

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. **12FE4M5**  
**AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC**

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

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
**C C00358812** 3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

4. TYPE OF REPORT (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report (Q1)  
 July 15 Quarterly Report (Q2)  
 October 15 Quarterly Report (Q3)  
 January 31 Year-End Report (YE)  
 July 31 Mid-Year Report (Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day PRE-Election Report for the:  Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on **11 / 08 / 2016** in the State of   
(d) 30-Day POST-Election Report for the:  General (30G)  Runoff (30R)  Special (30S)  
Election on  **/ /**  in the State of

5. Covering Period **10 / 01 / 2016** through **10 / 19 / 2016**

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Brooks, Alison, , ,  
Type or Print Name of Treasurer

Signature of Treasurer **Brooks, Alison, , ,** [Electronically Filed] Date **11 / 18 / 2016**

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

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"/>	<input type="text" value="182787.62"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="209583.49"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="587.00"/>	<input type="text" value="75447.66"/>
(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="210170.49"/>	<input type="text" value="258235.28"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="11091.59"/>	<input type="text" value="59156.38"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="199078.90"/>	<input type="text" value="199078.90"/>
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

Write or Type Committee Name

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Report Covering the Period: From: MM / DD / YYYY 10 / 01 / 2016 To: MM / DD / YYYY 10 / 19 / 2016

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).....	587.00	75447.66
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	587.00	75447.66
(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) .....	587.00	75447.66
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)).....▶	587.00	75447.66
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	587.00	75447.66

**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 .....	91.59	20516.38
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	91.59	20516.38
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	11000.00	38500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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	140.00
(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	140.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(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)) ..	11091.59	59156.38
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	11091.59	59156.38

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	587.00	75447.66
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	140.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	587.00	75307.66
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	91.59	20516.38
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	91.59	20516.38

**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**

**A. Conover, Constance, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3318 Anoai Pl  
 City Honolulu State HI Zip Code 96822-1418  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Hawaii Permanente Medical Grou Occupation (for Individual) Certified Nurse-Midwife  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 50.00

Date of Receipt 10 / 11 / 2016  
**Transaction ID : SA11AI.12969**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 2016 12 Day Pre-General Election Contribution

**B. Conrad, Kristin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3285 Nikkel Lane  
 City Blacksburg State VA Zip Code 24060-0791  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Carilion Clinic OBGYN Occupation (for Individual) Certified Nurse-Midwife  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 10 / 11 / 2016  
**Transaction ID : SA11AI.12967**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 2016 12 Day Pre-General Election Contribution

**C. Cristol, Julie, E, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4709 Windsor Ave.  
 City Philadelphia State PA Zip Code 19143-3516  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) The Birth Center Occupation (for Individual) Certified Nurse-Midwife  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 100.00

Date of Receipt 10 / 11 / 2016  
**Transaction ID : SA11AI.12966**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 2016 12 Day Pre-General Election Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	250.00
<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 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. Cullers, Geri, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3049 NW Greenbriar Ter  
 City Portland State OR Zip Code 97210-2710  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Kaiser Permanente Occupation (for Individual) Certified Nurse-Midwife  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1700.00

Date of Receipt 10 / 11 / 2016  
**Transaction ID : SA11AI.12971**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 2016 12 Day Pre-General Election Contribution

**B. Holthaus, Kayleigh, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 413 Independence Dr  
 City East Peoria State IL Zip Code 61611-5565  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual) Advanced Practice Nurse  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2.00

Date of Receipt 10 / 11 / 2016  
**Transaction ID : SA11AI.12963**  
 Amount of Each Receipt this Period 2.00  
 Memo Item  
 2016 12 Day Pre-General Election Contribution

**C. Jennings, Richard, F, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 109 Beckett Ave  
 City Branford State CT Zip Code 06405-4854  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Yale Midwives Occupation (for Individual) Certified Nurse-Midwife  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 150.00

Date of Receipt 10 / 14 / 2016  
**Transaction ID : SA11AI.12972**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 2016 12 Day Pre-General Election Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 202.00  
**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. Mendoza, Ana, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1161 Wisconsin Ave  
 City Oak Park State IL Zip Code 60304-1838  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) Student  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 10.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 11 / 2016  
**Transaction ID : SA11AI.12964**  
 Amount of Each Receipt this Period  
 10.00  
 Memo Item  
 2016 12 Day Pre-General Election Contribution

**B. Rock, Gail, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1000 J D Anderson Dr Ste 402  
 City Morgantown State WV Zip Code 26505-1238  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mon Women's Health Occupation (for Individual) 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  
 10 / 11 / 2016  
**Transaction ID : SA11AI.12970**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 2016 12 Day Pre-General Election Contribution

**C. Valle, Laura, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PSC 9 Box 4231  
 City Apo State AE Zip Code 09123-0043  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual) 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  
 10 / 11 / 2016  
**Transaction ID : SA11AI.12965**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 2016 12 Day Pre-General Election Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	110.00
<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 9 OF 12
	<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.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Wright, Stephanie, , ,

Mailing Address 1400 Saint Charles PI PH 21

City Pembroke Pines	State FL	Zip Code 33026-3222
------------------------	-------------	------------------------

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

Name of Employer (for Individual)	Occupation (for Individual) Certified Nurse-Midwife
-----------------------------------	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
25.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
10	/	11	/	2016

**Transaction ID : SA11AI.12968**

Amount of Each Receipt this Period  
25.00

Memo Item  
2016 12 Day Pre-General Election Contribution

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  

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

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  

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

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	25.00
<b>TOTAL</b> This Period (last page this line number only).....	587.00

**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"/> 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) <b>A. Bank of America</b>		Date of Disbursement MM / DD / YYYY 10 / 03 / 2016
Mailing Address 7810 Old Branch Avenue		FEC Identification Number C [ ] <b>Transaction ID : SB21B.12961</b> Amount of Each Disbursement this Period [ ] 31.64
City Clinton	State MD	Zip Code 20735
Purpose of Disbursement Bank of America fee		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. Paypal INC</b>		Date of Disbursement MM / DD / YYYY 10 / 04 / 2016
Mailing Address 4100 Solutions Center #774100		FEC Identification Number C [ ] <b>Transaction ID : SB21B.12962</b> Amount of Each Disbursement this Period [ ] 59.95
City Chicago	State IL	Zip Code 60677
Purpose of Disbursement PayPal fee		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement MM / DD / YYYY [ ] / [ ] / [ ]
Mailing Address		FEC Identification Number C [ ] Amount of Each Disbursement this Period [ ]
City	State	Zip Code
Purpose of Disbursement		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 91.59
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ] 91.59

**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"/> 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) <b>A. BLUMENAUER FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 10 / 14 / 2016
Mailing Address 901 SE OAK STREET SUITE 105		FEC Identification Number C00307314 <b>Transaction ID : SB23.12973</b>
City PORTLAND	State OR	Zip Code 97214
Purpose of Disbursement Campaign Contribution		Amount of Each Disbursement this Period 1000.00
Candidate Name <b>BLUMENAUER FOR CONGRESS</b>		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: OR	District: 03	

Full Name (Last, First, Middle Initial) <b>B. FRIENDS OF JOHN THUNE</b>		Date of Disbursement MM / DD / YYYY 10 / 14 / 2016
Mailing Address PO BOX 841		FEC Identification Number C00409581 <b>Transaction ID : SB23.12978</b>
City SIOUX FALLS	State SD	Zip Code 57101
Purpose of Disbursement Campaign Contribution		Amount of Each Disbursement this Period 2000.00
Candidate Name <b>FRIENDS OF JOHN THUNE</b>		Category/Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: SD	District: 00	

Full Name (Last, First, Middle Initial) <b>C. FRIENDS OF ROSA DELAURO</b>		Date of Disbursement MM / DD / YYYY 10 / 14 / 2016
Mailing Address 129 CHURCH ST, STE 818		FEC Identification Number C00238865 <b>Transaction ID : SB23.12980</b>
City NEW HAVEN	State CT	Zip Code 06510
Purpose of Disbursement Campaign Contribution		Amount of Each Disbursement this Period 2000.00
Candidate Name <b>FRIENDS OF ROSA DELAURO</b>		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: CT	District: 03	

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

5000.00

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

**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"/> 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) <b>A. GRASSLEY COMMITTEE INC</b>		Date of Disbursement MM / DD / YYYY 10 / 14 / 2016
Mailing Address PO BOX 1000		FEC Identification Number C00230482 <b>Transaction ID : SB23.12974</b>
City DES MOINES	State IA	Zip Code 50304-1000
Purpose of Disbursement Campaign Contribution		Amount of Each Disbursement this Period 2000.00
Candidate Name <b>GRASSLEY COMMITTEE INC</b>		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: IA	District: 00	

Full Name (Last, First, Middle Initial) <b>B. PEOPLE FOR BEN</b>		Date of Disbursement MM / DD / YYYY 10 / 14 / 2016
Mailing Address PO BOX 31129		FEC Identification Number C00443689 <b>Transaction ID : SB23.12976</b>
City SANTA FE	State NM	Zip Code 87594
Purpose of Disbursement Campaign Contribution		Amount of Each Disbursement this Period 2000.00
Candidate Name <b>PEOPLE FOR BEN</b>		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: NM	District: 03	

Full Name (Last, First, Middle Initial) <b>C. VOLUNTEERS FOR SHIMKUS</b>		Date of Disbursement MM / DD / YYYY 10 / 14 / 2016
Mailing Address PO BOX 661		FEC Identification Number C00258855 <b>Transaction ID : SB23.12979</b>
City COLLINSVILLE	State IL	Zip Code 62234-0661
Purpose of Disbursement Campaign Contribution		Amount of Each Disbursement this Period 2000.00
Candidate Name <b>VOLUNTEERS FOR SHIMKUS</b>		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: IL	District: 15	

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

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

6000.00
11000.00