

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 06 01 2011 through 06 30 2011

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Meredith Graham

Signature of Treasurer Electronically Filed by Meredith Graham Date 07 20 2011

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

Office Use Only									
-----------------	--	--	--	--	--	--	--	--	--

FEC FORM 3X
(Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Report Covering the Period: From:

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>X</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	X	Y	Y	Y	2	0	1	1		6991.78
X	Y	Y	Y							
2	0	1	1							
(b) Cash on Hand at Beginning of Reporting Period	12312.36									
(c) Total Receipts (from Line 19)	24320.00	33196.53								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	36632.36	40188.31								
7. Total Disbursements (from Line 31)	756.37	4312.32								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	35875.99	35875.99								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Report Covering the Period: From:

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	1

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	24320.00	32920.51
(ii) Unitemized	0.00	276.02
(iii) TOTAL (add Lines 11(a)(i) and (ii)	24320.00	33196.53
(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)	24320.00	33196.53
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	24320.00	33196.53
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	24320.00	33196.53

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	756.37	1312.32
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	756.37	1312.32
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	3000.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	756.37	4312.32
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	756.37	4312.32

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)	24320.00	33196.53
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	24320.00	33196.53
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	756.37	1312.32
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	756.37	1312.32

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 60
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Lauren Abrams		Date of Receipt MM / DD / YYYY 06 / 07 / 2011		
	Mailing Address 821 A Union Street Apt 3		Transaction ID: SA11AI.4651		
	City Brooklyn	State NY	Zip Code 11215	Amount of Each Receipt this Period 50.00	
	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 ▼ 50.00			

B.	Full Name (Last, First, Middle Initial) Mary Akers		Date of Receipt MM / DD / YYYY 06 / 03 / 2011		
	Mailing Address 1501 Oxford Court		Transaction ID: SA11AI.4511		
	City Elizabethtown	State KY	Zip Code 42701	Amount of Each Receipt this Period 459.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer not employed	Occupation Nurse Midwife			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 559.00			

C.	Full Name (Last, First, Middle Initial) Deborah G Albert		Date of Receipt MM / DD / YYYY 06 / 06 / 2011		
	Mailing Address 112 Westbury Clr		Transaction ID: SA11AI.4601		
	City Eagan	State MN	Zip Code 55123	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer HealthPartners	Occupation CNM			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 100.00			

SUBTOTAL of Receipts This Page (optional)	▶	609.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 60
	<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

A.	Full Name (Last, First, Middle Initial) Lynn Anderson		Date of Receipt
	Mailing Address 75 Pringle Way Suite801		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 03 / 2011
	City	State	Zip Code
	Reno	NV	89502
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.4554
	Amount of Each Receipt this Period		<input type="text"/> 690.00
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 ▼	<input type="text"/> 690.00

B.	Full Name (Last, First, Middle Initial) Sally Avenson		Date of Receipt
	Mailing Address 760 26th Ave NE		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 03 / 2011
	City	State	Zip Code
	Seattle	WA	98118
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.4547
	Amount of Each Receipt this Period		<input type="text"/> 61.00
Name of Employer		Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 61.00

C.	Full Name (Last, First, Middle Initial) Melissa Avery		Date of Receipt
	Mailing Address 4845 Irving Ave S		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 03 / 2011
	City	State	Zip Code
	Minneapolis	MN	55419
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.4565
	Amount of Each Receipt this Period		<input type="text"/> 859.00
Name of Employer ACNM Past President		Occupation CNM	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 859.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1610.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 60
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Tonia Badura	Date of Receipt
	Mailing Address 2755 S 48th Street	<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 03 / 2011
	City State Zip Code Milwaukee WI 53219	Transaction ID: SA11AI.4567
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 239.00
Name of Employer Student	Occupation SNM	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 239.00	

B.	Full Name (Last, First, Middle Initial) Emalie Baker	Date of Receipt
	Mailing Address 21 7Leason Cove Drive	<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 03 / 2011
	City State Zip Code Lusby MD 20657	Transaction ID: SA11AI.4566
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 63.00
Name of Employer	Occupation Midwife	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 63.00	

C.	Full Name (Last, First, Middle Initial) Elissa Barfoot	Date of Receipt
	Mailing Address 505 Poplar Bend Drive	<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 07 / 2011
	City State Zip Code Dickson TN 37055	Transaction ID: SA11AI.4634
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 25.00
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 25.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 327.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 60
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
Mary Barnett

Mailing Address 1704 Treadwell

City State Zip Code
Austin TX 78704

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

Name of Employer Heart of Texas Midwives Occupation CNM

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
200.00

Date of Receipt
MM / DD / YYYY
06 / 06 / 2011

Transaction ID: SA11AI.4606

Amount of Each Receipt this Period
200.00

B.

Full Name (Last, First, Middle Initial)
Jean Mac Barron

Mailing Address 26 Wompatuck Road

City State Zip Code
Hingham MA 02043

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

Name of Employer self Occupation CNM

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
141.00

Date of Receipt
MM / DD / YYYY
06 / 03 / 2011

Transaction ID: SA11AI.4549

Amount of Each Receipt this Period
141.00

C.

Full Name (Last, First, Middle Initial)
Jean Mac Barron

Mailing Address 26 Wompatuck Road

City State Zip Code
Hingham MA 02043

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

Name of Employer self Occupation CNM

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
341.00

Date of Receipt
MM / DD / YYYY
06 / 07 / 2011

Transaction ID: SA11AI.4624

Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional) ► **541.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 60
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
Eileen Beard

Mailing Address 10420 Greenacres Drive

City State Zip Code
Silver Spring MD 20903

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
25.00

Date of Receipt
MM / DD / YYYY
06 / 06 / 2011

Transaction ID: SA11AI.4619

Amount of Each Receipt this Period
25.00

B.

Full Name (Last, First, Middle Initial)
Sara Beebe

Mailing Address 31452 Point Drive

City State Zip Code
Lewes DE 19958

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
MM / DD / YYYY
06 / 03 / 2011

Transaction ID: SA11AI.4512

Amount of Each Receipt this Period
50.00

C.

Full Name (Last, First, Middle Initial)
Jane Beeshore

Mailing Address 2510 Christian St

City State Zip Code
Philadelphia PA 19146

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
42.00

Date of Receipt
MM / DD / YYYY
06 / 03 / 2011

Transaction ID: SA11AI.4513

Amount of Each Receipt this Period
42.00

SUBTOTAL of Receipts This Page (optional) ► **117.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 60
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
Mary Bidgood-Wilson

Mailing Address PO Box 1452

City State Zip Code
Center Harbor NH 01452

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

Name of Employer Occupation
FACNM FNP CNM

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt
MM / DD / YYYY
06 / 06 / 2011

Transaction ID: SA11AI.4615

Amount of Each Receipt this Period
200.00

B.

Full Name (Last, First, Middle Initial)
Jessica Bottenfield Biehn

Mailing Address 1149 23rd St

City State Zip Code
Des Moines IA 50311

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 25.00

Date of Receipt
MM / DD / YYYY
06 / 06 / 2011

Transaction ID: SA11AI.4592

Amount of Each Receipt this Period
25.00

C.

Full Name (Last, First, Middle Initial)
Julie Bosak

Mailing Address 153 N Main Street

City State Zip Code
Wolfeboro NH 03894

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 123.00

Date of Receipt
MM / DD / YYYY
06 / 03 / 2011

Transaction ID: SA11AI.4570

Amount of Each Receipt this Period
123.00

SUBTOTAL of Receipts This Page (optional) ► **348.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 60
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Heather Bradford		Date of Receipt	
	Mailing Address 527 Kirkland Ave		M M / D D / Y Y Y Y Y 06 / 03 / 2011	
	City	State	Zip Code	Transaction ID: SA11AI.4514
	Kirkland	WA	98033	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		80.00	
Name of Employer Center for Women's Health		Occupation Midwife		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 110.00		

B.	Full Name (Last, First, Middle Initial) Ginger Breedlove		Date of Receipt	
	Mailing Address 13608 West 54th Street		M M / D D / Y Y Y Y Y 06 / 03 / 2011	
	City	State	Zip Code	Transaction ID: SA11AI.4515
	Shawnee Mission	KS	66216	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		914.00	
Name of Employer Professor, Shenandoah University		Occupation CNM		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 914.00		

C.	Full Name (Last, First, Middle Initial) Joanna Bronson		Date of Receipt	
	Mailing Address 301 South70th st ste 200		M M / D D / Y Y Y Y Y 06 / 07 / 2011	
	City	State	Zip Code	Transaction ID: SA11AI.4625
	Lincoln	NE	68510	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		50.00	
Name of Employer		Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 50.00		

SUBTOTAL of Receipts This Page (optional)	▶	1044.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 13 / 60
(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. Full Name (Last, First, Middle Initial)
Claudia Brown

Mailing Address 491 Kamalul Road

City State Zip Code
Kapaa HI 96746

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

Name of Employer Home Birthing on Kauai 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
06 / 07 / 2011

Transaction ID: SA11AI.4641

Amount of Each Receipt this Period
200.00

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

Mailing Address 49 Strong Place

City State Zip Code
Brooklyn NY 11231

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

Name of Employer Retired Occupation Midwife

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 06 / 2011

Transaction ID: SA11AI.4581

Amount of Each Receipt this Period
200.00

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

Mailing Address 5432 N La Casita Dr

City State Zip Code
tucson AZ 85718

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

Name of Employer birth womens health ctr 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
06 / 10 / 2011

Transaction ID: SA11AI.4660

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► **425.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 60
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
Tara Cardinal

Mailing Address 5147 S Brighton St

City State Zip Code
Seattle WA 98118

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
63.00

Date of Receipt
MM / DD / YYYY
06 / 03 / 2011

Transaction ID: SA11AI.4544

Amount of Each Receipt this Period
63.00

B.

Full Name (Last, First, Middle Initial)
Robyn Carlisle

Mailing Address 176 Billows Drive

City State Zip Code
Mount Royal NJ 08061

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
155.00

Date of Receipt
MM / DD / YYYY
06 / 03 / 2011

Transaction ID: SA11AI.4539

Amount of Each Receipt this Period
155.00

C.

Full Name (Last, First, Middle Initial)
Kathryn Carr

Mailing Address 5 Garden Ct Apt 3

City State Zip Code
Cambridge MA 02138

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

Name of Employer Occupation
CNM

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
60.00

Date of Receipt
MM / DD / YYYY
06 / 03 / 2011

Transaction ID: SA11AI.4516

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► **268.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 60
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Betty Chern Hughes		Date of Receipt																					
	Mailing Address 9801 Royal Lane Apt 102		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	7		2	0	1	1
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	6		0	7		2	0	1	1														
	City State Zip Code Dallas TX 75231		Transaction ID: SA11AI.4638																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period																						
Name of Employer: HHS,OPHS,Office of Popula- tio Occupation: CNM Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 200.00																						

B.	Full Name (Last, First, Middle Initial) Adrienne Chimahusky		Date of Receipt																					
	Mailing Address 1066 Maple Street		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	7		2	0	1	1
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	6		0	7		2	0	1	1														
	City State Zip Code Pottsville PA 17901		Transaction ID: SA11AI.4645																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period																						
Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 25.00																						

C.	Full Name (Last, First, Middle Initial) Mei Ka Chin		Date of Receipt																					
	Mailing Address 3555 Kings College Pl Apt1L		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	6		2	0	1	1
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	6		0	6		2	0	1	1														
	City State Zip Code Brox NY 10467		Transaction ID: SA11AI.4586																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period																						
Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 100.00																						

SUBTOTAL of Receipts This Page (optional)	▶	325.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 60
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Betty Jane Choita	Date of Receipt MM / DD / YYYY 06 / 09 / 2011
	Mailing Address 17130 SE 91st Lee Ave	Transaction ID: SA11AI.4652
	City State Zip Code The Villages FL 32162	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self Occupation CNM	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

B.	Full Name (Last, First, Middle Initial) Terri Clark	Date of Receipt MM / DD / YYYY 06 / 03 / 2011
	Mailing Address 513 S 323rd PI Apt 16G	Transaction ID: SA11AI.4535
	City State Zip Code Federal Way WA 98003	Amount of Each Receipt this Period 25.00
	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 ▼ 25.00	

C.	Full Name (Last, First, Middle Initial) Hope Cline	Date of Receipt MM / DD / YYYY 06 / 03 / 2011
	Mailing Address 100 N East Ave	Transaction ID: SA11AI.4517
	City State Zip Code Waukesha WI 53186	Amount of Each Receipt this Period 161.00
	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 ▼ 161.00	

SUBTOTAL of Receipts This Page (optional)	▶	386.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 60
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
Margaret Colby

Mailing Address 4742 La Puma ct

City State Zip Code
Camarillo CA 93012

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
63.00

Date of Receipt
MM / DD / YYYY
06 / 03 / 2011

Transaction ID: SA11AI.4543

Amount of Each Receipt this Period
63.00

B.

Full Name (Last, First, Middle Initial)
J.T. Coleman

Mailing Address 17818 N 130th Ave

City State Zip Code
Sunset City West AZ 85375

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

Name of Employer Occupation
Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
100.00

Date of Receipt
MM / DD / YYYY
06 / 28 / 2011

Transaction ID: SA11AI.4669

Amount of Each Receipt this Period
100.00

C.

Full Name (Last, First, Middle Initial)
Mary K. Collins

Mailing Address 2089 NW Pine Tree Way

City State Zip Code
Stuart FL 34994

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

Name of Employer Occupation
Indian River State College
Asst. Professor of Nursing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
864.00

Date of Receipt
MM / DD / YYYY
06 / 06 / 2011

Transaction ID: SA11AI.4611

Amount of Each Receipt this Period
664.00

SUBTOTAL of Receipts This Page (optional) ► **827.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 60
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
Gail Consoli

Mailing Address 106-22nd Drive

City Norfolk State NE Zip Code 68701

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

Name of Employer self Occupation CNM

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt: 06 / 06 / 2011
Transaction ID: SA11AI.4598
Amount of Each Receipt this Period: 200.00

B.

Full Name (Last, First, Middle Initial)
Janeen Cook

Mailing Address 4141 Woodlawn Drive Apt 42

City Nashville State TN Zip Code 37205

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 25.00

Date of Receipt: 06 / 03 / 2011
Transaction ID: SA11AI.4518
Amount of Each Receipt this Period: 25.00

C.

Full Name (Last, First, Middle Initial)
Jeanne Coulehan

Mailing Address 13 Allen St

City Dobbs Ferry State NY Zip Code 10522

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: 06 / 06 / 2011
Transaction ID: SA11AI.4587
Amount of Each Receipt this Period: 50.00

SUBTOTAL of Receipts This Page (optional) ► 275.00

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

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

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

FOR LINE NUMBER: PAGE 19 / 60
(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. Full Name (Last, First, Middle Initial)
Candace Curlee

Mailing Address 526 Shanas Ln

City Encinitas State CA Zip Code 92024

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

Name of Employer Scripps Clinic Occupation CNM

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 327.00

Date of Receipt 06 / 03 / 2011
Transaction ID: SA11AI.4519
Amount of Each Receipt this Period 327.00

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

Mailing Address 235 Pelham Road

City Philadelphia State PA Zip Code 19119

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

Name of Employer Philadelphia University Occupation Midwife Educator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 950.00

Date of Receipt 06 / 03 / 2011
Transaction ID: SA11AI.4520
Amount of Each Receipt this Period 850.00

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

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 ▼ 25.00

Date of Receipt 06 / 03 / 2011
Transaction ID: SA11AI.4550
Amount of Each Receipt this Period 25.00

SUBTOTAL of Receipts This Page (optional) ► 1202.00

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

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

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

FOR LINE NUMBER: PAGE 20 / 60
(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. Full Name (Last, First, Middle Initial)
Elaine Diegmann
 Mailing Address 1220 Inman Ave
 City Edison State NJ Zip Code 08820
 Date of Receipt 06 / 03 / 2011
Transaction ID: SA11AI.4564
 Amount of Each Receipt this Period 160.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 160.00

B. Full Name (Last, First, Middle Initial)
Margaret Egeland
 Mailing Address 1735 Rio Vista Way S
 City Salem State OR Zip Code 97302
 Date of Receipt 06 / 03 / 2011
Transaction ID: SA11AI.4571
 Amount of Each Receipt this Period 50.00
 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

C. Full Name (Last, First, Middle Initial)
Charlotte Cram Elsberry
 Mailing Address 656 Whitney Ave
 City New Haven State CT Zip Code 06511
 Date of Receipt 06 / 06 / 2011
Transaction ID: SA11AI.4616
 Amount of Each Receipt this Period 50.00
 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

SUBTOTAL of Receipts This Page (optional) ► 260.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 60

(check only one)

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

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

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

A.

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

Mailing Address 1207 Perkiomenville Road

City State Zip Code
Perkiomenville PA 18074

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

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	9		2	0	1	1

Transaction ID: SA11AI.4653

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)
Angela Ferrari

Mailing Address 67 Marathon St.

City State Zip Code
Arlington MA 02474

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

Name of Employer Occupation
Massachusetts General Hos-
pital Staff Nurse-Midwife

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
200.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	0		2	0	1	1

Transaction ID: SA11AI.4657

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)
Nivia Nieves Fisch

Mailing Address 2922 Emerald Lake drive

City State Zip Code
Harlingen TX 78550-8620

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

Name of Employer Occupation
Harlingen OBGYN associates nurse midwife

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
876.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	3		2	0	1	1

Transaction ID: SA11AI.4569

Amount of Each Receipt this Period

376.00

SUBTOTAL of Receipts This Page (optional) ►

676.00

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

--

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 60

(check only one)

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

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

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

A.	Full Name (Last, First, Middle Initial) Carmel Frawley		Date of Receipt MM / DD / YYYY 06 / 07 / 2011		
	Mailing Address 720 Opossum Ln		Transaction ID: SA11AI.4633		
	City Switzerland	State FL	Zip Code 32259	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 50.00		
Name of Employer		Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 50.00			

B.	Full Name (Last, First, Middle Initial) Elizabeth Gabzdyl		Date of Receipt MM / DD / YYYY 06 / 06 / 2011		
	Mailing Address 8639 31st Ave SW		Transaction ID: SA11AI.4594		
	City Seattle	State WA	Zip Code 98126	Amount of Each Receipt this Period 5.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 5.00		
Name of Employer		Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 5.00			

C.	Full Name (Last, First, Middle Initial) Cheryl Gainer		Date of Receipt MM / DD / YYYY 06 / 06 / 2011		
	Mailing Address 4217 North CLiff Drive		Transaction ID: SA11AI.4584		
	City Carrollton	State TX	Zip Code 75010	Amount of Each Receipt this Period 150.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 150.00		
Name of Employer		Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 150.00			

SUBTOTAL of Receipts This Page (optional)	205.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 60
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Elaine Germano	Date of Receipt MM / DD / YYYY 06 / 06 / 2011
	Mailing Address 8 Upper Glenview Drive	Transaction ID: SA11AI.4609
	City State Zip Code Glenford NY 12433	Amount of Each Receipt this Period 50.00
	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 ▼ 50.00

B.	Full Name (Last, First, Middle Initial) Martha Goedert	Date of Receipt MM / DD / YYYY 06 / 07 / 2011
	Mailing Address 6288 Glenwood Rd	Transaction ID: SA11AI.4647
	City State Zip Code Omaha NE 68132	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Metro)B-GYN and UNKUnive CNM, FNP	Aggregate Year-to-Date ▼ 200.00

C.	Full Name (Last, First, Middle Initial) Hannah Gottschall	Date of Receipt MM / DD / YYYY 06 / 03 / 2011
	Mailing Address 5123 N Winthrop Ave Ste3	Transaction ID: SA11AI.4559
	City State Zip Code Chicago IL 60640	Amount of Each Receipt this Period 25.00
	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 ▼ 25.00

SUBTOTAL of Receipts This Page (optional)	175.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 24 / 60
(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. Full Name (Last, First, Middle Initial)
Carol Graham

Mailing Address 5201 Hrry Hine sBlvd

City State Zip Code
Dallas TX 75235

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
80.00

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 0 3 / 2 0 1 1

Transaction ID: SA11AI.4533

Amount of Each Receipt this Period
80.00

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

Mailing Address 4026 224th St SE

City State Zip Code
Bothell WA 98021

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

Name of Employer Occupation
University of Washington CNM

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
228.00

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 0 3 / 2 0 1 1

Transaction ID: SA11AI.4542

Amount of Each Receipt this Period
228.00

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

Mailing Address 759 Chesnut St

City State Zip Code
Springfeild MA 01107

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
M M / D D / Y Y Y Y
0 6 / 0 7 / 2 0 1 1

Transaction ID: SA11AI.4626

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► **408.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 60
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
Stephanie M Green

Mailing Address 2935 Spear Ave

City State Zip Code
Ardsley PA 19038

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
MM / DD / YYYY
06 / 06 / 2011

Transaction ID: SA11AI.4602

Amount of Each Receipt this Period
100.00

B.

Full Name (Last, First, Middle Initial)
Ellie Griffenger

Mailing Address 716 Germantown Pike

City State Zip Code
Lafayette Hill PA 19444

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
116.00

Date of Receipt
MM / DD / YYYY
06 / 03 / 2011

Transaction ID: SA11AI.4521

Amount of Each Receipt this Period
116.00

C.

Full Name (Last, First, Middle Initial)
Spaberg Gunlog

Mailing Address 15195 18th Ave

City State Zip Code
Lemoore CA 93245

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

Name of Employer Occupation
Self CNM

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
59.00

Date of Receipt
MM / DD / YYYY
06 / 03 / 2011

Transaction ID: SA11AI.4551

Amount of Each Receipt this Period
59.00

SUBTOTAL of Receipts This Page (optional) ► **275.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 60
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
Spaberg Gunlog

Mailing Address 15195 18th Ave

City Lemoore State CA Zip Code 93245

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

Name of Employer Self Occupation CNM

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 259.00

Date of Receipt: 06 / 07 / 2011
Transaction ID: SA11AI.4623
Amount of Each Receipt this Period: 200.00

B.

Full Name (Last, First, Middle Initial)
Laraine Guyette

Mailing Address 1685 Uinta Street

City Denver State CO Zip Code 80220

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 / 03 / 2011
Transaction ID: SA11AI.4540
Amount of Each Receipt this Period: 100.00

C.

Full Name (Last, First, Middle Initial)
Sara Hagen

Mailing Address 1450 S 1600 E

City Salt Lake City State UT Zip Code 84105

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 63.00

Date of Receipt: 06 / 03 / 2011
Transaction ID: SA11AI.4568
Amount of Each Receipt this Period: 63.00

SUBTOTAL of Receipts This Page (optional) ► 363.00

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

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

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

FOR LINE NUMBER: PAGE 27 / 60
(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. Full Name (Last, First, Middle Initial)
Jami Hain

Mailing Address 13315 Ravens Caw Dr.

City State Zip Code
Cypress TX 77429

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

Name of Employer NATIVITI Occupation RN/SNM

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 50.00

Date of Receipt
MM / DD / YYYY
06 / 13 / 2011

Transaction ID: SA11AI.4664

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
Laura Jane Hanna- Bergen

Mailing Address 23118 NE 19th Drive

City State Zip Code
Sammamish WA 98074

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 25.00

Date of Receipt
MM / DD / YYYY
06 / 06 / 2011

Transaction ID: SA11AI.4617

Amount of Each Receipt this Period
25.00

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

Mailing Address 1026 Lakeland Road

City State Zip Code
Grafton WI 53024

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 20.00

Date of Receipt
MM / DD / YYYY
06 / 03 / 2011

Transaction ID: SA11AI.4522

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional) ► 95.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 60
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
Kathryn Harrod

Mailing Address W1815 Country Road B

City State Zip Code
Genoa City WI 53128

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

Name of Employer Occupation
Aurora Health Care CNM

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 785.00

Date of Receipt
MM / DD / YYYY
06 / 03 / 2011

Transaction ID: SA11AI.4561

Amount of Each Receipt this Period
785.00

B.

Full Name (Last, First, Middle Initial)
Meghan Hart

Mailing Address 2627 Hayes Rd

City State Zip Code
Chelsea MI 48118

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 10.00

Date of Receipt
MM / DD / YYYY
06 / 06 / 2011

Transaction ID: SA11AI.4604

Amount of Each Receipt this Period
10.00

C.

Full Name (Last, First, Middle Initial)
Denise Henning

Mailing Address PO Box 50099

City State Zip Code
Fort Myers FL 33994

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 99.00

Date of Receipt
MM / DD / YYYY
06 / 07 / 2011

Transaction ID: SA11AI.4635

Amount of Each Receipt this Period
99.00

SUBTOTAL of Receipts This Page (optional) ► **894.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 / 60
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial) Jessica Hill		Date of Receipt MM / DD / YYYY 06 / 06 / 2011
Mailing Address 242 W 112th Street Apt 3C		Transaction ID: SA11AI.4622
City New York	State NY	Zip Code 10026
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 15.00
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 15.00	

B.

Full Name (Last, First, Middle Initial) Agnes Hoeger		Date of Receipt MM / DD / YYYY 06 / 10 / 2011
Mailing Address 4324 40th Ave South		Transaction ID: SA11AI.4655
City Minneapolis	State MN	Zip Code 55406
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer Frontier Nursing School	Occupation Nurse/Midwife	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 30.00	

C.

Full Name (Last, First, Middle Initial) Martha E. Jackson		Date of Receipt MM / DD / YYYY 06 / 28 / 2011
Mailing Address 12400 Martin Road		Transaction ID: SA11AI.4668
City Bradywine	State MD	Zip Code 20613
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer	Occupation Midwife	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 50.00	

SUBTOTAL of Receipts This Page (optional)	▶	95.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 60
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
Susan Jacoby

Mailing Address 12 High St #200

City Lewiston State ME Zip Code 04240

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

Name of Employer CMMC Occupation CNM

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt: 06 / 01 / 2011
Transaction ID: SA11AI.4503
 Amount of Each Receipt this Period: 200.00

B.

Full Name (Last, First, Middle Initial)
Tina Johnson

Mailing Address 1978 Bank Street

City Baltimore State MD Zip Code 21231

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 ▼ 653.00

Date of Receipt: 06 / 03 / 2011
Transaction ID: SA11AI.4572
 Amount of Each Receipt this Period: 653.00

C.

Full Name (Last, First, Middle Initial)
marianne Jolin

Mailing Address 596 Orchard Rd

City Orrtanna State PA Zip Code 17353

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

Name of Employer self Occupation CNM

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt: 06 / 07 / 2011
Transaction ID: SA11AI.4650
 Amount of Each Receipt this Period: 200.00

SUBTOTAL of Receipts This Page (optional) ► **1053.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 / 60
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
Diana Jolles

Mailing Address PO Box 331652

City State Zip Code
CORpus Christi TX 78463

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

Name of Employer Self Occupation CNM

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt
MM / DD / YYYY
06 / 07 / 2011

Transaction ID: SA11AI.4639

Amount of Each Receipt this Period
200.00

B.

Full Name (Last, First, Middle Initial)
Robin Jordan

Mailing Address 8480 Bear Cove Ln

City State Zip Code
Petoskey MI 49770

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 45.00

Date of Receipt
MM / DD / YYYY
06 / 03 / 2011

Transaction ID: SA11AI.4573

Amount of Each Receipt this Period
45.00

C.

Full Name (Last, First, Middle Initial)
Monica E Kainz

Mailing Address 2030 N 53rd Street

City State Zip Code
Milwaukee WI 53208

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 25.00

Date of Receipt
MM / DD / YYYY
06 / 06 / 2011

Transaction ID: SA11AI.4620

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► 270.00

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

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

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

FOR LINE NUMBER: PAGE 32 / 60
(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. Full Name (Last, First, Middle Initial)
Katharine K Katharine K Odell

Mailing Address 13 Montvale Road

City State Zip Code
Worcester MA 01609

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 / D D / Y Y Y Y Y
0 6 / 0 6 / 2 0 1 1

Transaction ID: SA11AI.4589

Amount of Each Receipt this Period
50.00

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

Mailing Address 21 Hewitt Ave

City State Zip Code
North Andover MA 01845

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

Name of Employer self Occupation
CNM

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
517.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 0 3 / 2 0 1 1

Transaction ID: SA11AI.4548

Amount of Each Receipt this Period
517.00

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

Mailing Address 2506 W Farmington

City State Zip Code
Belvidere IL 61008

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
25.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 0 7 / 2 0 1 1

Transaction ID: SA11AI.4631

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► **592.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 / 60
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
Elizabeth Keit

Mailing Address 22732 Mariano St

City State Zip Code
Woodland Hills CA 91367

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 ▼
200.00

Date of Receipt
MM / DD / YYYY
06 / 03 / 2011

Transaction ID: SA11AI.4538

Amount of Each Receipt this Period
200.00

B.

Full Name (Last, First, Middle Initial)
Mary Lou Kelsey

Mailing Address PO Box 894

City State Zip Code
Homer AK 99603

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

Name of Employer Homer Medical Clinic Occupation Midwife

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
200.00

Date of Receipt
MM / DD / YYYY
06 / 06 / 2011

Transaction ID: SA11AI.4583

Amount of Each Receipt this Period
200.00

C.

Full Name (Last, First, Middle Initial)
Frances K KNoll

Mailing Address 4524 Albion Rd

City State Zip Code
College Park MD 20740

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

Name of Employer self Occupation CNM

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
06 / 06 / 2011

Transaction ID: SA11AI.4608

Amount of Each Receipt this Period
500.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 34 / 60
(check only one)

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

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

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

A. Full Name (Last, First, Middle Initial)
Amy Knox

Mailing Address 4331 Harriet Ave

City State Zip Code
Minneapolis MN 55409

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

Name of Employer Occupation
Park Nicollet Clinic CNM

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 50.00

Date of Receipt
MM / DD / YYYY
06 / 06 / 2011

Transaction ID: SA11AI.4579

Amount of Each Receipt this Period
50.00

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

Mailing Address 39 Summit Street

City State Zip Code
Huntington NY 11743

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
MM / DD / YYYY
06 / 06 / 2011

Transaction ID: SA11AI.4590

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
Dorthea M Lang

Mailing Address 417 Riverside Drive
Apt 12a

City State Zip Code
New York NY 10025

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
MM / DD / YYYY
06 / 06 / 2011

Transaction ID: SA11AI.4588

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► **150.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 35 / 60
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
Gwen Latendresse

Mailing Address 10 S 2000 E

City State Zip Code
Salt Lake City UT 84112

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
60.00

Date of Receipt
MM / DD / YYYY
06 / 03 / 2011

Transaction ID: SA11AI.4534

Amount of Each Receipt this Period
60.00

B.

Full Name (Last, First, Middle Initial)
Amy J Levi

Mailing Address 10 Harbor Oak Drive
Apt 11

City State Zip Code
Tiburon CA 94920

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
61.00

Date of Receipt
MM / DD / YYYY
06 / 06 / 2011

Transaction ID: SA11AI.4618

Amount of Each Receipt this Period
61.00

C.

Full Name (Last, First, Middle Initial)
Amy J Levi

Mailing Address 10 Harbor Oak Drive
Apt 11

City State Zip Code
Tiburon CA 94920

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
111.00

Date of Receipt
MM / DD / YYYY
06 / 09 / 2011

Transaction ID: SA11AI.4654

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► **171.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 36 / 60
(check only one)

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

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

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

A.

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

Mailing Address 516 S 44th Street

City Philadelphia State PA Zip Code 19104

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 39.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 0 3 / 2 0 1 1

Transaction ID: SA11AI.4575

Amount of Each Receipt this Period
39.00

B.

Full Name (Last, First, Middle Initial)
Cynthia Liu

Mailing Address 4721 N 1st Street
Spc 83

City San Jose State CA Zip Code 95134

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 157.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 0 3 / 2 0 1 1

Transaction ID: SA11AI.4523

Amount of Each Receipt this Period
157.00

C.

Full Name (Last, First, Middle Initial)
Caitlin H Madison

Mailing Address 2208 Delancy Pl
Apt 1G

City Philadelphia State PA Zip Code 19103

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 84.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 0 3 / 2 0 1 1

Transaction ID: SA11AI.4524

Amount of Each Receipt this Period
84.00

SUBTOTAL of Receipts This Page (optional) ► 280.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 37 / 60
(check only one)

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

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

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

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

Mailing Address 413 Woodlawn Ave

City State Zip Code
Royal Oak MI 48073

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

Name of Employer Somerset Gyn/OB Occupation CNM, NP, 1

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 60.00

Date of Receipt: 06 / 13 / 2011
Transaction ID: SA11AI.4665
Amount of Each Receipt this Period: 60.00

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

Mailing Address 8741 E Monterosa Ave

City State Zip Code
Scottsdale AZ 85251

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 25.00

Date of Receipt: 06 / 06 / 2011
Transaction ID: SA11AI.4607
Amount of Each Receipt this Period: 25.00

C. Full Name (Last, First, Middle Initial)
Linda Lowery McCann

Mailing Address 1551 Debra Dr SE

City State Zip Code
Smyrna GA 30080

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

Name of Employer Cobb Public Health Occupation CNM

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 345.00

Date of Receipt: 06 / 06 / 2011
Transaction ID: SA11AI.4610
Amount of Each Receipt this Period: 345.00

SUBTOTAL of Receipts This Page (optional) ▶ 430.00

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

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

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

FOR LINE NUMBER: PAGE 38 / 60
(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. Full Name (Last, First, Middle Initial)
Lindsay Mederich

Mailing Address 420 Walnut Creek Lane

City State Zip Code
Lisle IL 60532

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 70.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 0 3 / 2 0 1 1

Transaction ID: SA11AI.4525

Amount of Each Receipt this Period
70.00

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

Mailing Address 1020 Yellowstone Road

City State Zip Code
Cleveland OH 44121

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 / D D / Y Y Y Y Y
 0 6 / 0 7 / 2 0 1 1

Transaction ID: SA11AI.4629

Amount of Each Receipt this Period
50.00

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

Mailing Address 8311 Pioneer Drive

City State Zip Code
Anchorage AK 04714

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

Name of Employer Occupation
Southcentral Foundation 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
 0 6 / 0 7 / 2 0 1 1

Transaction ID: SA11AI.4648

Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional) ► **320.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 39 / 60
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
Ruth Mielke

Mailing Address 1705 Loma Vista Street

City Pasadena State CA Zip Code 91104

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
MM / DD / YYYY
06 / 03 / 2011

Transaction ID: SA11AI.4555

Amount of Each Receipt this Period
50.00

B.

Full Name (Last, First, Middle Initial)
Carol Milligan

Mailing Address 4660 Del Sueno

City Las Vegas State NV Zip Code 89120

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

Name of Employer Occupation
CNM MS FACNM CNM

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
06 / 28 / 2011

Transaction ID: SA11AI.4670

Amount of Each Receipt this Period
200.00

C.

Full Name (Last, First, Middle Initial)
Roxann G Mitchell

Mailing Address 392 Watters Rd

City Hackettstown State NJ Zip Code 07940

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

Name of Employer Occupation
self CNM

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt
MM / DD / YYYY
06 / 06 / 2011

Transaction ID: SA11AI.4582

Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional) ► **450.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 / 60		
	<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

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

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

A.	Full Name (Last, First, Middle Initial) Hilary Morgan		Date of Receipt MM / DD / YYYY 06 / 07 / 2011		
	Mailing Address 1109 Natures Hammock Road		Transaction ID: SA11AI.4628		
	City Saint Johns	State FL	Zip Code 32259	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer	Occupation		Aggregate Year-to-Date 100.00	

B.	Full Name (Last, First, Middle Initial) Cindy Morin		Date of Receipt MM / DD / YYYY 06 / 03 / 2011		
	Mailing Address 444 Brett Drive		Transaction ID: SA11AI.4546		
	City Dayton	State OH	Zip Code 45433	Amount of Each Receipt this Period 488.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer WHNP	Occupation SNM		Aggregate Year-to-Date 488.00	

C.	Full Name (Last, First, Middle Initial) Cindy Morin		Date of Receipt MM / DD / YYYY 06 / 06 / 2011		
	Mailing Address 444 Brett Drive		Transaction ID: SA11AI.4591		
	City Dayton	State OH	Zip Code 45433	Amount of Each Receipt this Period 25.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer WHNP	Occupation SNM		Aggregate Year-to-Date 513.00	

SUBTOTAL of Receipts This Page (optional)	▶	613.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 41 / 60
(check only one)

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

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

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

A. Full Name (Last, First, Middle Initial)
Julie Mottz Shaw

Mailing Address 12 Holworthy Pl

City State Zip Code
Cambridge MA 02138

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
35.00

Date of Receipt
MM / DD / YYYY
06 / 07 / 2011

Transaction ID: SA11AI.4636

Amount of Each Receipt this Period
35.00

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

Mailing Address 512 Ashley Street
Apt6

City State Zip Code
Ann Arbor MI 04803

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
45.00

Date of Receipt
MM / DD / YYYY
06 / 03 / 2011

Transaction ID: SA11AI.4527

Amount of Each Receipt this Period
45.00

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

Mailing Address 247 Cornell Road

City State Zip Code
Westport MA 02790

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

Name of Employer Occupation
Women 's Care CNM

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt
MM / DD / YYYY
06 / 03 / 2011

Transaction ID: SA11AI.4528

Amount of Each Receipt this Period
450.00

SUBTOTAL of Receipts This Page (optional) ▶ **530.00**

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

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

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

FOR LINE NUMBER: PAGE 42 / 60
(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. Full Name (Last, First, Middle Initial)
Claire C. Nelson

Mailing Address 4723 Upton Avenue South

City State Zip Code
Minneapolis MN 55410

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

Name of Employer Occupation
Hennepin County Medical Center CNM

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 200.00

Date of Receipt
MM / DD / YYYY
06 / 10 / 2011

Transaction ID: SA11AI.4658

Amount of Each Receipt this Period
100.00

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

Mailing Address 6022 Caprock Ct

City State Zip Code
El Paso TX 79912

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

Name of Employer Occupation
Texas Tech Univ Health Sc-iences Center CNM, 1, 1

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

Date of Receipt
MM / DD / YYYY
06 / 27 / 2011

Transaction ID: SA11AI.4667

Amount of Each Receipt this Period
100.00

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

Mailing Address 305 Coach House Drive

City State Zip Code
Madison WI 53714

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

Name of Employer Occupation
Frontier School Nurse-Midwife(Faculty)

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 335.00

Date of Receipt
MM / DD / YYYY
06 / 03 / 2011

Transaction ID: SA11AI.4529

Amount of Each Receipt this Period
285.00

SUBTOTAL of Receipts This Page (optional) ► 485.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 43 / 60
(check only one)

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

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

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

A. Full Name (Last, First, Middle Initial)
Sachiko Oshio

Mailing Address 11460 109th Ave NE

City State Zip Code
Kirkland WA 98033

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

Name of Employer: Center for Women's Health at Evergreen
Occupation: Nurse Midwife, 1

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 25.00

Date of Receipt: 06 / 10 / 2011
Transaction ID: SA11AI.4661
Amount of Each Receipt this Period: 25.00

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

Mailing Address 330 Hadden Ct

City State Zip Code
Athens GA 30606

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

Name of Employer: _____
Occupation: _____

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 25.00

Date of Receipt: 06 / 03 / 2011
Transaction ID: SA11AI.4545
Amount of Each Receipt this Period: 25.00

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

Mailing Address 2805 Esplanade

City State Zip Code
Chico CA 95973

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: 06 / 07 / 2011
Transaction ID: SA11AI.4644
Amount of Each Receipt this Period: 50.00

SUBTOTAL of Receipts This Page (optional) ► 100.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 44 / 60
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
Julie Paul

Mailing Address 122 Arborway Drive

City State Zip Code
Scituate MA 02066

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

Name of Employer Occupation
MSN CNM

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
MM / DD / YYYY
06 / 03 / 2011

Transaction ID: SA11AI.4560

Amount of Each Receipt this Period
260.00

B.

Full Name (Last, First, Middle Initial)
Jenifer Perry- Hildago

Mailing Address 1040 S Grove Ave

City State Zip Code
Oak Park IL 60304

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 25.00

Date of Receipt
MM / DD / YYYY
06 / 03 / 2011

Transaction ID: SA11AI.4537

Amount of Each Receipt this Period
25.00

C.

Full Name (Last, First, Middle Initial)
Christine Peterson

Mailing Address 6246 Parsley HI

City State Zip Code
Leon Valley TX 78238

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 199.00

Date of Receipt
MM / DD / YYYY
06 / 03 / 2011

Transaction ID: SA11AI.4558

Amount of Each Receipt this Period
199.00

SUBTOTAL of Receipts This Page (optional) ► **484.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 45 / 60
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
Jenifer Poell

Mailing Address 849 N Damen Ave Apt 3

City Chicago State IL Zip Code 60622

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

Name of Employer Alivio Medical Center Occupation CNM WNHP-BC

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 06 / 06 / 2011
Transaction ID: SA11AI.4599
 Amount of Each Receipt this Period: 200.00

B.

Full Name (Last, First, Middle Initial)
Linda Proctor

Mailing Address 1268 Devonshire Drive

City San Diego State CA Zip Code 92107

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

Name of Employer retired Occupation CNM

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt: 06 / 10 / 2011
Transaction ID: SA11AI.4659
 Amount of Each Receipt this Period: 200.00

C.

Full Name (Last, First, Middle Initial)
Barbara J Reale

Mailing Address 28 Hart Ave

City Hopewell State NJ Zip Code 08525

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 / 06 / 2011
Transaction ID: SA11AI.4612
 Amount of Each Receipt this Period: 100.00

SUBTOTAL of Receipts This Page (optional) ► 500.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 46 / 60

(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
Susan Rhodes

Mailing Address 27661 View Road

City State Zip Code
Oral SD 57766

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

M M / D D / Y Y Y Y
0 6 / 0 3 / 2 0 1 1

Transaction ID: SA11AI.4576

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)
Anne M Richter

Mailing Address 10853 43rd St N

City State Zip Code
Clearwater FL 33762

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

Name of Employer Occupation
MPH CNM

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
200.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 6 / 2 0 1 1

Transaction ID: SA11AI.4613

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)
Maureen Robb- Heinz

Mailing Address 6918 N Main

City State Zip Code
Richmond MI 48062

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 / D D / Y Y Y Y
0 6 / 0 3 / 2 0 1 1

Transaction ID: SA11AI.4562

Amount of Each Receipt this Period

65.00

SUBTOTAL of Receipts This Page (optional)

365.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 47 / 60
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
Carol Roedocker

Mailing Address 912 Wild Cherry Lane

City State Zip Code
Fort Collins CO 80521

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

Name of Employer Thirteenth Moon Midwifery Occupation Nurse Midwife

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 25.00

Date of Receipt: 06 / 10 / 2011
Transaction ID: SA11AI.4662
Amount of Each Receipt this Period: 25.00

B.

Full Name (Last, First, Middle Initial)
Lynneece Rooney

Mailing Address 10 S 2000 E

City State Zip Code
Salt Lake City UT 84112

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

Name of Employer self Occupation CNM

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 556.00

Date of Receipt: 06 / 03 / 2011
Transaction ID: SA11AI.4536
Amount of Each Receipt this Period: 556.00

C.

Full Name (Last, First, Middle Initial)
Maria B Rothman

Mailing Address 7301 Garland Ave

City State Zip Code
Takoma Park MD 20912

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 10.00

Date of Receipt: 06 / 07 / 2011
Transaction ID: SA11AI.4643
Amount of Each Receipt this Period: 10.00

SUBTOTAL of Receipts This Page (optional) ► 591.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 48 / 60
(check only one)

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

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

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

A. Full Name (Last, First, Middle Initial)
Dulcy Sacan

Mailing Address 61-3 Drexelbrook Dr

City Drexel Hill State PA Zip Code 19026

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

Name of Employer U Penn Occupation student, 1

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 100.00

Date of Receipt 06 / 10 / 2011
Transaction ID: SA11AI.4663
Amount of Each Receipt this Period 100.00

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

Mailing Address 1903 S 2300 E

City Salt Lake City State UT Zip Code 84108

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 25.00

Date of Receipt 06 / 03 / 2011
Transaction ID: SA11AI.4541
Amount of Each Receipt this Period 25.00

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

Mailing Address 1772 17th Avenue South

City Seattle State WA Zip Code 98144

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

Name of Employer Valley Medical Center Occupation RN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 125.00

Date of Receipt 06 / 03 / 2011
Transaction ID: SA11AI.4578
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) ►

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

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

FOR LINE NUMBER: PAGE 49 / 60
(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. Full Name (Last, First, Middle Initial)
Lily Shiang Yun HSIA

Mailing Address 135 Eastern Pkwy
Apt 15E

City State Zip Code
Brooklyn NY 11238

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

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	6	/	2	0	1	1

Transaction ID: SA11AI.4585

Amount of Each Receipt this Period
100.00

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

Mailing Address 10 South Main Street

City State Zip Code
New Salem MA 01355

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

Name of Employer Occupation
Yale University SNM

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
25.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	0	/	2	0	1	1

Transaction ID: SA11AI.4656

Amount of Each Receipt this Period
25.00

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

Mailing Address 39545 Cather Street

City State Zip Code
Canton MI 48187

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
17.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	3	/	2	0	1	1

Transaction ID: SA11AI.4563

Amount of Each Receipt this Period
17.00

SUBTOTAL of Receipts This Page (optional) ► **142.00**

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

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

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

FOR LINE NUMBER: PAGE 50 / 60
(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. Full Name (Last, First, Middle Initial)
Crystal Smith

Mailing Address 262 Stones Throw Ave

City State Zip Code
Livingston TX 77351

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 20.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 0 6 / 2 0 1 1

Transaction ID: SA11AI.4595

Amount of Each Receipt this Period
20.00

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

Mailing Address 35 Prospect Park W
Apt 15E

City State Zip Code
Brooklyn NY 11215

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 25.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 0 7 / 2 0 1 1

Transaction ID: SA11AI.4649

Amount of Each Receipt this Period
25.00

C. Full Name (Last, First, Middle Initial)
Betty J Snell

Mailing Address 24902 Moulton Parkway
Ste 120

City State Zip Code
Laguna Hills CA 92637

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
 M M / D D / Y Y Y Y Y
 0 6 / 0 7 / 2 0 1 1

Transaction ID: SA11AI.4630

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► 145.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 51 / 60
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
Dian Sparling

Mailing Address 324 Jackson Ave

City State Zip Code
Fort Collins CO 80521

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

Name of Employer self Occupation
self CNM

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
200.00

Date of Receipt
MM / DD / YYYY
06 / 03 / 2011

Transaction ID: SA11AI.4574

Amount of Each Receipt this Period
200.00

B.

Full Name (Last, First, Middle Initial)
Andrea Stadnuar

Mailing Address 5600 Hobnail Cir

City State Zip Code
West Bloomfield MI 48322

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
25.00

Date of Receipt
MM / DD / YYYY
06 / 03 / 2011

Transaction ID: SA11AI.4532

Amount of Each Receipt this Period
25.00

C.

Full Name (Last, First, Middle Initial)
Kristina Stevens

Mailing Address 472 N Rockwell Street

City State Zip Code
Chicago IL 60625

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
25.00

Date of Receipt
MM / DD / YYYY
06 / 03 / 2011

Transaction ID: SA11AI.4526

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► **250.00**

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

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

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

FOR LINE NUMBER: PAGE 52 / 60
(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. Full Name (Last, First, Middle Initial)
Meghan Stork

Mailing Address 10 Fitzgerald Street

City State Zip Code
East Bernard TX 77435

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

Name of Employer Occupation
University of Texas HSC-H-ousto 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
0 6 / 0 6 / 2 0 1 1

Transaction ID: SA11AI.4580

Amount of Each Receipt this Period
200.00

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

Mailing Address 1220 Noyes Drive

City State Zip Code
Silver Spring MD 20910

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

Name of Employer Occupation
FACNM CNM

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 0 7 / 2 0 1 1

Transaction ID: SA11AI.4640

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Kimm J Sun

Mailing Address 244 Fifth Ave S-206

City State Zip Code
New York NY 10001

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

Name of Employer Occupation
self 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
0 6 / 0 6 / 2 0 1 1

Transaction ID: SA11AI.4600

Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional) ► 1400.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 53 / 60

(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)

Heather Suzette Swanson

Mailing Address 257 22 Rd

City State Zip Code
Wilcox NE 68982

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

Name of Employer Occupation
IBCLC CNM

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

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 6 / 2 0 1 1

Transaction ID: SA11AI.4603

Amount of Each Receipt this Period
100.00

B.

Full Name (Last, First, Middle Initial)

Heather Suzette Swanson

Mailing Address 257 22 Rd

City State Zip Code
Wilcox NE 68982

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

Name of Employer Occupation
IBCLC CNM

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 285.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 6 / 2 0 1 1

Transaction ID: SA11AI.4614

Amount of Each Receipt this Period
185.00

C.

Full Name (Last, First, Middle Initial)

Tanya Tanner

Mailing Address 11164 Cherokee St

City State Zip Code
Nothglenn CO 80234

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

Name of Employer Occupation
ACNM BOD CNM

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 200.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 7 / 2 0 1 1

Transaction ID: SA11AI.4627

Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional) ►

485.00

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

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

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

FOR LINE NUMBER: PAGE 54 / 60
(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. Full Name (Last, First, Middle Initial)
Alice Bannon Taylor

Mailing Address 2788 O HWY 101

City State Zip Code
Gold Beach OR 97444

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

Name of Employer Occupation
Curry Health Network 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
06 / 02 / 2011

Transaction ID: SA11AI.4505

Amount of Each Receipt this Period
500.00

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

Mailing Address 2123 Hammond Ave

City State Zip Code
Dupont WA 98327

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
M M / D D / Y Y Y Y Y
06 / 03 / 2011

Transaction ID: SA11AI.4577

Amount of Each Receipt this Period
100.00

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

Mailing Address 3724 Jefferson Street

City State Zip Code
Kansas City MO 64111

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 116.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 03 / 2011

Transaction ID: SA11AI.4530

Amount of Each Receipt this Period
116.00

SUBTOTAL of Receipts This Page (optional) ▶ **716.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 55 / 60
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
Maria Valentin- Welch

Mailing Address 95 Elsa Jane Lane

City State Zip Code
Pittsboro NC 27312

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
MM / DD / YYYY
06 / 07 / 2011

Transaction ID: SA11AI.4632

Amount of Each Receipt this Period
100.00

B.

Full Name (Last, First, Middle Initial)
Leona Vandevusse

Mailing Address 4371 S Lake Drive

City State Zip Code
Cudahy WI 53110

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
30.00

Date of Receipt
MM / DD / YYYY
06 / 03 / 2011

Transaction ID: SA11AI.4531

Amount of Each Receipt this Period
30.00

C.

Full Name (Last, First, Middle Initial)
Cynthia Wade

Mailing Address 9335 Rhythm Lane

City State Zip Code
Houston TX 77040

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
MM / DD / YYYY
06 / 07 / 2011

Transaction ID: SA11AI.4642

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► **230.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 / 60
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Anne Walters		Date of Receipt
	Mailing Address 4675 S Huron Street		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 03 / 2011
	City	State	Zip Code
	Englewood	CO	80110
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4552
Name of Employer All About Womens 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"/> 109.00

B.	Full Name (Last, First, Middle Initial) Anne Walters		Date of Receipt
	Mailing Address 4675 S Huron Street		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 03 / 2011
	City	State	Zip Code
	Englewood	CO	80110
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4553
Name of Employer All About Womens 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"/> 500.00

C.	Full Name (Last, First, Middle Initial) Joyce D Ward		Date of Receipt
	Mailing Address 1017 Duryea Ave		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 07 / 2011
	City	State	Zip Code
	Reading	PA	19605
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4646
Name of Employer		Occupation	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"/> 50.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 659.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 57 / 60

(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)

Torni Warren

Mailing Address 3014 Brook Street

City State Zip Code
Oaklandm CA 94611

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

15.00

Date of Receipt

M M / D D / Y Y Y Y
06 / 07 / 2011

Transaction ID: SA11AI.4637

Amount of Each Receipt this Period

15.00

B.

Full Name (Last, First, Middle Initial)

Stephanie Welsh

Mailing Address 122 Gurleyville Rd

City State Zip Code
Storrs CT 06268

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

CNM, 1

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

M M / D D / Y Y Y Y
06 / 15 / 2011

Transaction ID: SA11AI.4666

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

Juanita Wielenga

Mailing Address 8350 Tamarind Ln

City State Zip Code
Riverside CA 92509

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

18.00

Date of Receipt

M M / D D / Y Y Y Y
06 / 03 / 2011

Transaction ID: SA11AI.4556

Amount of Each Receipt this Period

18.00

SUBTOTAL of Receipts This Page (optional) ▶

58.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 58 / 60	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

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

A.	Full Name (Last, First, Middle Initial) Katie Wright		Date of Receipt																					
	Mailing Address 2093 SW Olympic Clul		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	6		2	0	1	1
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	6		0	6		2	0	1	1														
	City	State	Zip Code		Transaction ID: SA11AI.4621																			
	Palm City	FL	34990																					
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>		Amount of Each Receipt this Period																				
Name of Employer		Occupation		<input type="text" value="26.00"/>																				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="26.00"/>																						

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="26.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="24320.00"/>

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

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

FOR LINE NUMBER: (check only one)

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

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

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

A.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: SB21B.4678 Date of Disbursement
	Mailing Address P.O. Box 981540	<input type="text" value="06"/> / <input type="text" value="29"/> / <input type="text" value="2011"/>
	City El Paso State TX Zip Code 79998-1540	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank Fee	<input type="text" value="4.95"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Bank of America	Transaction ID: SB21B.4676 Date of Disbursement
	Mailing Address PO Box 25118	<input type="text" value="06"/> / <input type="text" value="01"/> / <input type="text" value="2011"/>
	City Tampa State FL Zip Code 33622	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank Fee	<input type="text" value="191.47"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Paypal INC	Transaction ID: SB21B.4677 Date of Disbursement
	Mailing Address 4100 Solutions Center #774100	<input type="text" value="06"/> / <input type="text" value="14"/> / <input type="text" value="2011"/>
	City Chicago State IL Zip Code 60677	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank Fee	<input type="text" value="59.95"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="256.37"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

PAGE 60 / 60

<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

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

NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

A.

Full Name (Last, First, Middle Initial)

WHITEHOUSE FOR SENATE

Mailing Address 10 G Street NE, Suite 570

City Washington State DC Zip Code 20002

Purpose of Disbursement
Whitehouse for Senate Dinner-Contribution

Candidate Name
WHITEHOUSE FOR SENATE

Office Sought: House
 Senate
 President

State: RI District: 00

Disbursement For: Primary General
 Other (specify) ▼

Transaction ID: SB21B.4675

Date of Disbursement

06 / 02 / 2011

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)

500.00

TOTAL This Period (last page this line number only)

756.37