



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>		<input type="text" value="182787.62"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="186298.27"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="1085.00"/>	<input type="text" value="9867.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="187383.27"/>	<input type="text" value="192654.62"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="1079.90"/>	<input type="text" value="6351.25"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="186303.37"/>	<input type="text" value="186303.37"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

**AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC**

Report Covering the Period: From:  /  /  To:  /  /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	1085.00	9867.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	1085.00	9867.00
(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) .....	1085.00	9867.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	1085.00	9867.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	1085.00	9867.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	79.90	351.25
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	79.90	351.25
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1000.00	6000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	1079.90	6351.25
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1079.90	6351.25

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	1085.00	9867.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	1085.00	9867.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ▶	79.90	351.25
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....▶	79.90	351.25



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 17
	<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"/>	<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. Sara E. Church**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 17 Staples Ct.  
 City Norwalk State CT Zip Code 06855-2001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Norwalk Hospital Occupation Certified Nurse-Midwife  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **25.00**

Date of Receipt **04 / 25 / 2016**  
**Transaction ID : SA11AI.12269**  
 Amount of Each Receipt this Period **25.00**  
 Memo Item  
 April 2016 Contribution

**B. Winifred C Connerton**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 161 Hillcrest Ave  
 City Edison State NJ Zip Code 08817-3123  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pace University Occupation Certified Nurse-Midwife  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **50.00**

Date of Receipt **04 / 20 / 2016**  
**Transaction ID : SA11AI.12262**  
 Amount of Each Receipt this Period **50.00**  
 Memo Item  
 April 2016 Contribution

**C. Rachel Cornett-Olsson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 214 Avant Ave  
 City San Antonio State TX Zip Code 78210-4106  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer N/A Occupation Student  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **20.00**

Date of Receipt **04 / 20 / 2016**  
**Transaction ID : SA11AI.12267**  
 Amount of Each Receipt this Period **20.00**  
 Memo Item  
 April 2016 Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>95.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

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

**A. Kristy Culp-Leonard**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1208 Sierra Ave  
 City San Jose State CA Zip Code 95126-2642  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kaiser Permanente Santa Clara Occupation Certified Nurse-Midwife  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **25.00**

Date of Receipt **04 / 25 / 2016**  
**Transaction ID : SA11AI.12273**  
 Amount of Each Receipt this Period **25.00**  
 Memo Item  
 April 2016 Contribution

**B. Cynthia Dalsing**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1215 Michigan St Ste C  
 City Sandpoint State ID Zip Code 83864-5014  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Women's Health Care Occupation Certified Nurse-Midwife  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **100.00**

Date of Receipt **04 / 05 / 2016**  
**Transaction ID : SA11AI.12249**  
 Amount of Each Receipt this Period **100.00**  
 Memo Item  
 April 2016 Contribution

**c. Megan Deibel**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1009 Par 4 Cir  
 City Kalamazoo State MI Zip Code 49008-2915  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Borgess Women's Health Occupation Certified Nurse-Midwife  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **50.00**

Date of Receipt **04 / 25 / 2016**  
**Transaction ID : SA11AI.12268**  
 Amount of Each Receipt this Period **50.00**  
 Memo Item  
 April 2016 Contribution

**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: (check only one)	PAGE 10 OF 17
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Christine Gundel**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 17001 Yellowstone Dr  
 City Eagle River State AK Zip Code 99577-9405  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation Certified Nurse-Midwife  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **20.00**

Date of Receipt **04 / 05 / 2016**  
**Transaction ID : SA11AI.12251**  
 Amount of Each Receipt this Period **20.00**  
 Memo Item  
 April 2016 Contribution

**B. Esther Morhaim Hausman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 308 Old Bedford Rd  
 City Concord State MA Zip Code 01742-2720  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation Certified Nurse-Midwife  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **10.00**

Date of Receipt **04 / 05 / 2016**  
**Transaction ID : SA11AI.12253**  
 Amount of Each Receipt this Period **10.00**  
 Memo Item  
 April 2016 Contribution

**C. Jacqui Henrich**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 300 Cirby Hills Dr Apt 238  
 City Roseville State CA Zip Code 95678-4383  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation Certified Nurse-Midwife  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **100.00**

Date of Receipt **04 / 25 / 2016**  
**Transaction ID : SA11AI.12271**  
 Amount of Each Receipt this Period **100.00**  
 Memo Item  
 April 2016 Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>130.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

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

**A. Kimberly Holderfield**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 399 Hopewell Rd  
 City Forsyth State GA Zip Code 31029-7060  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer N/A Occupation Student  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **20.00**

Date of Receipt **04 / 20 / 2016**  
**Transaction ID : SA11AI.12263**  
 Amount of Each Receipt this Period **20.00**  
 Memo Item  
 April 2016 Contribution

**B. Ashleigh Hornsby**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4517 Sterlington Blvd  
 City Sulphur State LA Zip Code 70665-8734  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer N/A Occupation Student  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **20.00**

Date of Receipt **04 / 20 / 2016**  
**Transaction ID : SA11AI.12266**  
 Amount of Each Receipt this Period **20.00**  
 Memo Item  
 April 2016 Contribution

**C. Susan Hovinen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 35484 Palisade Dr NE  
 City Cambridge State MN Zip Code 55008-8054  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Cambridge Medical Center Occupation Certified Nurse-Midwife  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **20.00**

Date of Receipt **04 / 05 / 2016**  
**Transaction ID : SA11AI.12252**  
 Amount of Each Receipt this Period **20.00**  
 Memo Item  
 April 2016 Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>60.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 17
	<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"/>	<input type="checkbox"/> 17

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

**A. Laura Jenson**  
Full Name (Last, First, Middle Initial)

Mailing Address 4208 SE 9th Ave

City Portland State OR Zip Code 97202-5005

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

Name of Employer Oregon Health & Science Univ Occupation Certified Nurse-Midwife

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **70.00**

Date of Receipt **04 / 25 / 2016**

**Transaction ID : SA11AI.12274**

Amount of Each Receipt this Period **20.00**

Memo Item  
April 2016 Contribution

**B. Kimberly Kight**  
Full Name (Last, First, Middle Initial)

Mailing Address 4221 180th PI SE

City Bothell State WA Zip Code 98012-7578

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

Name of Employer University of New Mexico Occupation Certified Nurse-Midwife

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **50.00**

Date of Receipt **04 / 20 / 2016**

**Transaction ID : SA11AI.12255**

Amount of Each Receipt this Period **50.00**

Memo Item  
April 2016 Contribution

**C. Christine Ludwick**  
Full Name (Last, First, Middle Initial)

Mailing Address 354 Oaktree Dr

City Mountain View State CA Zip Code 94040-4750

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

Name of Employer Lucile Packard Children's Hsp Occupation Certified Nurse-Midwife

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **50.00**

Date of Receipt **04 / 25 / 2016**

**Transaction ID : SA11AI.12272**

Amount of Each Receipt this Period **50.00**

Memo Item  
April 2016 Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>120.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

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

**A. Kelly McKittrick**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5915 23rd Ave S  
 City Seattle State WA Zip Code 98108-2945  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Swedish Midwives, Issaquah Occupation Certified Nurse-Midwife  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **50.00**

Date of Receipt **04 / 05 / 2016**  
**Transaction ID : SA11AI.12247**  
 Amount of Each Receipt this Period **50.00**  
 Memo Item  
 April 2016 Contribution

**B. Emily Miller**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7888 S Grant St  
 City Midvale State UT Zip Code 84047-7439  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer N/A Occupation Student  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **20.00**

Date of Receipt **04 / 20 / 2016**  
**Transaction ID : SA11AI.12265**  
 Amount of Each Receipt this Period **20.00**  
 Memo Item  
 April 2016 Contribution

**C. Heather Murphy**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11188 Grand Winthrop Ave  
 City Riverview State FL Zip Code 33578-4668  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer USF Physicians Group Occupation Certified Nurse-Midwife  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **50.00**

Date of Receipt **04 / 20 / 2016**  
**Transaction ID : SA11AI.12258**  
 Amount of Each Receipt this Period **50.00**  
 Memo Item  
 April 2016 Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>120.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

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

**A. Janell Niemann-Ross**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1804 SE 33rd  
 City Portland State OR Zip Code 97214-5068  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Providence Maternal Care Cln Occupation Certified Nurse-Midwife  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 50.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 20 / 2016  
**Transaction ID : SA11AI.12260**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 April 2016 Contribution

**B. Lesley Rathbun**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9133 Timber St  
 City North Charleston State SC Zip Code 29406-9075  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Charleston Birth Place Occupation Certified Nurse-Midwife  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 50.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 20 / 2016  
**Transaction ID : SA11AI.12259**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 April 2016 Contribution

**C. Susana Vega**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7171 Crest River Ln  
 City Amissville State VA Zip Code 20106-3405  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Johns Hopkins Occupation Licensed Nurse Practitioner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 50.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 05 / 2016  
**Transaction ID : SA11AI.12245**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 April 2016 Contribution

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

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

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

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

**A. Sarah Weinstein**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 308 S Cliff Dr  
 City Gallup State NM Zip Code 87301-6066  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation Certified Nurse-Midwife  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 05 / 2016  
**Transaction ID : SA11AI.12248**  
 Amount of Each Receipt this Period  
 10.00  
 Memo Item  
 April 2016 Contribution

**B. Heather Wilson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2501 Foxfire Ln  
 City Findlay State OH Zip Code 45840-7103  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation Certified Nurse-Midwife  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 05 / 2016  
**Transaction ID : SA11AI.12254**  
 Amount of Each Receipt this Period  
 10.00  
 Memo Item  
 April 2016 Contribution

**C.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	20.00
<b>TOTAL</b> This Period (last page this line number only).....	1085.00

**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**

Full Name (Last, First, Middle Initial)

**A. Bank of America**

Mailing Address 7810 Old Branch Avenue

City Clinton State MD Zip Code 20735

Purpose of Disbursement  
Bank of America fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 04 / 2016

Transaction ID : SB21B.12276

Amount of Each Disbursement this Period

19.95

Memo Item

Full Name (Last, First, Middle Initial)

**B. Paypal INC**

Mailing Address 4100 Solutions Center #774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement  
PayPal fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 05 / 2016

Transaction ID : SB21B.12275

Amount of Each Disbursement this Period

59.95

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

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

Amount of Each Disbursement this Period

Memo Item

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

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

79.90

79.90

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. LUCILLE ROYBAL-ALLARD FOR CONGRESS**

Mailing Address 6 E STREET, SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
Campaign Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: CA District: 40

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 04 / 2016

Transaction ID : SB23.12277

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

Memo Item

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

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

1000.00

1000.00