

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) USE FEC MAILING LABEL OR TYPE OR PRINT Example: If typing, type over the lines American College of Nurse-Midwives Midwives-PAC

ADDRESS (number and street) 8403 Colesville Road Suite 1550 Silver Spring MD 20910 6374 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C00358812 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day Post -Election Report for the: General, Runoff, Special

5. Covering Period 08 01 2007 through 08 31 2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Kathryn Kravetz

Signature of Treasurer Electronically Filed by Kathryn Kravetz Date 09 19 2007

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
American College of Nurse-Midwives Midwives-PAC

Report Covering the Period: From:

M	M
0	8

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	8

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		13894.57
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period	19245.01									
(c) Total Receipts (from Line 19)	15425.00	36878.75								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	34670.01	50773.32								
7. Total Disbursements (from Line 31)	5818.47	21921.78								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	28851.54	28851.54								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	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:

M	M
0	8

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	8

D	D
3	1

Y	Y	Y	Y
2	0	0	7

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	1550.00	4375.00
(i) Itemized (use Schedule A)	13875.00	32503.75
(ii) Unitemized	15425.00	36878.75
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	15425.00	36878.75
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 Transfer (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))	15425.00	36878.75
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	15425.00	36878.75

DETAILED SUMMARY PAGE

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared 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.....	5818.47	15421.78
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	5818.47	15421.78
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	6500.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared 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))..	5818.47	21921.78
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	5818.47	21921.78

DETAILED SUMMARY PAGE
of Disbursements

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)	15425.00	36878.75
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	15425.00	36878.75
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	5818.47	15421.78
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	5818.47	15421.78

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 9
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<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. Full Name (Last, First, Middle Initial) Nivia Nieves Fisch, CNM Mailing Address 2922 Emerald Lake Dr City Harlingen State TX Zip Code 78550-8620 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 6 / 2 0 0 7 Transaction ID: 26376366 Amount of Each Receipt this Period 300.00
Name of Employer: Harlingen OB-GYN Associates Occupation: Midwife Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00

B. Full Name (Last, First, Middle Initial) Donna McLean, CNM Mailing Address PO Box 64 City Fairton State NJ Zip Code 08320-0064 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 2 / 2 0 0 7 Transaction ID: 26469687 Amount of Each Receipt this Period 500.00
Name of Employer: Donna L. McLean CNM Occupation: Midwife Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00

C. Full Name (Last, First, Middle Initial) Terri Lee Murtland, CNM Mailing Address 7250 Park Lake Drive City Dexter State MI Zip Code 48130-9616 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 2 / 2 0 0 7 Transaction ID: 26469768 Amount of Each Receipt this Period 200.00
Name of Employer: Univ of Michigan N-M Service Occupation: Midwife Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 200.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 9
	<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. Terri Lee Murtland, CNM		Date of Receipt MM / DD / YYYY 08 / 22 / 2007
Mailing Address 7250 Park Lake Drive		Transaction ID: 26469779
City Dexter	State MI	Zip Code 48130-9616
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Univ of Michigan N-M Service	Occupation Midwife	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) B. Denise S. Keppel, CNM		Date of Receipt MM / DD / YYYY 08 / 22 / 2007
Mailing Address 317 East 17th Street		Transaction ID: 26469901
City Brooklyn	State NY	Zip Code 11226-5201
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Maimonides Medical Center	Occupation Midwife	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Patricia S. Dostalek, CNM		Date of Receipt MM / DD / YYYY 08 / 23 / 2007
Mailing Address 3337 North Deerspring Court		Transaction ID: 26473822
City Tucson	State AZ	Zip Code 85750-3157
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer Obstetrix Medical Group	Occupation Midwife	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

SUBTOTAL of Receipts This Page (optional)	550.00
TOTAL This Period (last page this line number only)	1550.00

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. BankCard Credit Card Processing		Transaction ID: 26489368 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 0 7
Mailing Address P.O. Box 2485		Amount of Each Disbursement this Period 39.01
City Spokane State WA Zip Code 99210-2485	Category/ Type 001 Credit Card Processing Fee	
Purpose of Disbursement Credit Card Processing Fee		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Membership Marketing Services, Inc.		Transaction ID: 26375877 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 7
Mailing Address 1280 Perimeter Pkwy		Amount of Each Disbursement this Period 2830.25
City Virginia Beach State VA Zip Code 23454	Category/ Type 003 Telemarketing Services	
Purpose of Disbursement Telemarketing Services		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Membership Marketing Services, Inc.		Transaction ID: 26391776 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 0 / 2 0 0 7
Mailing Address 1280 Perimeter Pkwy		Amount of Each Disbursement this Period 820.38
City Virginia Beach State VA Zip Code 23454	Category/ Type 003 Telemarketing Services	
Purpose of Disbursement Telemarketing Services		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	3689.64
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)

PAGE 9 / 9

<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. Membership Marketing Services, Inc.

Mailing Address 1280 Perimeter Pkwy

City Virginia Beach State VA Zip Code 23454

Purpose of Disbursement
Telemarketing Services

Candidate Name

003
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 26482222

Date of Disbursement

08 / 31 / 2007

Amount of Each Disbursement this Period

2000.00

Telemarketing Services

SUBTOTAL of Disbursements This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

5689.64