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FEC FORM 1

STATEMENT OF ORGANIZATION

(See Instructions)

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines 12FE4M5

American College of Nurse-Midwives Midwives-PAC

ADDRESS (Number and Street)

P.O. Box 14082

(Check if address is changed)

Washington DC 20044 - 4082

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

N/A

COMMITTEE'S WEB PAGE ADDRESS (URL)

N/A

COMMITTEE'S FAX NUMBER

0-

2. DATE M M / D D / Y Y Y Y 08 15 2005

3. **FEC IDENTIFICATION NUMBER** **C C00358812**

4. IS THIS STATEMENT NEW (N) **OR** X AMENDED (A)

I certify that I have examined this Statement 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 M M / D D / Y Y Y Y 08 15 2005

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

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office Use Only				

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 02/2003)

5. TYPE OF COMMITTEE (Check One)

(a) This committee is a principal campaign committee. (Complete the candidate information below.)

(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate

Candidate Party Affiliation

Office Sought: House Senate President

State District

(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

(d) This committee is a (National, State (or subordinate) committee of the (Democratic, Republican,etc.) Party.

(e) X This committee is a separate segregated fund

(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

American College of Nurse-Midwives

Mailing Address 8403 Colesville Road, Suite 1550

Silver Spring MD 20910 -

CITY STATE ZIP CODE

Relationship Connected

Type of Connected Organization:

Corporation Corporation w/o Capital Stock Labor Organization

X Membership Organization Trade Association Cooperative

Write or Type Committee Name

American College of Nurse-Midwives Midwives-PAC

7. **Custodian of Records:** Identify by name, address, (phone number -- optional), and position of the person in possession of Committee books and records.

Full Name: Cresta Heltemes

Mailing Address: Political Action Committee Service

7700 Old Branch Avenue Suite D-103

Clinton MD 20735 –

Title or Position ▼ | CITY ▲ | STATE ▲ | ZIP CODE ▲

PAC Administrator

Telephone number 301 – 868 – 1868

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer: Kathryn Kravetz

Mailing Address: 5 Garden Ct #3

Cambridge MA 02138 –

Title or Position ▼ | CITY ▲ | STATE ▲ | ZIP CODE ▲

Midwifery Educator

Telephone number 617 – 413 – 3740

Full Name of Designated Agent: Marion McCartney

Mailing Address: 8403 Colesville Road, Suite 1550

Silver Spring MD 20910 –

Title or Position ▼ | CITY ▲ | STATE ▲ | ZIP CODE ▲

Assistant Treasurer

Telephone number 202 – 728 – 9860

9. **Banks** or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Bank of America

Mailing Address 7810 Old Branch Avenue

Clinton MD 20735 –

CITY STATE ZIP CODE