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REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
American College of Nurse-Midwives Midwives - PAC

ADDRESS (number and street) ☐ Check if different than previously reported
P.O. Box 6511

CITY, STATE and ZIP CODE
Washington, DC 20037

2. FEC IDENTIFICATION NUMBER
C00358817

3. ☐ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year End Report
☐ July 31 Mid Year Report (Non-election Year Only)
☐ Termination Report

Monthly Report Due On:
☐ February 20 ☐ June 20 ☐ October 20
☐ March 20 ☐ July 20 ☐ November 20
☐ April 20 ☐ August 20 ☐ December 20
☐ May 20 ☐ September 20 ☐ January 31

☐ 12-Day Pre-Election Report for the _____ (Type of Election) election on _____ in the State of _____

☒ 30-Day Post-Election Report following the General Election on 11/07/00 in the State of _____

(b) Is this Report an Amendment? ☐ YES ☒ NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 10/01/00 through 11/27/00		
6. (a) Cash on Hand January 1, 19		$ 0.00
(b) Cash on Hand at Beginning of Reporting Period	$ 14,387.07	
(c) Total Receipts (from Line 19)	$ 23,232.15	$ 39,093.36
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 37,619.22	$ 39,093.36
7. Total Disbursements (from Line 30)	$ 10,481.16	$ 11,955.30
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 27,138.06	$ 27,138.06
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$ 24,625.55	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-694-1100

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: Patricia Burkhardt

Signature of Treasurer: Patricia Burkhardt

Date: 12/07/00

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

FEC FORM 3X
(revised 9/93)

DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE

REPORT COVERING PERIOD FROM TO:

	COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	1,645.00	2,895.00	11(a)i
ii. Unitemized	21,390.75	36,304.75	11(a)ii
iii. Total (add i and ii) ➤	23,035.75	38,699.75	11(a)iii
b. Political Party Committees			11(b)
c. Other Political Committees (such as PACs)			11(c)
d. Total Contributions (add a iii, b and c) ➤	23,035.75	38,699.75	11(d)
12. Transfers From Affiliated/Other Party Committees			12
13. All Loans Received			13
14. Loan Repayments Received			14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			16
17. Other Federal Receipts (Dividends, Interest, etc.)	196.40	393.61	17
18. Transfers from Nonfederal Account for Joint Activity			18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	23,232.15	39,093.36	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	23,232.15	39,093.36	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share			21(a)i
ii. Non-Federal Share			21(a)ii
b. Other Federal Operating Expenditures	10,481.16	11,585.30	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤			21(c)
22. Transfers to Affiliated/Other Party Committees			22
23. Contributions to Federal Candidates/Committees and Other Political Committees	1,750.00	1,750.00	23
24. Independent Expenditures (use Schedule E)			24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			25
26. Loan Repayments Made			26
27. Loans Made			27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees	0.00	370.00	28(a)
b. Political Party Committees			28(b)
c. Other Political Committees (such as PACs)			28(c)
d. Total Contribution Refunds (add a, b and c) ➤			28(d)
29. Other Disbursements			29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	12,231.16	2,705.30	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	1,750.00	3,224.14	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	23,035.75	38,699.75	32
33. Total Contribution Refunds (from line 28d)			33
34. Net Contributions (other than loans)(subtract line 33 from 32)	23,035.75	38,699.75	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	10,481.16	11,585.30	35
36. Offsets to Operating Expenditures (from line 15)			36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	10,481.16	11,585.30	37

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SCHEDULE D
(Revised 3/80)

DEBTS AND OBLIGATIONS
Excluding Loans

Name of Committee (In Full) Midwives-PAC	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor: American College of Nurse-Midwives, 818 Connecticut Avenue #900, Washington, DC 20006	20,726.46	3,899.09		24,625.55
Nature of Debt (Purpose):				
B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				

1) SUBTOTALS This Period This Page (optional)	3,899.09
2) TOTALS This Period (last page in this line only)	24,625.55
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	24,625.55

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 1 OF 1
	FOR LINE NUMBER 11-a-i

SCHEDULE A **ITEMIZED RECEIPTS**

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)

Midwives-PAC

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Gertrude Strunk CNM 1715 45th Street North Bergen, NJ 07047 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	N Hudson Comm Action Corp NC Occupation Aggregate Year-to-Date $ 385.00	10/19/00	385.00
B. Joyce E. Roberts CNM PhD FACNM 4675 Carriage Hill Ln Columbus, OH 43220 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation: President Aggregate Year-to-Date $ 250.00	10/24/00	250.00
C. Patricia A. McMaster CNM 160 Catrini Blvd #124 New York, NY 10033-1145 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Morgan Practice Occupation Aggregate Year-to-Date $ 385.00	11/02/00	385.00
D. Bonita G. Heims CNM PhD 123 Fallon Court Deatsville, AL 36022-4059 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: OB-GYN Associates of Montgomery PC Occupation Aggregate Year-to-Date $ 385.00	11/02/00	385.00
E. Nancy Inglis Belin CNM 841 Meriweather Dr Savannah, GA 31406-3257 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Family Health & Birth Ctr Inc Occupation Aggregate Year-to-Date $ 300.00	11/08/00	300.00
F. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)	1,645.00
TOTAL This Period (last page this line number only)	1,645.00

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 2

FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)
American College of Nurse-Midwives Midwives- PAC

A. Full Name, Mailing Address and ZIP Code Friends of Kent Conrad 949 East Central Avenue Bismarck, ND 58501	Purpose of Disbursement Kent Conrad, U.S. Senate ND Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 10/06/00	Amount of Each Disbursement This Period 250.00
B. Full Name, Mailing Address and ZIP Code Bush for President, Inc. Governor's Mansion 1010 Colorado Austin, TX 78701	Purpose of Disbursement George Bush, President of U.S. Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 11/02/00	Amount of Each Disbursement This Period 500.00
C. Full Name, Mailing Address and ZIP Code Gore 2000, Inc. Ryan Phillips Utrecht & Mackinnon PO Box 65796 Washington, DC 20035	Purpose of Disbursement Al Gore, President of U.S. Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 11/02/00	Amount of Each Disbursement This Period 500.00
D. Full Name, Mailing Address and ZIP Code Committee to Reelect Ed Towns 286 Highland Blvd Brooklyn, NY 11207	Purpose of Disbursement Edolphus Towns, U.S. House 10th NY Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 11/06/00	Amount of Each Disbursement This Period 250.00
E. Full Name, Mailing Address and ZIP Code Upton for All of US 285 Ridgeway P.O. Box 400 St. Joseph, MI 49085	Purpose of Disbursement Fred Upton, U.S. House 6th MI Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 11/06/00	Amount of Each Disbursement This Period 250.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	1,750.00
TOTAL This Period (last page this line number only)	1,750.00

FORM 3000

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

PAGE 0 OF 2

FOR LINE NUMBER 33

SCHEDULE B — ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)

Midwives-PAC

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code Bush For President Inc Governor's Mansion 1010 Colorado Austin, TX 78701	George Bush, PRESIDENT OF U.S. Disbursement for: [ ] Primary [ ] General [x] Other (specify) 2000 Presidential	11/13/00	0.00
B. Full Name, Mailing Address and ZIP Code Bush For President Inc Governor's Mansion 1010 Colorado Austin, TX 78701	Purpose of Disbursement Voided Check Disbursement for: [ ] Primary [ ] General [x] Other (specify) 2000 Presidential	11/13/00	0.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	
TOTAL This Period (last page this line number only)	1,750.00

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 29

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NAME OF COMMITTEE (in Full)
American College of Nurse-Midwives Midwives-PAC

A. Full Name, Mailing Address and ZIP Code Membership Marketing Services, Inc. 1280 Perimeter Pkwy Virginia Beach, VA 23454	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☒ Other (specify) Other Expenses-Vendor	Date (month, day, year) 10/31/00	Amount of Each Disbursement This Period 1,234.14
B. Full Name, Mailing Address and ZIP Code Membership Marketing Services, Inc. 1280 Perimeter Pkwy Virginia Beach, VA 23454	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☒ Other (specify) Other Expenses-Vendor	Date (month, day, year) 11/06/00	Amount of Each Disbursement This Period 3,978.00
C. Full Name, Mailing Address and ZIP Code Membership Marketing Services, Inc. 1280 Perimeter Pkwy Virginia Beach, VA 23454	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☒ Other (specify) Other Expenses-Vendor	Date (month, day, year) 11/21/00	Amount of Each Disbursement This Period 4,761.14
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	9,973.30
TOTAL This Period (last page this line number only)	9,973.30

FEB4N095

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

☑	Hand Delivered	Date of Receipt 12-8-02
☐	First Class Mail	POSTMARKED
☐	Registered/Certified Mail	POSTMARKED (R/C)
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House office of Records and Registration	Date of Receipt
☐	Received from the Senate Office of Public Records	Date of Receipt
☐	Other (Specify):	Postmarked _____ and/or Date of Receipt
☐	Electronic Filing	

Jm W
PREPARER

12-8-02
DATE PREPARED

(6/2000)