# 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 Colesvile Road

Suite 1550

☐ Check if different than previously reported. (ACC)

Silver Spring | MD | 20910 - 6374

2. **FEC IDENTIFICATION NUMBER** C00358812

CITY STATE ZIPCODE

3. IS THIS REPORT [X] 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 Quarterly 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) | [X] 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 (12G)

Election on ____ 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 07 01 2007 through 07 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 08 20 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.

| Office Use Only | | | | | | | |
|---|---|---|---|---|---|---|---|

# SUMMARY PAGE
## OF RECEIPTS AND DISBURSEMENTS

FEC **Form 3X** (Rev. 02/2003)



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

Report Covering the Period: From: M M 07 D D 01 Y Y Y Y 2007 To: M M 07 D D 31 Y Y Y Y 2007

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|---|---|---|
| 6. (a) Cash on Hand January 1 Y Y Y Y 2007 | | 13894.57 |
| (b) Cash on Hand at Begining of Reporting Period ..... | 19729.68 | |
| (c) Total Receipts (from Line 19) ..... | 5355.00 | 21453.75 |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) ..... | 25084.68 | 35348.32 |
| 7. Total Disbursements (from Line 31) ..... | 5839.67 | 16103.31 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) ..... | 19245.01 | 19245.01 |
| 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 | |

[X] 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 07 D D 01 Y Y Y Y 2007 To: M M 07 D D 31 Y Y Y Y 2007

| 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) ..... | 450.00 | 2825.00 |
| (ii) Unitemized ..... | 4905.00 | 18628.75 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ▶ | 5355.00 | 21453.75 |
| (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) ..... ▶ | 5355.00 | 21453.75 |
| 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)) ..... | 5355.00 | 21453.75 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) ..... | 5355.00 | 21453.75 |

# DETAILED SUMMARY PAGE
of Disbursements

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| 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 | 3339.67 | 9603.31 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)) | 3339.67 | 9603.31 |
| 22. Transfers to Affiliated/Other Party Committees | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees | 2500.00 | 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)) | 5839.67 | 16103.31 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31) | 5839.67 | 16103.31 |

# DETAILED SUMMARY PAGE

of Disbursements

FEC **Form 3X** (Rev. 02/2003)



| 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) ..... | 5355.00 | 21453.75 |
| 34. Total Contribution Refunds (from Line 28(d)) ..... | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) ..... | 5355.00 | 21453.75 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... | 3339.67 | 9603.31 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) ..... | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... | 3339.67 | 9603.31 |

# 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)



[X] 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

**A.**
Full Name (Last, First, Middle Initial)
Johanna E. Borsellega, CNM MA FAC

Mailing Address 8991 East Waverly Street

City: Tucson
State: AZ
Zip Code: 85715-5548

FEC ID number of contributing federal political committee: C

Name of Employer: Retired
Occupation: Retired

Receipt For: [ ] Primary [ ] General [ ] Other (specify)

Aggregate Year-to-Date: 500.00

Date of Receipt: 07 / 24 / 2007

**Transaction ID:** 26290931

Amount of Each Receipt this Period: 200.00

**B.**
Full Name (Last, First, Middle Initial)
Brit K. Courtney, CNM

Mailing Address 2140 NW 30th Road

City: Boca Raton
State: FL
Zip Code: 33431-6366

FEC ID number of contributing federal political committee: C

Name of Employer:
Occupation: CNM

Receipt For: [ ] Primary [ ] General [ ] Other (specify)

Aggregate Year-to-Date: 250.00

Date of Receipt: 07 / 24 / 2007

**Transaction ID:** 26290964

Amount of Each Receipt this Period: 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **450.00**

**TOTAL** This Period (last page this line number only) ..... ▶ **450.00**

# SCHEDULE B (FEC Form 3X)
# ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 21b [ ] 22 [ ] 23 [ ] 24 [ ] 25 [ ] 26
[ ] 27 [ ] 28a [ ] 28b [ ] 28c [ ] 29 [ ] 30b



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

**A.**
Full Name (Last, First, Middle Initial): BankCard Credit Card Processing
Mailing Address: P.O. Box 2485
City: Spokane State: WA Zip Code: 99210-2485
Purpose of Disbursement: Credit Card Processing Fees
Candidate Name:
Category/Type: 001
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
**Transaction ID:** 26375839
Date of Disbursement: 07 / 02 / 2007
Amount of Each Disbursement this Period: 69.16
Credit Card Processing Fe-
es

**B.**
Full Name (Last, First, Middle Initial): Membership Marketing Services, Inc.
Mailing Address: 1280 Perimeter Pkwy
City: Virginia Beach State: VA Zip Code: 23454
Purpose of Disbursement: Telemarketing Services
Candidate Name:
Category/Type: 003
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
**Transaction ID:** 26186412
Date of Disbursement: 07 / 06 / 2007
Amount of Each Disbursement this Period: 2317.06
Telemarketing Services

**C.**
Full Name (Last, First, Middle Initial): Membership Marketing Services, Inc.
Mailing Address: 1280 Perimeter Pkwy
City: Virginia Beach State: VA Zip Code: 23454
Purpose of Disbursement: Telemarketing Services
Candidate Name:
Category/Type: 003
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
**Transaction ID:** 26293974
Date of Disbursement: 07 / 24 / 2007
Amount of Each Disbursement this Period: 691.75
Telemarketing Services

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶ **3077.97**

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

# SCHEDULE B (FEC Form 3X)
# ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

| | | | | | |
|---|---|---|---|---|---|
| X 21b | 22 | 23 | 24 | 25 | 26 |
| 27 | 28a | 28b | 28c | 29 | 30b |



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

**A.** Full Name (Last, First, Middle Initial)
Katherine L. Dawley, CNM PhD

Mailing Address 235 Pelham Road

City: Philadelphia
State: PA
Zip Code: 19119-2624

Purpose of Disbursement
Reimbursement for copying at ACNM Annual

Candidate Name

Category/Type: 001

Office Sought: House / Senate / President
State: District:

Disbursement For: Primary / General / Other (specify)

**Transaction ID:** 26300296
Date of Disbursement: MM 07 / DD 24 / YYYY 2007

Amount of Each Disbursement this Period: 121.46

Reimbursement for copying at ACNM Annual meeting

| | |
|---|---|
| **SUBTOTAL** of Disbursements This Page (optional) ..... ▶ | **121.46** |
| **TOTAL** This Period (last page this line number only) ..... ▶ | **3199.43** |

Image# 27931125104

# SCHEDULE B (FEC Form 3X)
# ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

| | | | | | |
|---|---|---|---|---|---|
| ☐ 21b | ☐ 22 | ☒ 23 | ☐ 24 | ☐ 25 | ☐ 26 |
| ☐ 27 | ☐ 28a | ☐ 28b | ☐ 28c | ☐ 29 | ☐ 30b |



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

**A.** Full Name (Last, First, Middle Initial)
Pete Stark Re-election Committee

Mailing Address P.O. Box 8331

City Fremont | State CA | Zip Code 94537

Purpose of Disbursement
Contribution

Candidate Name
Rep. Pete Stark

Category/Type: 011

Office Sought: ☒ House ☐ Senate ☐ President
State: CA District: 13

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

**Transaction ID:** 26313849
Date of Disbursement
MM 07 / DD 25 / YYYY 2007

Amount of Each Disbursement this Period
2500.00

Contribution

| | |
|---|---|
| **SUBTOTAL** of Disbursements This Page (optional) ..... ▶ | **2500.00** |
| **TOTAL** This Period (last page this line number only) ..... ▶ | **2500.00** |