

**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="2012"/>	<input type="text" value="56707.96"/>	<input type="text" value="56707.96"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="54625.34"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="16998.00"/>	<input type="text" value="101702.97"/>
(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="71623.34"/>	<input type="text" value="158410.93"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="208.63"/>	<input type="text" value="86996.22"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="71414.71"/>	<input type="text" value="71414.71"/>
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).....	15998.00	100540.65
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	15998.00	100540.65
(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)	15998.00	100540.65
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	162.32
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	1000.00	1000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	16998.00	101702.97
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	16998.00	101702.97

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	208.63	22946.22
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	208.63	22946.22
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	64000.00
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	50.00
(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	50.00
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)) ..	208.63	86996.22
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	208.63	86996.22

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)	15998.00	100540.65
34. Total Contribution Refunds (from Line 28(d))	0.00	50.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	15998.00	100490.65
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	208.63	22946.22
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	162.32
38. Net Operating Expenditures (subtract Line 37 from Line 36)	208.63	22783.90

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 74
	<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. Mary C Akers
Full Name (Last, First, Middle Initial)

Mailing Address 1501 Oxford Court

City Elizabethtown State KY Zip Code 42701

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

Name of Employer not employed Occupation CNM

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **918.00**

Date of Receipt
12 / 18 / 2012

Transaction ID : SA11AI.6919

Amount of Each Receipt this Period
100.00

B. Barbara Anderson
Full Name (Last, First, Middle Initial)

Mailing Address 4263 Quail Rd.

City Riverside State CA Zip Code 92507

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

Name of Employer Frontier Nursing University Occupation Professor/program Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **100.00**

Date of Receipt
12 / 31 / 2012

Transaction ID : SA11AI.6944

Amount of Each Receipt this Period
100.00

C. Rita Barron
Full Name (Last, First, Middle Initial)

Mailing Address 1700 S Court St.

City Visalia State CA Zip Code 93277

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

Name of Employer Wisalia Womens's specialty Occupation CNM

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **100.00**

Date of Receipt
12 / 11 / 2012

Transaction ID : SA11AI.6916

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)..... **300.00**

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

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

Form/Schedule: SA11AI
Transaction ID : SA11AI.6919

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.6944

|

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.6916

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Form/Schedule:

Transaction ID:

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 9 OF 74
	(check only one)	
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<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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. Rebeca Barroso
Full Name (Last, First, Middle Initial)

Mailing Address 908 Tuscarora Avenue

City Saint Paul State MN Zip Code 55102

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

Name of Employer Health East Care Occupation Nurse-Midwife

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 10 / 2012

Transaction ID : SA11AI.6953

Amount of Each Receipt this Period
 200.00

B. Margaret W Beal
Full Name (Last, First, Middle Initial)

Mailing Address 30 Cumberland Ave W4

City Brookline State MA Zip Code 02445

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

Name of Employer MGH Institute of Health Professions Occupation Professor

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
 12 / 31 / 2012

Transaction ID : SA11AI.6938

Amount of Each Receipt this Period
 50.00

C. Heidi Biegel
Full Name (Last, First, Middle Initial)

Mailing Address 230 Everit St.

City New Haven State CT Zip Code 06511-1322

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

Name of Employer Hill Health Center Occupation CNM

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2012

Transaction ID : SA11AI.6903

Amount of Each Receipt this Period
 100.00

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

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

Form/Schedule: SA11AI
Transaction ID : SA11AI.6953

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.6938

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.6903

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Form/Schedule:

Transaction ID:

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

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

FOR LINE NUMBER: PAGE 12 OF 74
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

A. Erin Biscone
Full Name (Last, First, Middle Initial)

Mailing Address 1913 Banks St.

City Houston	State TX	Zip Code 77098
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FEC ID number of contributing federal political committee. **C**

Name of Employer Baylor College of Medicine	Occupation CNM
--	-------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **276.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2012

Transaction ID : SA11AI.6941

Amount of Each Receipt this Period

200.00

B. Elaine Bishop
Full Name (Last, First, Middle Initial)

Mailing Address 2092 Ayers Ave.

City Akron	State OH	Zip Code 44313
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FEC ID number of contributing federal political committee. **C**

Name of Employer Paragon Health Associates	Occupation CNM
---	-------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **50.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	19	/	2012

Transaction ID : SA11AI.6920

Amount of Each Receipt this Period

50.00

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

Mailing Address 2050 Wappoo Hall Rd.

City Charleston	State SC	Zip Code 29412
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FEC ID number of contributing federal political committee. **C**

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

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
12	/	27	/	2012

Transaction ID : SA11AI.6925

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional).....▶	300.00
TOTAL This Period (last page this line number only).....▶	

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

Form/Schedule: SA11AI
Transaction ID : SA11AI.6941

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Form/Schedule: SA11AI
Transaction ID: SA11AI.6920

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.6925

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Form/Schedule:

Transaction ID:

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

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

FOR LINE NUMBER: PAGE 15 OF 74
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)
A. Dorothy Brewin

Mailing Address 401 Colonial Dr #49

City Ipswich State MA Zip Code 01938-1691

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

Name of Employer Univ. of MA Lowell Occupation CNM

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **50.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2012

Transaction ID : **SA11AI.6904**

Amount of Each Receipt this Period
50.00

Full Name (Last, First, Middle Initial)
B. Cynthia Brown

Mailing Address 8927 Roosevelt Way NE

City Seattle State WA Zip Code 98115

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

Name of Employer Midwife Seattle Occupation CNM

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **100.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 01 / 2012

Transaction ID : **SA11AI.6960**

Amount of Each Receipt this Period
100.00

Full Name (Last, First, Middle Initial)
C. Cynthia Brown

Mailing Address 8927 Roosevelt Way NE

City Seattle State WA Zip Code 98115

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

Name of Employer Midwife Seattle Occupation CNM

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **200.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 27 / 2012

Transaction ID : **SA11AI.6927**

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **250.00**

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

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

Form/Schedule: SA11AI
Transaction ID : SA11AI.6904

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Form/Schedule: SA11AI
Transaction ID: SA11AI.6960

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

Form/Schedule: SA11AI
Transaction ID : SA11AI.6927

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Form/Schedule:
Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 18 OF 74
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Helen A. Burgess
Full Name (Last, First, Middle Initial)

Mailing Address 18 Little Lane

City Marshfield State MA Zip Code 02050

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 ▼ 40.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 30 / 2012

Transaction ID : SA11AI.6937

Amount of Each Receipt this Period
 40.00

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

Mailing Address 5147 S Brighton St

City Seattle State WA Zip Code 98118

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

Name of Employer Planned Parenthood Occupation Clinician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 50.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2012

Transaction ID : SA11AI.6942

Amount of Each Receipt this Period
 50.00

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

Mailing Address 5 Garden Ct. Apt. 3

City Cambridge State MA Zip Code 02138-1355

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

Name of Employer St. Elizabeth's Medical Center Occupation CNM

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 06 / 2012

Transaction ID : SA11AI.6966

Amount of Each Receipt this Period
 50.00

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

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

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

Form/Schedule: SA11AI
Transaction ID : SA11AI.6937

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Form/Schedule: SA11AI
Transaction ID: SA11AI.6942

|

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.6966

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Form/Schedule:

Transaction ID:

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

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

FOR LINE NUMBER: PAGE 21 OF 74
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)
A. Sara E. Church

Mailing Address 16 West Main Street

City Norwalk State CT Zip Code 06851

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

Name of Employer Norwalk Hospital Occupation CNM

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **100.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2012

Transaction ID : **SA11AI.6909**

Amount of Each Receipt this Period
100.00

Full Name (Last, First, Middle Initial)
B. Terri P. Clark

Mailing Address 513 S 323rd PI Apt 16G

City Federal Way State WA Zip Code 98003-5807

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

Name of Employer Seattle University Occupation Associate Professor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2012

Transaction ID : **SA11AI.6945**

Amount of Each Receipt this Period
200.00

Full Name (Last, First, Middle Initial)
C. Terri P. Clark

Mailing Address 513 S 323rd PI Apt 16G

City Federal Way State WA Zip Code 98003-5807

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

Name of Employer Seattle University Occupation Associate Professor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2012

Transaction ID : **SA11AI.6946**

Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **500.00**

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

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

Form/Schedule: SA11AI
Transaction ID : SA11AI.6909

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.6945

|

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.6946

|

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 74
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Margi Coggins		Date of Receipt
Mailing Address 11 Cedar Ave		<input type="text" value="12"/> / <input type="text" value="27"/> / <input type="text" value="2012"/>
City	State	Zip Code
Arlington	MA	02476
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.6926
Name of Employer	Occupation	Amount of Each Receipt this Period
Mount Auburn Hospital	CNM	<input type="text" value="100.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="100.00"/>	

Full Name (Last, First, Middle Initial) B. Linda Cole		Date of Receipt
Mailing Address 5125 Mountaincrest Dr.		<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City	State	Zip Code
Knoxville	TN	37918-4520
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.6905
Name of Employer	Occupation	Amount of Each Receipt this Period
Lisa Ross Birth & Women's Center	CNM	<input type="text" value="25.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="25.00"/>	

Full Name (Last, First, Middle Initial) C. Juanita Tiffany Coleman		Date of Receipt
Mailing Address 17818 N. 130th Ave.		<input type="text" value="12"/> / <input type="text" value="17"/> / <input type="text" value="2012"/>
City	State	Zip Code
Sun City West	AZ	85375
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.6957
Name of Employer	Occupation	Amount of Each Receipt this Period
N/A	CNM/Retired	<input type="text" value="50.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="50.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="175.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Form/Schedule: SA11AI
Transaction ID : SA11AI.6926

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Form/Schedule: SA11AI
Transaction ID: SA11AI.6905

|

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.6957

|

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 74
	<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. M Elizabeth Coleman
 Full Name (Last, First, Middle Initial)
 Mailing Address 1113 Weldon Ct.
 City Lexington State KY Zip Code 40515
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UK Polk Dalton Clinic Occupation CNM
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 25.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2012
Transaction ID : SA11AI.6921
 Amount of Each Receipt this Period
 25.00

B. Catherine A Collins-Fulea
 Full Name (Last, First, Middle Initial)
 Mailing Address 9960 5th St. N Bld. 5 Apt. 102
 City St. Petersburg State FL Zip Code 33702
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Henry Ford Health System Occupation Nurse-Midwife
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2012
Transaction ID : SA11AI.6914
 Amount of Each Receipt this Period
 100.00

C. CT Affiliate of ACNM
 Full Name (Last, First, Middle Initial)
 Mailing Address 11 Candlewood Rd.
 City Burlington State CT Zip Code 06013
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Affiliate Occupation Affiliate
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2012
Transaction ID : SA11AI.6955
 Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1125.00
TOTAL This Period (last page this line number only)..... ▶

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

Form/Schedule: SA11AI
Transaction ID : SA11AI.6921

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.6914

|

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.6955

|

Form/Schedule:

Transaction ID:

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

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

FOR LINE NUMBER: PAGE 30 OF 74
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Laurie DeSantis

Mailing Address 9247 Garrett Creek Dr.

City Midland State GA Zip Code 31820-4290

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

Name of Employer N/A Occupation CNM

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **20.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2012
Transaction ID : SA11AI.6961

Amount of Each Receipt this Period
20.00

Full Name (Last, First, Middle Initial)
B. Rose Fife

Mailing Address 428 N Linwood Beach Rd.

City Linwood State MI Zip Code 48634

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

Name of Employer HDI OB-Gyn and Midwifery Services Occupation CNM

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **25.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 08 / 2012
Transaction ID : SA11AI.6913

Amount of Each Receipt this Period
25.00

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

Mailing Address 11 Kingsford Road

City Hanover State NH Zip Code 03755

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

Name of Employer Dartmouth-Hitchcock Medical Center Occupation CNM,1

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2012
Transaction ID : SA11AI.6947

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **295.00**

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

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

Form/Schedule: SA11AI
Transaction ID : SA11AI.6961

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.6913

|

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.6947

|

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 33 OF 74
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Talisyn Flagg		Date of Receipt
Mailing Address 8285 Annalisa Path		<input type="text" value="12"/> / <input type="text" value="06"/> / <input type="text" value="2012"/>
City	State	Zip Code
Inver Grove Heights	MN	55077
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Planned Parenthood	CNM	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="200.00"/>	
		Amount of Each Receipt this Period
		<input type="text" value="200.00"/>

Full Name (Last, First, Middle Initial) B. Carol Arenberg Gerjuoy		Date of Receipt
Mailing Address 8 Lexington Road West		<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City	State	Zip Code
West Hartford	CT	06119-1747
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Town of Bloomfield	CNM	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="138.00"/>	
		Amount of Each Receipt this Period
		<input type="text" value="18.00"/>

Full Name (Last, First, Middle Initial) C. Karen Trister Grace		Date of Receipt
Mailing Address 5019 Newport Avenue		<input type="text" value="12"/> / <input type="text" value="23"/> / <input type="text" value="2012"/>
City	State	Zip Code
Bethesda	MD	20816
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Georgetown University	Assistant Program Director	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="50.00"/>	
		Amount of Each Receipt this Period
		<input type="text" value="50.00"/>

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="268.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Form/Schedule: SA11AI
Transaction ID : SA11AI.6911

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.6907

|

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.6922

|

Form/Schedule:

Transaction ID:

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 74
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Janelle Green			Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 01 / 2012
Mailing Address PO Box 1179			Transaction ID : SA11AI.6954
City Buellton	State CA	Zip Code 93427	Amount of Each Receipt this Period 2000.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self	Occupation Homemaker		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00		

Full Name (Last, First, Middle Initial) B. Natalie Jacobson-Dunlop			Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 29 / 2012
Mailing Address 9555 SW Barnes			Transaction ID : SA11AI.6933
City Portland	State OR	Zip Code 97225	Amount of Each Receipt this Period 30.00
FEC ID number of contributing federal political committee. C			
Name of Employer Women's Healthcare Assoc	Occupation Nurse Midwife		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 30.00		

Full Name (Last, First, Middle Initial) C. Diana Jolles			Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 06 / 2012
Mailing Address PO Box 331652			Transaction ID : SA11AI.6910
City Corpus Christi	State TX	Zip Code 78463	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer FNU	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).....▶	2130.00
TOTAL This Period (last page this line number only).....▶	

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

Form/Schedule: SA11AI
Transaction ID : SA11AI.6954

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Form/Schedule: SA11AI
Transaction ID: SA11AI.6933

|

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.6910

|

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 39 OF 74
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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. Christine Just
Full Name (Last, First, Middle Initial)
Mailing Address 34 Chase Drive
City Sharon State MA Zip Code 02067
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Isis Parenting Exec. Dir. of Prenatal Education
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
200.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 18 / 2012
Transaction ID : SA11AI.6918
Amount of Each Receipt this Period
100.00

B. Deborah K. Karsnitz
Full Name (Last, First, Middle Initial)
Mailing Address 2230 Taylorwood Rd.
City Simpsonville State KY Zip Code 40067
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Frontier Nursing University CNM Educator
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
200.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 28 / 2012
Transaction ID : SA11AI.6932
Amount of Each Receipt this Period
200.00

C. Lisa L Kelly
Full Name (Last, First, Middle Initial)
Mailing Address 15 Eshelman Rd.
City Lancaster State PA Zip Code 17601
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
N/A SNM
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
25.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 01 / 2012
Transaction ID : SA11AI.6950
Amount of Each Receipt this Period
25.00

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

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.6918

|

Form/Schedule: SA11AI

Transaction ID: SA11AI.6932

|

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.6950

|

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 74
	<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. Peggy Moore Kibbel
Full Name (Last, First, Middle Initial)

Mailing Address 85 Big Bear Place NW

City Issaquah State WA Zip Code 98027

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

Name of Employer Overlake Obstetrics and Gynecology Occupation Nurse-Midwife

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 100.00

Date of Receipt
12 / 30 / 2012
Transaction ID : SA11AI.6935

Amount of Each Receipt this Period
100.00

B. Tekoa King
Full Name (Last, First, Middle Initial)

Mailing Address 4265 Fruitvale Ave.

City Oakland State CA Zip Code 94602

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

Name of Employer ACNM Occupation Deputy Editor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 100.00

Date of Receipt
12 / 29 / 2012
Transaction ID : SA11AI.6934

Amount of Each Receipt this Period
100.00

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

Mailing Address 240 Lucy Dr.

City Harrisonburg State VA Zip Code 22501

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

Name of Employer Shenandoah Women's Health Care Occupation CNM

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 100.00

Date of Receipt
12 / 01 / 2012
Transaction ID : SA11AI.6951

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 300.00

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

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

Form/Schedule: SA11AI
Transaction ID : SA11AI.6935

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.6934

|

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.6951

|

Form/Schedule:

Transaction ID:

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

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

FOR LINE NUMBER: PAGE 45 OF 74
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Janet Kirsch

Mailing Address 305 Donna Dr.
 Unit 21

City Anchorage State AK Zip Code 99504-1087

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

Name of Employer Southcentral Foundation Occupation CNM

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 50.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2012

Transaction ID : SA11AI.6959

Amount of Each Receipt this Period
 50.00

Full Name (Last, First, Middle Initial)
B. KY Affiliate of ACNM

Mailing Address 1501 Oxford Court

City Elizabethtown State KY Zip Code 42701

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

Name of Employer Affiliate Occupation Affiliate

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2012

Transaction ID : SA11AI.6964

Amount of Each Receipt this Period
 250.00

Full Name (Last, First, Middle Initial)
C. Mary Anne Laffin

Mailing Address 8836 242 St.

City Bellerose State NY Zip Code 11426

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

Name of Employer QLIMG Occupation Midwife

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 11 / 2012

Transaction ID : SA11AI.6915

Amount of Each Receipt this Period
 200.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 500.00

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

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

Form/Schedule: SA11AI
Transaction ID : SA11AI.6959

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.6964

|

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.6915

|

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 48 OF 74
<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. Jean M MacBarron
 Full Name (Last, First, Middle Initial)
 Mailing Address 26 Wompatuck Rd.
 City Hingham State MA Zip Code 02043
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cape Cod Hospital Occupation Nurse Midwife
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 12 / 2012
Transaction ID : SA11AI.6917
 Amount of Each Receipt this Period
 200.00

B. Vicki Nolan Marnin
 Full Name (Last, First, Middle Initial)
 Mailing Address 411 Durham Road
 City Madison State CT Zip Code 06443-2041
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Birth & Beyond Occupation CNM
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2012
Transaction ID : SA11AI.6908
 Amount of Each Receipt this Period
 500.00

C. Massachusetts Affiliate of ACNM
 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
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 30 / 2012
Transaction ID : SA11AI.6978
 Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....▶	1700.00
TOTAL This Period (last page this line number only).....▶	

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

Form/Schedule: SA11AI
Transaction ID : SA11AI.6917

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.6908

|

**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 50 OF 74
	<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. MI Affiliate of ACNM
Full Name (Last, First, Middle Initial)
Mailing Address 12880 Manning Lake Rd.
City Delton State MI Zip Code 49046
FEC ID number of contributing federal political committee. **C**
Name of Employer Affiliante Occupation Affiliante
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1275.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 30 / 2012
Transaction ID : SA11AI.6968
Amount of Each Receipt this Period
1275.00

B. MN Affiliate of ACNM
Full Name (Last, First, Middle Initial)
Mailing Address 2821 E. Minnehaha Pkwy
City Minneapolis State MN Zip Code 55417
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 26 / 2012
Transaction ID : SA11AI.6963
Amount of Each Receipt this Period
1000.00

C. Julie Mottl-Santiago
Full Name (Last, First, Middle Initial)
Mailing Address 12 Holworthy Pl.
City Cambridge State MA Zip Code 02138-4510
FEC ID number of contributing federal political committee. **C**
Name of Employer Boston Medical Center Occupation CNM
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 150.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 27 / 2012
Transaction ID : SA11AI.6928
Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2375.00
TOTAL This Period (last page this line number only)..... ▶

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

Form/Schedule: SA11AI
Transaction ID : SA11AI.6968

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.6963

|

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.6928

|

Form/Schedule:

Transaction ID:

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

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

FOR LINE NUMBER: PAGE 53 OF 74
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

A. Julie Mottl-Santiago
Full Name (Last, First, Middle Initial)
Mailing Address 12 Holworthy Pl.
City Cambridge State MA Zip Code 02138-4510
FEC ID number of contributing federal political committee. **C**
Name of Employer Boston Medical Center Occupation CNM
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 27 / 2012
Transaction ID : SA11AI.6929
Amount of Each Receipt this Period 100.00

B. Katrina Nardini
Full Name (Last, First, Middle Initial)
Mailing Address 307 Amherst Dr. SE
City Albuquerque State NM Zip Code 87106
FEC ID number of contributing federal political committee. **C**
Name of Employer WSNM Occupation CNM
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 50.00

Date of Receipt 12 / 26 / 2012
Transaction ID : SA11AI.6924
Amount of Each Receipt this Period 50.00

C. OK Affiliate of ACNM
Full Name (Last, First, Middle Initial)
Mailing Address 4502 E. 41st Street
City Tulsa State OK Zip Code 74135
FEC ID number of contributing federal political committee. **C**
Name of Employer Affiliate Occupation Affiliate
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 20 / 2012
Transaction ID : SA11AI.6962
Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 400.00
TOTAL This Period (last page this line number only)..... ▶

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

Form/Schedule: SA11AI
Transaction ID : SA11AI.6929

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.6924

|

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.6962

|

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 56 OF 74
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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. Carol Sherman Olivier
Full Name (Last, First, Middle Initial)

Mailing Address 2451 S kent-Des Moines Rd

City Des Moines State WA Zip Code 98198

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

Name of Employer Valley Medical Center Occupation Nurse-Midwife

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 40.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2012

Transaction ID : SA11AI.6943

Amount of Each Receipt this Period
 40.00

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

Mailing Address PO Box 356
56 The New Driftway

City Scituate State MA Zip Code 02066-2428

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

Name of Employer CNEP & South Shore Hospital Occupation Midwife

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 75.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2012

Transaction ID : SA11AI.6952

Amount of Each Receipt this Period
 25.00

C. Holly Powers
Full Name (Last, First, Middle Initial)

Mailing Address 1720 Reserve Way

City Ann Arbor State MI Zip Code 48103

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

Name of Employer University of Michigan Occupation Nurse Midwife

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2012

Transaction ID : SA11AI.6939

Amount of Each Receipt this Period
 200.00

SUBTOTAL of Receipts This Page (optional).....▶	265.00
TOTAL This Period (last page this line number only).....▶	

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

Form/Schedule: SA11AI
Transaction ID : SA11AI.6943

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.6952

|

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.6939

|

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 59 OF 74
<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. Holly Powers
 Full Name (Last, First, Middle Initial)
 Mailing Address 1720 Reserve Way
 City Ann Arbor State MI Zip Code 48103
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Michigan Occupation Nurse Midwife
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **400.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2012
Transaction ID : SA11AI.6940
 Amount of Each Receipt this Period
200.00

B. Tari G Radin
 Full Name (Last, First, Middle Initial)
 Mailing Address 127 Westview Dr.
 City Westford State MA Zip Code 01886
 FEC ID number of contributing federal political committee. **C**
 Name of Employer N/A Occupation CNM
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **100.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2012
Transaction ID : SA11AI.6967
 Amount of Each Receipt this Period
100.00

C. Fra Na Ready
 Full Name (Last, First, Middle Initial)
 Mailing Address 413 NE 70 ST Unit 211
 City Seattle State WA Zip Code 98115
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Swedish Midwifery Occupation CNM
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **200.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 30 / 2012
Transaction ID : SA11AI.6936
 Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional).....	500.00
TOTAL This Period (last page this line number only).....	

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

Form/Schedule: SA11AI
Transaction ID : SA11AI.6940

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.6967

|

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.6936

|

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 62 OF 74
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Elizabeth Sharp		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 18 / 2012
Mailing Address 1327 Peachtree St. NE Apt. 204		Transaction ID : SA11AI.6956
City Atlanta	State GA	Zip Code 30309
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 200.00
Name of Employer Retired	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

Full Name (Last, First, Middle Initial) B. Janet C. Spinner		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 30 / 2012
Mailing Address 56 Elmwood Rd.		Transaction ID : SA11AI.6906
City New Haven	State CT	Zip Code 06515-2242
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 200.00
Name of Employer South West Community Health Cnt.	Occupation CNM	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

Full Name (Last, First, Middle Initial) C. Beth Stebbins		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 24 / 2012
Mailing Address 7916 SE Salmon		Transaction ID : SA11AI.6923
City Portland	State OR	Zip Code 97215
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 100.00
Name of Employer Legacy Emanuel Hospital	Occupation Midwife	
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).....▶	500.00
TOTAL This Period (last page this line number only).....▶	

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

Form/Schedule: SA11AI
Transaction ID : SA11AI.6956

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.6906

|

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.6923

|

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 65 OF 74
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Brielle J Stoyke		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 18 / 2012
Mailing Address 1853 Highland Parkway		Transaction ID : SA11AI.6958
City Saint Paul	State MN	Zip Code 55116
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer HealthEast	Occupation CNM	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

Full Name (Last, First, Middle Initial) B. Caraway Timmins		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 11 / 2012
Mailing Address 610 Beach Street		Transaction ID : SA11AI.6965
City Ashland	State OR	Zip Code 97520
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Medford Women's Clinic	Occupation CNM	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 100.00	

Full Name (Last, First, Middle Initial) C. TN Affiliate of ACNM		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 01 / 2012
Mailing Address 519 Pennystone Dr.		Transaction ID : SA11AI.6949
City Franklin	State TN	Zip Code 37067-5771
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Affiliate	Occupation Affiliate	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional).....▶	1050.00
TOTAL This Period (last page this line number only).....▶	

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

Form/Schedule: SA11AI
Transaction ID : SA11AI.6958

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.6965

|

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.6949

|

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 74
	<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. Jennifer L Towers
Full Name (Last, First, Middle Initial)

Mailing Address 1195 Devonshire Dr.

City Norton Shores	State MI	Zip Code 49441-5311
-----------------------	-------------	------------------------

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

Name of Employer Muskegon Family Care	Occupation CNM
--	-------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	01	/	2012

Transaction ID : SA11AI.6948

Amount of Each Receipt this Period
100.00

B. M Elyse Veach
Full Name (Last, First, Middle Initial)

Mailing Address 520 Lake Ave.

City Grand Haven	State MI	Zip Code 49417
---------------------	-------------	-------------------

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

Name of Employer Spectrum Health	Occupation CNM
-------------------------------------	-------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
25.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	28	/	2012

Transaction ID : SA11AI.6930

Amount of Each Receipt this Period
25.00

C. WA Affiliate of ACNM
Full Name (Last, First, Middle Initial)

Mailing Address 304 Lynn St.

City Seattle	State WA	Zip Code 98109
-----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2012

Transaction ID : SA11AI.6969

Amount of Each Receipt this Period
2000.00

SUBTOTAL of Receipts This Page (optional).....▶	2125.00
TOTAL This Period (last page this line number only).....▶	

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

Form/Schedule: SA11AI
Transaction ID : SA11AI.6948

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.6930

|

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.6969

|

Form/Schedule:

Transaction ID:

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

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

FOR LINE NUMBER: PAGE 71 OF 74
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

A. Elaine Wilson
Full Name (Last, First, Middle Initial)
Mailing Address 238 Country Club Rd.
City Shalimar State FL Zip Code 32579-2216
FEC ID number of contributing federal political committee. **C**
Name of Employer Retired Occupation Retired
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 25.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 28 / 2012
Transaction ID : SA11AI.6931
Amount of Each Receipt this Period
25.00

B. Ruth Zielinski
Full Name (Last, First, Middle Initial)
Mailing Address 9251 East DE Avenue
City Richland State MI Zip Code 49083
FEC ID number of contributing federal political committee. **C**
Name of Employer W.MI Univ/BorgessWomen'sHealth Occupation Professor/CNM
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 100.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 08 / 2012
Transaction ID : SA11AI.6912
Amount of Each Receipt this Period
100.00

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) ▼
Aggregate Year-to-Date ▼

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

SUBTOTAL of Receipts This Page (optional).....▶	125.00
TOTAL This Period (last page this line number only).....▶	15998.00

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

Form/Schedule: SA11AI
Transaction ID : SA11AI.6931

|

Form/Schedule: SA11AI
Transaction ID: SA11AI.6912

|

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

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

FOR LINE NUMBER: PAGE 73 OF 74
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. SUE MYRICK FOR CONGRESS
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. BOX 37091
 City CHARLOTTE State NC Zip Code 28237
 FEC ID number of contributing federal political committee. **C** C00304667
 Name of Employer Occupation
 Receipt For: 2012
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 01 / 2012
Transaction ID : SA16.6979
 Amount of Each Receipt this Period
 1000.00
 Campaign Contribution

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

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

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) ▼
 Aggregate Year-to-Date ▼

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

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	1000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Bank of America

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		03		2012

Mailing Address 7810 Old Branch Avenue

Transaction ID : SB21B.6970

City State Zip Code
Clinton MD 20735

Amount of Each Disbursement this Period

148.68

Purpose of Disbursement
Bank Fees

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. Paypal INC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		11		2012

Mailing Address 4100 Solutions Center #774100

Transaction ID : SB21B.6971

City State Zip Code
Chicago IL 60677

Amount of Each Disbursement this Period

59.95

Purpose of Disbursement
Paypal Fees

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

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

Mailing Address

Amount of Each Disbursement this Period

--

City State Zip Code

Purpose of Disbursement

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

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

208.63

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

208.63
