Bannon Taylor**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 27880 Highway 101  
 City Gold Beach State OR Zip Code 97444  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Curry Health Network Occupation CNM  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 83.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 01 / 2013  
**Transaction ID : SA11AI.7600**  
 Amount of Each Receipt this Period  
 33.00

**C. Alice Bannon Taylor**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 27880 Highway 101  
 City Gold Beach State OR Zip Code 97444  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Curry Health Network Occupation CNM  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 173.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 01 / 2013  
**Transaction ID : SA11AI.7601**  
 Amount of Each Receipt this Period  
 90.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 323.00  
**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.7658

|

Form/Schedule: SA11AI  
Transaction ID: SA11AI.7600

|

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.7601

|

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 272 OF 363
	<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. Alice Bannon Taylor**  
Full Name (Last, First, Middle Initial)

Mailing Address 27880 Highway 101

City Gold Beach State OR Zip Code 97444

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

Name of Employer Curry Health Network 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  
 06 / 01 / 2013  
**Transaction ID : SA11AI.7602**

Amount of Each Receipt this Period  
 42.00

**B. Jennifer E Taylor**  
Full Name (Last, First, Middle Initial)

Mailing Address 6533 35th Ave NE Unit B

City Seattle State WA Zip Code 98115-7331

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 ▼ 25.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 01 / 2013  
**Transaction ID : SA11AI.7624**

Amount of Each Receipt this Period  
 25.00

**C. Joanne Tennyson**  
Full Name (Last, First, Middle Initial)

Mailing Address 477 Dickinson St.

City Memphis State TN Zip Code 38112

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 ▼ 70.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2013  
**Transaction ID : SA11AI.7904**

Amount of Each Receipt this Period  
 70.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 137.00

**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.7602

|

Form/Schedule: SA11AI  
Transaction ID: SA11AI.7624

|

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.7904

|

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 275 OF 363
	<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) <b>A. Donna Thomson</b>		Date of Receipt
Mailing Address 474 NW Fetterbush Way		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City	State	Zip Code
Jensen Beach	FL	34957
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
N/A	CNM	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="25.00"/>	
		Amount of Each Receipt this Period
		<input type="text" value="25.00"/>
		Transaction ID : SA11AI.7906

Full Name (Last, First, Middle Initial) <b>B. Stephanie N Tillman</b>		Date of Receipt
Mailing Address 1070 W 15th St Unit 153		<input type="text" value="06"/> / <input type="text" value="01"/> / <input type="text" value="2013"/>
City	State	Zip Code
Chicago	IL	60608-1872
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Yale Univ. School of Nursing	SNM	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="25.00"/>	
		Amount of Each Receipt this Period
		<input type="text" value="25.00"/>
		Transaction ID : SA11AI.7631

Full Name (Last, First, Middle Initial) <b>C. Stephanie N Tillman</b>		Date of Receipt
Mailing Address 1070 W 15th St Unit 153		<input type="text" value="06"/> / <input type="text" value="01"/> / <input type="text" value="2013"/>
City	State	Zip Code
Chicago	IL	60608-1872
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Yale Univ. School of Nursing	SNM	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="40.00"/>	
		Amount of Each Receipt this Period
		<input type="text" value="15.00"/>
		Transaction ID : SA11AI.7678

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="65.00"/>
<b>TOTAL</b> 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.7906

|

Form/Schedule: SA11AI  
Transaction ID: SA11AI.7631

|

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.7678

|

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.7634

|

Form/Schedule: SA11AI  
Transaction ID: SA11AI.7686

|

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.7666

|

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 281 OF 363  
(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. Leona Vandevusse**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4371 S Lake Drive  
 City Cudahy State WI Zip Code 53110-1241  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Marquette University Occupation CNM  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 100.00

Date of Receipt 06 / 19 / 2013  
**Transaction ID : SA11AI.7496**  
 Amount of Each Receipt this Period 50.00

**B. Diana S VanKirk**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12100 Euclid St  
 City Garden Grove State CA Zip Code 92840-3304  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kaiser Permanente Occupation CNM  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 20.00

Date of Receipt 06 / 01 / 2013  
**Transaction ID : SA11AI.7464**  
 Amount of Each Receipt this Period 20.00

**C. Susana Vega**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10124 Brandon Way  
 City Manassas State VA Zip Code 20109  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Johns Hopkins Occupation RN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 40.00

Date of Receipt 06 / 01 / 2013  
**Transaction ID : SA11AI.7673**  
 Amount of Each Receipt this Period 40.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 110.00  
**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.7496

|

Form/Schedule: SA11AI  
Transaction ID: SA11AI.7464

|

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.7673

|

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 284 OF 363 (check only one)
<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**

Full Name (Last, First, Middle Initial) <b>A. Cynthia Wade</b>			Date of Receipt MM / DD / YYYY 06 / 30 / 2013 <b>Transaction ID : SA11AI.7942</b>		
Mailing Address 9335 Rhythm Ln			Amount of Each Receipt this Period 1515.00		
City Houston	State TX	Zip Code 77040-2589			
FEC ID number of contributing federal political committee. C					
Name of Employer Baylor College of Medicine		Occupation CNM			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2065.00			

Full Name (Last, First, Middle Initial) <b>B. Deborah S Walker</b>			Date of Receipt MM / DD / YYYY 06 / 01 / 2013 <b>Transaction ID : SA11AI.7665</b>		
Mailing Address 6180 1st Rd.			Amount of Each Receipt this Period 100.00		
City Superior Township	State MI	Zip Code 48198-9647			
FEC ID number of contributing federal political committee. C					
Name of Employer Wayne State Univ. College of Nursing		Occupation CNM			
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) <b>C. Tina Williams</b>			Date of Receipt MM / DD / YYYY 06 / 01 / 2013 <b>Transaction ID : SA11AI.7466</b>		
Mailing Address 901 Custer Ave. SE			Amount of Each Receipt this Period 5.00		
City Atlanta	State GA	Zip Code 30316			
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 ▼ 5.00			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1620.00
<b>TOTAL</b> 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.7942

|

Form/Schedule: SA11AI  
Transaction ID: SA11AI.7665

|

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.7466

|

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 287 OF 363  
(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. Missy Willmarth**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7011 Glen Arbor Dr.  
 City State Zip Code  
 Florence KY 41042  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 N/A CNM/ DNP  
 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  
 06 / 30 / 2013  
**Transaction ID : SA11AI.7919**  
 Amount of Each Receipt this Period  
 25.00

**B. Kelli Wilson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2337 Bliss Cir  
 City State Zip Code  
 Oceanside CA 92056  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 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  
 06 / 01 / 2013  
**Transaction ID : SA11AI.7603**  
 Amount of Each Receipt this Period  
 60.00

**C. Angela Wilson-Liverman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7964 Hooten Hows Rd.  
 City State Zip Code  
 Nashville TN 37221  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Vanderbilt Center for Women's Health CNM/ FACNM  
 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  
 06 / 01 / 2013  
**Transaction ID : SA11AI.7605**  
 Amount of Each Receipt this Period  
 40.00

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

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

Form/Schedule: SA11AI  
Transaction ID : SA11AI.7919

|

Form/Schedule: SA11AI  
Transaction ID: SA11AI.7603

|

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.7605

|

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 290 OF 363
	<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. Jerri Lynn Wiker**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 34 Hall Road  
 City Woolwich State ME Zip Code 04579  
 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 ▼ 80.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2013  
**Transaction ID : SA11AI.7927**  
 Amount of Each Receipt this Period  
 80.00

**B. Kendra Wyatt**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9209 W 110th St #36  
 City Overland Park State KS Zip Code 66210-1401  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer N/A Occupation BSIE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 01 / 2013  
**Transaction ID : SA11AI.7475**  
 Amount of Each Receipt this Period  
 500.00

**C. Kendra Wyatt**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9209 W 110th St #36  
 City Overland Park State KS Zip Code 66210-1401  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer N/A Occupation BSIE  
 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  
 06 / 01 / 2013  
**Transaction ID : SA11AI.7604**  
 Amount of Each Receipt this Period  
 70.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	650.00
<b>TOTAL</b> 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.7927

|

Form/Schedule: SA11AI  
Transaction ID: SA11AI.7475

|

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.7604

|

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 293 OF 363
	<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) <b>A. Emily Z Yeast</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 01 / 2013 <b>Transaction ID : SA11AI.7639</b>
Mailing Address 693 Orange St. Apt. 403		Amount of Each Receipt this Period 25.00
City New Haven	State CT	Zip Code 06511-2554
FEC ID number of contributing federal political committee. C		
Name of Employer Yale University	Occupation SNM	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 25.00	

Full Name (Last, First, Middle Initial) <b>B. Amanda H Young</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 01 / 2013 <b>Transaction ID : SA11AI.7672</b>
Mailing Address 7210 Fox Point Dr		Amount of Each Receipt this Period 50.00
City Charlette	State NC	Zip Code 28269-2295
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	

Full Name (Last, First, Middle Initial) <b>C. Susan M Yount</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 01 / 2013 <b>Transaction ID : SA11AI.7491</b>
Mailing Address 2538 N Orchard Ave		Amount of Each Receipt this Period 100.00
City Tuscon	State AZ	Zip Code 85712-1936
FEC ID number of contributing federal political committee. C		
Name of Employer Birth & Women's Health	Occupation CNM	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 100.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	175.00
<b>TOTAL</b> This Period (last page this line number only).....▶	49248.55

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

Form/Schedule: SA11AI  
Transaction ID : SA11AI.7639

|

Form/Schedule: SA11AI  
Transaction ID: SA11AI.7672

|

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.7491

|

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. Kendra M Adkisson**

Mailing Address 111 Wabash Dr.

City Lexington State KY Zip Code 40503-1920

Purpose of Disbursement  
Wine

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 30 / 2013

**Transaction ID : SB21B.7851**

Amount of Each Disbursement this Period

25.00

Full Name (Last, First, Middle Initial)

**B. Melissa D Avery**

Mailing Address 4845 Irving Ave S

City Minneapolis State MN Zip Code 55419-5233

Purpose of Disbursement  
A practical guide edited

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 30 / 2013

**Transaction ID : SB21B.7883**

Amount of Each Disbursement this Period

47.00

Full Name (Last, First, Middle Initial)

**C. 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) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 03 / 2013

**Transaction ID : SB21B.7960**

Amount of Each Disbursement this Period

27.20

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

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

99.20

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

Form/Schedule: SB21B

Transaction ID : SB21B.7851

|

Form/Schedule: SB21B

Transaction ID: SB21B.7883

|

**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. Heather Bradford**

Mailing Address 527 Kirkland Avenue

City State Zip Code  
Kirkland WA 98033-6220

Purpose of Disbursement  
Jewl, bags, stationery, scarves

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 30 / 2013

Transaction ID : **SB21B.7875**

Amount of Each Disbursement this Period

775.40

Full Name (Last, First, Middle Initial)

**B. Ginger Breedlove**

Mailing Address 13608 W 54th St.

City State Zip Code  
Shawnee KS 66216

Purpose of Disbursement  
breakfast, rolling pin framed stamps

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 30 / 2013

Transaction ID : **SB21B.7884**

Amount of Each Disbursement this Period

350.00

Full Name (Last, First, Middle Initial)

**C. Tara Cardinal**

Mailing Address 5147 S Brighton St

City State Zip Code  
Seattle WA 98118

Purpose of Disbursement  
Body Butter and lip balm

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 30 / 2013

Transaction ID : **SB21B.7877**

Amount of Each Disbursement this Period

40.00

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

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

1165.40

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

Form/Schedule: SB21B

Transaction ID : SB21B.7875

|

Form/Schedule: SB21B

Transaction ID: SB21B.7884

|

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

Form/Schedule: SB21B

Transaction ID : SB21B.7877

|

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. Katherine Camacho Carr**

Mailing Address 902 17th Avenue East

City State Zip Code  
Seattle WA 98112-3924

Purpose of Disbursement  
4 bedroom oceanfront home 5 nights

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	30	/	2013

**Transaction ID : SB21B.7892**

Amount of Each Disbursement this Period

1475.00
---------

Full Name (Last, First, Middle Initial)

**B. Choices In Childbirth**

Mailing Address 441 Lexington Ave  
19th FL

City State Zip Code  
New York NY 10017

Purpose of Disbursement  
Book

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	30	/	2013

**Transaction ID : SB21B.7865**

Amount of Each Disbursement this Period

35.29
-------

Full Name (Last, First, Middle Initial)

**C. Anne Cockerham**

Mailing Address 25813 Spring Farm Cr.

City State Zip Code  
Chantilly VA 20152

Purpose of Disbursement  
Book

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	30	/	2013

**Transaction ID : SB21B.7866**

Amount of Each Disbursement this Period

30.00
-------

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

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

1540.29
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: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB21B

Transaction ID : SB21B.7892

|

Form/Schedule: SB21B

Transaction ID: SB21B.7865

|

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

Form/Schedule: SB21B

Transaction ID : SB21B.7866

|

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. Connie Coker**

Mailing Address 150 S. Broadway S.

City State Zip Code  
Nyack NY 10960

Purpose of Disbursement  
4 bottles of wine

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
06		30		2013

**Transaction ID : SB21B.7830**

Amount of Each Disbursement this Period

63.00
-------

Full Name (Last, First, Middle Initial)

**B. Elizabeth Coleman**

Mailing Address 1113 Weldor Ct.

City State Zip Code  
Lexington KY 40515

Purpose of Disbursement  
Wine

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
06		30		2013

**Transaction ID : SB21B.7832**

Amount of Each Disbursement this Period

24.00
-------

Full Name (Last, First, Middle Initial)

**C. Mary Kaye Collirs**

Mailing Address 2089 NW Pine tree way L

City State Zip Code  
Stuart FL 34994

Purpose of Disbursement  
wine

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
06		30		2013

**Transaction ID : SB21B.7841**

Amount of Each Disbursement this Period

52.00
-------

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

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

139.00
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: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB21B

Transaction ID : SB21B.7830

|

Form/Schedule: SB21B

Transaction ID: SB21B.7832

|

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

Form/Schedule: SB21B

Transaction ID : SB21B.7841

|

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. Mary Kaye Collirs**

Mailing Address 2089 NW Pine tree way L

City State Zip Code  
Stuart FL 34994

Purpose of Disbursement  
pillow case

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
06	/	30	/	2013

**Transaction ID : SB21B.7886**

Amount of Each Disbursement this Period

50.00
-------

Full Name (Last, First, Middle Initial)

**B. Emily G Dial**

Mailing Address 20009 Cifton

City State Zip Code  
Laurencebury KY 40342

Purpose of Disbursement  
wine

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
06	/	30	/	2013

**Transaction ID : SB21B.7844**

Amount of Each Disbursement this Period

30.00
-------

Full Name (Last, First, Middle Initial)

**C. Juliana Fehr**

Mailing Address 3106 Castleman Rd.

City State Zip Code  
Berryville VA 22611-3031

Purpose of Disbursement  
Book

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
06	/	30	/	2013

**Transaction ID : SB21B.7856**

Amount of Each Disbursement this Period

35.00
-------

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

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

115.00
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: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB21B

Transaction ID : SB21B.7886

|

Form/Schedule: SB21B

Transaction ID: SB21B.7844

|

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

Form/Schedule: SB21B

Transaction ID : SB21B.7856

|

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. Juliana Fehr**

Mailing Address 3106 Castleman Rd.

City Berryville State VA Zip Code 22611-3031

Purpose of Disbursement  
book

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
06	/	30	/	2013

**Transaction ID : SB21B.7880**

Amount of Each Disbursement this Period

35.00
-------

Full Name (Last, First, Middle Initial)

**B. Julie G Gorwoda**

Mailing Address 6629 Elwood Dr. NW

City Los Ranchos State NM Zip Code 04212

Purpose of Disbursement  
Silk Scarf

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
06	/	30	/	2013

**Transaction ID : SB21B.7857**

Amount of Each Disbursement this Period

125.00
--------

Full Name (Last, First, Middle Initial)

**C. Eve K Hadley**

Mailing Address PO Box 4809

City Portland State ME Zip Code 04112-4809

Purpose of Disbursement  
Wooden Dilation Board

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
06	/	30	/	2013

**Transaction ID : SB21B.7872**

Amount of Each Disbursement this Period

80.00
-------

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

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

240.00
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: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB21B

Transaction ID : SB21B.7880

|

Form/Schedule: SB21B

Transaction ID: SB21B.7857

|

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

Form/Schedule: SB21B

Transaction ID : SB21B.7872

|

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. Eve K Hadley**

Mailing Address PO Box 4809

City Portland State ME Zip Code 04112-4809

Purpose of Disbursement  
Knife Holder

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 30 / 2013

**Transaction ID : SB21B.7873**

Amount of Each Disbursement this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Lisa C Hanson**

Mailing Address 1026 Lakeland Road

City Grafon State WI Zip Code 53024

Purpose of Disbursement  
Fetus in Utero paper weight

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 30 / 2013

**Transaction ID : SB21B.7864**

Amount of Each Disbursement this Period

40.00

Full Name (Last, First, Middle Initial)

**C. Lisa C Hanson**

Mailing Address 1026 Lakeland Road

City Grafon State WI Zip Code 53024

Purpose of Disbursement  
Silk Scarf

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 30 / 2013

**Transaction ID : SB21B.7867**

Amount of Each Disbursement this Period

50.00

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

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

190.00

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

Form/Schedule: SB21B

Transaction ID : SB21B.7873

|

Form/Schedule: SB21B

Transaction ID: SB21B.7864

|

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

Form/Schedule: SB21B

Transaction ID : SB21B.7867

|

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. Patricia J Harman**

Mailing Address 3011 Greystone Dr.

City Morgantown State WV Zip Code 26508

Purpose of Disbursement  
Books

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 30 / 2013

**Transaction ID : SB21B.7859**

Amount of Each Disbursement this Period

55.00

Full Name (Last, First, Middle Initial)

**B. Kate Harrod**

Mailing Address W1815 Country Hwy B

City Genoa City State WI Zip Code 53128

Purpose of Disbursement  
Vidal Wine

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 30 / 2013

**Transaction ID : SB21B.7828**

Amount of Each Disbursement this Period

29.99

Full Name (Last, First, Middle Initial)

**C. Kathryn Shisler Harrod**

Mailing Address W1815 Country Road B

City Genoa City State WI Zip Code 53128-1938

Purpose of Disbursement  
2 nights

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 30 / 2013

**Transaction ID : SB21B.7868**

Amount of Each Disbursement this Period

550.00

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

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

634.99

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

Form/Schedule: SB21B

Transaction ID : SB21B.7859

|

Form/Schedule: SB21B

Transaction ID: SB21B.7828

|

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

Form/Schedule: SB21B

Transaction ID : SB21B.7868

|

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. Eliza Holland**

Mailing Address 7 Betts Place

City Norwalk State CT Zip Code 06855

Purpose of Disbursement  
Bounbon, Redwine

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 30 / 2013

**Transaction ID : SB21B.7829**

Amount of Each Disbursement this Period

100.00

**B. Eliza Holland**

Full Name (Last, First, Middle Initial)

Mailing Address 7 Betts Place

City Norwalk State CT Zip Code 06855

Purpose of Disbursement  
Vacation cottage Weekend

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 30 / 2013

**Transaction ID : SB21B.7891**

Amount of Each Disbursement this Period

650.00

**C. Sarah Hood**

Full Name (Last, First, Middle Initial)

Mailing Address 174 Suburban Ct.

City Lexington State KY Zip Code 40503

Purpose of Disbursement  
Wine

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 30 / 2013

**Transaction ID : SB21B.7854**

Amount of Each Disbursement this Period

30.00

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

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

780.00

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

Form/Schedule: SB21B

Transaction ID : SB21B.7829

|

Form/Schedule: SB21B

Transaction ID: SB21B.7891

|

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

Form/Schedule: SB21B

Transaction ID : SB21B.7854

|

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. Cheri Van Hoover**

Mailing Address P.O.Box 1658Port

City Hadlock State WA Zip Code 98339

Purpose of Disbursement  
Jewelry

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 30 / 2013

**Transaction ID : SB21B.7889**

Amount of Each Disbursement this Period

565.00

Full Name (Last, First, Middle Initial)

**B. Barbara Hughes**

Mailing Address 2100 Humboldt St.  
Apt. 302

City Denver State CO Zip Code 80205

Purpose of Disbursement  
practice Development consult

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 30 / 2013

**Transaction ID : SB21B.7871**

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**C. Katie Isaac**

Mailing Address 279 Kings Daughters Dr.  
#301

City Frakfort State KY Zip Code 40601

Purpose of Disbursement  
Wine

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 30 / 2013

**Transaction ID : SB21B.7847**

Amount of Each Disbursement this Period

25.00

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

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

2090.00

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

Form/Schedule: SB21B

Transaction ID : SB21B.7889

|

Form/Schedule: SB21B

Transaction ID: SB21B.7871

|

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

Form/Schedule: SB21B

Transaction ID : SB21B.7847

|

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. Katie Isaac**

Mailing Address 279 Kings Daughters Dr.  
#301

City Frakfort State KY Zip Code 40601

Purpose of Disbursement  
pillow and scarf

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
06	/	30	/	2013

**Transaction ID : SB21B.7858**

Amount of Each Disbursement this Period

35.00
-------

Full Name (Last, First, Middle Initial)

**B. Jennifer Gwen Jagger**

Mailing Address 3457 Whisper Lane

City Eugene State OR Zip Code 97402

Purpose of Disbursement  
Framed Prints

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
06	/	30	/	2013

**Transaction ID : SB21B.7878**

Amount of Each Disbursement this Period

140.00
--------

Full Name (Last, First, Middle Initial)

**C. Peter Johnson**

Mailing Address 1938 Bank St

City Baltimore State MD Zip Code 21231

Purpose of Disbursement  
Week stay at casa di Maria

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
06	/	30	/	2013

**Transaction ID : SB21B.7887**

Amount of Each Disbursement this Period

1200.00
---------

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

1375.00
---------

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

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

Form/Schedule: SB21B

Transaction ID : SB21B.7858

|

Form/Schedule: SB21B

Transaction ID: SB21B.7878

|

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

Form/Schedule: SB21B

Transaction ID : SB21B.7887

|

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. Deborah K. Karsnitz**

Mailing Address 2230 Taylorwood Rd.

City Simpsonville State KY Zip Code 40067

Purpose of Disbursement  
Wine

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
06	/	30	/	2013

**Transaction ID : SB21B.7833**

Amount of Each Disbursement this Period

25.00
-------

Full Name (Last, First, Middle Initial)

**B. Nicole Keller**

Mailing Address 216 Aspenwood Ln

City Nashville State TN Zip Code 37221

Purpose of Disbursement  
Wine

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
06	/	30	/	2013

**Transaction ID : SB21B.7842**

Amount of Each Disbursement this Period

70.99
-------

Full Name (Last, First, Middle Initial)

**C. Janice Kvale**

Mailing Address 5914 Blanco River Pass

City Austin State TX Zip Code 78749-2860

Purpose of Disbursement  
books,Tshirts

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
06	/	30	/	2013

**Transaction ID : SB21B.7881**

Amount of Each Disbursement this Period

315.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

410.99
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**TOTAL** This Period (last page this line number only)..... ▶

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

Form/Schedule: SB21B

Transaction ID : SB21B.7833

|

Form/Schedule: SB21B

Transaction ID: SB21B.7842

|

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

Form/Schedule: SB21B

Transaction ID : SB21B.7881

|

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. Vivian Lawenstein**

Mailing Address 1124 Beverly Road

City State Zip Code  
Jenkintown PA 19046

Purpose of Disbursement  
Wine

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2013

**Transaction ID : SB21B.7849**

Amount of Each Disbursement this Period

25.00
-------

Full Name (Last, First, Middle Initial)

**B. Nora McDermott Lewis**

Mailing Address 759 Drumm Lane

City State Zip Code  
Nipomp CA 93444

Purpose of Disbursement  
wine

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2013

**Transaction ID : SB21B.7845**

Amount of Each Disbursement this Period

100.00
--------

Full Name (Last, First, Middle Initial)

**C. Nora McDermott Lewis**

Mailing Address 759 Drumm Lane

City State Zip Code  
Nipomp CA 93444

Purpose of Disbursement  
Wine

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2013

**Transaction ID : SB21B.7846**

Amount of Each Disbursement this Period

85.00
-------

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

210.00
--------

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

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

Form/Schedule: SB21B

Transaction ID : SB21B.7849

|

Form/Schedule: SB21B

Transaction ID: SB21B.7845

|

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

Form/Schedule: SB21B

Transaction ID : SB21B.7846

|

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. Nora McDermott Lewis**

Mailing Address 759 Drumm Lane

City Nipomp State CA Zip Code 93444

Purpose of Disbursement  
Wine

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2013

**Transaction ID : SB21B.7848**

Amount of Each Disbursement this Period

9.00
------

Full Name (Last, First, Middle Initial)

**B. Nora McDermott Lewis**

Mailing Address 759 Drumm Lane

City Nipomp State CA Zip Code 93444

Purpose of Disbursement  
Wine

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2013

**Transaction ID : SB21B.7850**

Amount of Each Disbursement this Period

97.00
-------

Full Name (Last, First, Middle Initial)

**C. Nora McDermott Lewis**

Mailing Address 759 Drumm Lane

City Nipomp State CA Zip Code 93444

Purpose of Disbursement  
Books

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2013

**Transaction ID : SB21B.7860**

Amount of Each Disbursement this Period

40.00
-------

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

146.00
--------

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

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

Form/Schedule: SB21B

Transaction ID : SB21B.7848

|

Form/Schedule: SB21B

Transaction ID: SB21B.7850

|

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

Form/Schedule: SB21B

Transaction ID : SB21B.7860

|

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. Nora McDermott Lewis**

Mailing Address 759 Drumm Lane

City Nipomp State CA Zip Code 93444

Purpose of Disbursement Book

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 30 / 2013

**Transaction ID : SB21B.7863**

Amount of Each Disbursement this Period

26.00

Full Name (Last, First, Middle Initial)

**B. Nora McDermott Lewis**

Mailing Address 759 Drumm Lane

City Nipomp State CA Zip Code 93444

Purpose of Disbursement Quilt

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 30 / 2013

**Transaction ID : SB21B.7874**

Amount of Each Disbursement this Period

400.00

Full Name (Last, First, Middle Initial)

**C. Francie E Likis**

Mailing Address 4530 Everett Drive

City Nashville State TN Zip Code 37215

Purpose of Disbursement book

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 30 / 2013

**Transaction ID : SB21B.7888**

Amount of Each Disbursement this Period

21.99

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

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

447.99

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

Form/Schedule: SB21B

Transaction ID : SB21B.7863

|

Form/Schedule: SB21B

Transaction ID: SB21B.7874

|

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

Form/Schedule: SB21B

Transaction ID : SB21B.7888

|

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. Angela Wilson Liverman**

Mailing Address 7964 Hooten Hows Rd.

City Nashville State TN Zip Code 37221

Purpose of Disbursement  
Wine

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 30 / 2013

**Transaction ID : SB21B.7839**

Amount of Each Disbursement this Period

25.99

Full Name (Last, First, Middle Initial)

**B. Leilani J Mason**

Mailing Address 829 Clayton Ave # A

City Nashville State TN Zip Code 37204

Purpose of Disbursement  
wine

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 30 / 2013

**Transaction ID : SB21B.7843**

Amount of Each Disbursement this Period

50.00

Full Name (Last, First, Middle Initial)

**C. Michael M McCann**

Mailing Address 1551 Debra Drive

City Smyrna State GA Zip Code 30080

Purpose of Disbursement  
Wine (2 Bottles)

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 30 / 2013

**Transaction ID : SB21B.7835**

Amount of Each Disbursement this Period

51.00

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

126.99

**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: SB21B

Transaction ID : SB21B.7839

|

Form/Schedule: SB21B

Transaction ID: SB21B.7843

|

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

Form/Schedule: SB21B

Transaction ID : SB21B.7835

|

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. Jeanne Meurer**

Mailing Address 3393 McKelvey Road

City State Zip Code  
Bridgeton MO 63044

Purpose of Disbursement  
Wine

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
06 / 30 / 2013

**Transaction ID : SB21B.7893**

Amount of Each Disbursement this Period

25.00

Full Name (Last, First, Middle Initial)

**B. Laura D Migliaccio**

Mailing Address MSCIO 5580 IUNM

City State Zip Code  
Albuquerque NM 87131

Purpose of Disbursement  
Tea towels

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
06 / 30 / 2013

**Transaction ID : SB21B.7879**

Amount of Each Disbursement this Period

36.00

Full Name (Last, First, Middle Initial)

**C. Lonnie C Morris**

Mailing Address 4 Roberts Ct.

City State Zip Code  
Tenafly NJ 07670-2001

Purpose of Disbursement  
3 bracelets, vacation home 7 nights

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
06 / 30 / 2013

**Transaction ID : SB21B.7885**

Amount of Each Disbursement this Period

1800.00

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

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

1861.00

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

Form/Schedule: SB21B

Transaction ID : SB21B.7893

|

Form/Schedule: SB21B

Transaction ID: SB21B.7879

|

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

Form/Schedule: SB21B

Transaction ID : SB21B.7885

|

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. Kathryn Osborne**

Mailing Address 305 Coach House Dr.

City Madison State WI Zip Code 53714-2709

Purpose of Disbursement  
quilt and hand crafte wooden bowl

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 30 / 2013

**Transaction ID : SB21B.7882**

Amount of Each Disbursement this Period

100.00

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) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 12 / 2013

**Transaction ID : SB21B.7961**

Amount of Each Disbursement this Period

59.95

Full Name (Last, First, Middle Initial)

**C. Jenifer Poell**

Mailing Address 849 N Damen Ave Apt 3

City Chicago State IL Zip Code 60622

Purpose of Disbursement  
Wine

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 30 / 2013

**Transaction ID : SB21B.7855**

Amount of Each Disbursement this Period

35.00

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

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

194.95

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

Form/Schedule: SB21B

Transaction ID : SB21B.7882

|

Form/Schedule: SB21B

Transaction ID: SB21B.7855

|

**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. Amy Ramano**

Mailing Address 67 Hauser St.

City Milford State CT Zip Code 06460

Purpose of Disbursement  
Call the midwife boxed set

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 30 / 2013

Transaction ID : **SB21B.7869**

Amount of Each Disbursement this Period

35.00

Full Name (Last, First, Middle Initial)

**B. Amy Ramano**

Mailing Address 67 Hauser St.

City Milford State CT Zip Code 06460

Purpose of Disbursement  
Optimal Care in childbirth

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 30 / 2013

Transaction ID : **SB21B.7870**

Amount of Each Disbursement this Period

46.00

Full Name (Last, First, Middle Initial)

**C. Barbara Pavuk Recker**

Mailing Address 12602 Maple Ave.

City Blue Island State IL Zip Code 60406

Purpose of Disbursement  
Wine

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 30 / 2013

Transaction ID : **SB21B.7837**

Amount of Each Disbursement this Period

25.00

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

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

106.00

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

Form/Schedule: SB21B

Transaction ID : SB21B.7869

|

Form/Schedule: SB21B

Transaction ID: SB21B.7870

|

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

Form/Schedule: SB21B

Transaction ID : SB21B.7837

|

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. Linda J Robinson**

Mailing Address 45 Pine Health Road

City Bar Harbor State ME Zip Code 04609

Purpose of Disbursement  
Book

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.7862**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Linda J Robinson**

Mailing Address 45 Pine Health Road

City Bar Harbor State ME Zip Code 04609

Purpose of Disbursement  
book

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.7890**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Erin Schleicher**

Mailing Address 2325 Brynmahr Dr.

City Tallahassee State FL Zip Code 32303

Purpose of Disbursement  
Wine (2 Bottles)

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.7834**

Amount of Each Disbursement this Period

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

**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: SB21B

Transaction ID : SB21B.7862

|

Form/Schedule: SB21B

Transaction ID: SB21B.7890

|

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

Form/Schedule: SB21B

Transaction ID : SB21B.7834

|

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. Annie Sorensen**

Mailing Address 1312 Boscobel

City Nashville State TN Zip Code 37206

Purpose of Disbursement Wine

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 30 / 2013

**Transaction ID : SB21B.7831**

Amount of Each Disbursement this Period

27.00

Full Name (Last, First, Middle Initial)

**B. Susan Stone**

Mailing Address 2550 Rogers Avenue

City Fort Worth State TX Zip Code 76109

Purpose of Disbursement Wine

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 30 / 2013

**Transaction ID : SB21B.7836**

Amount of Each Disbursement this Period

25.00

Full Name (Last, First, Middle Initial)

**C. Stacey Sutchwell**

Mailing Address 2461 Hillbrooke PKWY

City Owensboro State KY Zip Code 42303

Purpose of Disbursement wine

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 30 / 2013

**Transaction ID : SB21B.7852**

Amount of Each Disbursement this Period

25.00

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

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

77.00

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

Form/Schedule: SB21B

Transaction ID : SB21B.7831

|

Form/Schedule: SB21B

Transaction ID: SB21B.7836

|

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

Form/Schedule: SB21B

Transaction ID : SB21B.7852

|

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. Joanne Tennyson**

Mailing Address 477 Dickinson St.

City Memphis State TN Zip Code 38112

Purpose of Disbursement  
Silver Oak Cabernet 2007

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2013

**Transaction ID : SB21B.7838**

Amount of Each Disbursement this Period

70.00
-------

Full Name (Last, First, Middle Initial)

**B. Donna Thomson**

Mailing Address 474 NW Fetterbush Way

City Jensen Beach State FL Zip Code 34957

Purpose of Disbursement  
Wine

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2013

**Transaction ID : SB21B.7840**

Amount of Each Disbursement this Period

25.00
-------

Full Name (Last, First, Middle Initial)

**C. Cynthia Wade**

Mailing Address 9335 Rhythm Ln

City Houston State TX Zip Code 77040-2589

Purpose of Disbursement  
Earrings and Pendant

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2013

**Transaction ID : SB21B.7876**

Amount of Each Disbursement this Period

1515.00
---------

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

1610.00
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**TOTAL** This Period (last page this line number only)..... ▶

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

Form/Schedule: SB21B

Transaction ID : SB21B.7838

|

Form/Schedule: SB21B

Transaction ID: SB21B.7840

|

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

Form/Schedule: SB21B

Transaction ID : SB21B.7876

|

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. Missy Willmarth**

Mailing Address 7011 Glen Arbor Dr.

City Florence State KY Zip Code 41042

Purpose of Disbursement wine

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 30 / 2013

**Transaction ID : SB21B.7853**

Amount of Each Disbursement this Period

25.00

Full Name (Last, First, Middle Initial)

**B. Jerri Lynn Wiker**

Mailing Address 34 Hall Road

City Woolwich State ME Zip Code 04579

Purpose of Disbursement Hand made O.R. caps

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 30 / 2013

**Transaction ID : SB21B.7861**

Amount of Each Disbursement this Period

80.00

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) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

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

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

105.00

13788.70

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

Form/Schedule: SB21B

Transaction ID : SB21B.7853

|

Form/Schedule: SB21B

Transaction ID: SB21B.7861

|

**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. CONGRESSMAN WAXMAN CAMPAIGN COMMITTEE**

Mailing Address 6380 WILSHIRE BLVD., #1612

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement  
Campaign Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: CA District: 33

Disbursement For: 2013  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	14	/	2013

Transaction ID : SB23.7963

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. MIKE THOMPSON FOR CONGRESS**

Mailing Address 5429 MADISON AVENUE

City SACRAMENTO State CA Zip Code 95841

Purpose of Disbursement  
Campaign Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: CA District: 05

Disbursement For: 2013  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	01	/	2013

Transaction ID : SB23.7962

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. SCHAKOWSKY FOR CONGRESS**

Mailing Address P.O. BOX 5130

City EVANSTON State IL Zip Code 60204

Purpose of Disbursement  
Campaign Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: IL District: 09

Disbursement For: 2013  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	14	/	2013

Transaction ID : SB23.7968

Amount of Each Disbursement this Period

2000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

4000.00
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# 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. STEVE COHEN FOR CONGRESS

Mailing Address 349 KENILWORTH PLACE

City MEMPHIS State TN Zip Code 38112

Purpose of Disbursement  
Campaign Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: TN District: 09

Disbursement For: 2013  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	14	/	2013

Transaction ID : SB23.7965

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

### B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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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

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

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

1000.00
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5000.00
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