

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

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

FOR LINE NUMBER: PAGE 142 OF 193

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

**A. Summers, Lisa, , ,**

Mailing Address 1212 Bolton St

City  
Baltimore

State  
MD

Zip Code  
21217

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Yale School of Nursing

Occupation (for Individual)  
Lecturer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

635.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 31 / 2020

Transaction ID : SA11AI.16827

Amount of Each Receipt this Period

50.00

☐ Memo Item

May 2020 contribution

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

**B. Summers, Lisa, , ,**

Mailing Address 1212 Bolton St

City  
Baltimore

State  
MD

Zip Code  
21217

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Yale School of Nursing

Occupation (for Individual)  
Lecturer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

775.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 31 / 2020

Transaction ID : SA11AI.16844

Amount of Each Receipt this Period

140.00

☐ Memo Item

May 2020 contribution

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

**C. Swanson, Heather, Suzette, ,**

Mailing Address 875 Kyner Road

City  
Long Pine

State  
NE

Zip Code  
69217

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Rosebud IHS Hospital

Occupation (for Individual)  
Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 18 / 2020

Transaction ID : SA11AI.16518

Amount of Each Receipt this Period

50.00

☐ Memo Item

May 2020 contribution

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

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

240.00