

**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="182787.62"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="575.00"/>	<input type="text" value="575.00"/>
(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="183362.62"/>	<input type="text" value="183362.62"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="3108.12"/>	<input type="text" value="3108.12"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="180254.50"/>	<input type="text" value="180254.50"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY 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).....	575.00	575.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	575.00	575.00
(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)	575.00	575.00
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))..... ▶	575.00	575.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	575.00	575.00

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	108.12	108.12
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	108.12	108.12
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	3000.00	3000.00
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)) ..	3108.12	3108.12
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3108.12	3108.12

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)	575.00	575.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	575.00	575.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	108.12	108.12
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	108.12	108.12

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 12
<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

Full Name (Last, First, Middle Initial) A. Carrie Brockriede		Date of Receipt
Mailing Address 9208 State Highway 240 W		<input type="text" value="01"/> / <input type="text" value="11"/> / <input type="text" value="2016"/>
City	State	Zip Code
Electra	TX	76360-4903
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : SA11AI.11924
N/A	Student	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="20.00"/>	<input type="text" value="20.00"/>
<input type="checkbox"/> Other (specify) ▼		January 2016 Contribution

Full Name (Last, First, Middle Initial) B. Karen M. Frank		Date of Receipt
Mailing Address 3820 Barr Court		<input type="text" value="01"/> / <input type="text" value="19"/> / <input type="text" value="2016"/>
City	State	Zip Code
Boulder	CO	80305-6503
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : SA11AI.11929
Boulder Community Health	Certified Nurse-Midwife	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="50.00"/>	<input type="text" value="50.00"/>
<input type="checkbox"/> Other (specify) ▼		January 2016 Contribution

Full Name (Last, First, Middle Initial) C. Hannah Haigler		Date of Receipt
Mailing Address 258 Roslindale Ave # 1		<input type="text" value="01"/> / <input type="text" value="11"/> / <input type="text" value="2016"/>
City	State	Zip Code
Roslindale	MA	02131-3303
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : SA11AI.11927
Mount Auburn Hospital	Certified Nurse-Midwife	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="50.00"/>	<input type="text" value="50.00"/>
<input type="checkbox"/> Other (specify) ▼		January 2016 Contribution

SUBTOTAL of Receipts This Page (optional).....	<input type="text" value="120.00"/>
TOTAL This Period (last page this line number only).....	<input type="text" value=""/>

**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 12
	<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. Sharon L. Holley
 Full Name (Last, First, Middle Initial)
 Mailing Address 461 21st St
 City Nashville State TN Zip Code 37240
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Vanderbilt Univ.Schl of Nursing Occupation Certified Nurse-Midwife
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 50.00

Date of Receipt 01 / 11 / 2016
Transaction ID : SA11Al.11920
 Amount of Each Receipt this Period 50.00
 January 2016 Contribution

B. Amanda Lewis
 Full Name (Last, First, Middle Initial)
 Mailing Address 41161 Hidden Cove Ave
 City Gonzales State LA Zip Code 70737-8951
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ochsner Health System Occupation Certified Nurse-Midwife
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 50.00

Date of Receipt 01 / 11 / 2016
Transaction ID : SA11Al.11906
 Amount of Each Receipt this Period 50.00
 January 2016 Contribution

C. Andrea Mana
 Full Name (Last, First, Middle Initial)
 Mailing Address 5175 Ashley Dr
 City Nashville State TN Zip Code 37211-5952
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Vanderbilt School of Nursing Occupation Certified Nurse-Midwife
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 20.00

Date of Receipt 01 / 11 / 2016
Transaction ID : SA11Al.11912
 Amount of Each Receipt this Period 20.00
 January 2016 Contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 12
	<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. Nicole Mercer
 Full Name (Last, First, Middle Initial)
 Mailing Address 2036 Straightway Ave
 City Nashville State TN Zip Code 37206-2214
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Not employed; not retired Occupation Student
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **50.00**

Date of Receipt **01 / 11 / 2016**
Transaction ID : SA11AI.11923
 Amount of Each Receipt this Period **50.00**
 January 2016 Contribution

B. Sara Mertz
 Full Name (Last, First, Middle Initial)
 Mailing Address 6575 Deer Run Trail
 City Saginaw State MI Zip Code 48603
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Henry Ford Health System Occupation Certified Nurse-Midwife
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **50.00**

Date of Receipt **01 / 05 / 2016**
Transaction ID : SA11AI.11904
 Amount of Each Receipt this Period **50.00**
 January 2016 Contribution

C. Tonya Nicholson
 Full Name (Last, First, Middle Initial)
 Mailing Address 438 Whittle Road
 City Dexter State GA Zip Code 31019-3840
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Frontier University Occupation Certified Nurse-Midwife
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **50.00**

Date of Receipt **01 / 11 / 2016**
Transaction ID : SA11AI.11926
 Amount of Each Receipt this Period **50.00**
 January 2016 Contribution

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: (check only one)	PAGE 9 OF 12
	<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. Dana B Perlman
Full Name (Last, First, Middle Initial)

Mailing Address 723 Arden Road

City Jenkintown State PA Zip Code 19046-1524

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

Name of Employer Midwifery Inst of Philad Univ Occupation Certified Nurse-Midwife

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 100.00

Date of Receipt 01 / 11 / 2016
Transaction ID : SA11Al.11914

Amount of Each Receipt this Period 100.00

January 2016 Contribution

B. Jana Schenkel
Full Name (Last, First, Middle Initial)

Mailing Address 11829 Terrace Dr

City Grand Blanc State MI Zip Code 48439-1137

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

Name of Employer Mid-Michigan Midwifery Occupation Certified Nurse-Midwife

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5.00

Date of Receipt 01 / 11 / 2016
Transaction ID : SA11Al.11910

Amount of Each Receipt this Period 5.00

January 2016 Contribution

C. Katie Schulz
Full Name (Last, First, Middle Initial)

Mailing Address 4013 NE Luxury Ln

City Bremerton State WA Zip Code 98311-9673

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

Name of Employer US Navy Occupation Student

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 20.00

Date of Receipt 01 / 11 / 2016
Transaction ID : SA11Al.11916

Amount of Each Receipt this Period 20.00

January 2016 Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 125.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 12
<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. Esther Strockbine
Full Name (Last, First, Middle Initial)
Mailing Address 16250 SE 65TH LN
City OCKLAWAHA State FL Zip Code 32179
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 01 / 11 / 2016
Transaction ID : SA11Al.11921
Amount of Each Receipt this Period 10.00
January 2016 Contribution

B. Torri Warren
Full Name (Last, First, Middle Initial)
Mailing Address 3014 Brook Street
City Oakland State CA Zip Code 94611-5716
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation Kaiser Permanente Certified Nurse-Midwife
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 10.00

Date of Receipt 01 / 11 / 2016
Transaction ID : SA11Al.11909
Amount of Each Receipt this Period 10.00
January 2016 Contribution

C. Helen Welch
Full Name (Last, First, Middle Initial)
Mailing Address 8003 SE 7th Ave
City Portland State OR Zip Code 97202-6406
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation Women's Healthcare Assoc. LLC Certified Nurse-Midwife
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 40.00

Date of Receipt 01 / 11 / 2016
Transaction ID : SA11Al.11919
Amount of Each Receipt this Period 40.00
January 2016 Contribution

SUBTOTAL of Receipts This Page (optional).....	60.00
TOTAL This Period (last page this line number only).....	575.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Bank of America

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
01 / 04 / 2016

Transaction ID : SB21B.11930

Amount of Each Disbursement this Period

48.17

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
01 / 05 / 2016

Transaction ID : SB21B.11931

Amount of Each Disbursement this Period

59.95

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

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

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

108.12

108.12

**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. MURKOWSKI, LISA

Mailing Address P.O. Box 100847

City ANCHORAGE State AK Zip Code 99510

Purpose of Disbursement
Campaign contribution

Candidate Name

Office Sought: House
 Senate
 President
State: AK District: 00

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	5		2	0	1	6

Transaction ID : SB23.11943

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

B. PROGRESSIVE CHOICES PAC

Mailing Address P.O. BOX 58

City EVANSTON State IL Zip Code 60204

Purpose of Disbursement
Campaign Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	8		2	0	1	6

Transaction ID : SB23.11935

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

C. SCHAKOWSKY FOR CONGRESS

Mailing Address P.O. BOX 5130

City EVANSTON State IL Zip Code 60204

Purpose of Disbursement
Campaign Contribution

Candidate Name

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	8		2	0	1	6

Transaction ID : SB23.11937

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

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

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

3	0	0	0	0	0	0	0	0	0

3	0	0	0	0	0	0	0	0	0