

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
 Check if different than previously reported. (ACC)
Silver Spring MD 20910 6374

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 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) 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 05 01 2008 through 05 31 2008

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 06 19 2008

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 **FEC FORM 3X** (Rev. 12/2004)

**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	5

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	5

D	D
3	1

Y	Y	Y	Y
2	0	0	8

	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>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		30005.77
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	21220.69									
(c) Total Receipts (from Line 19)	700.00	3959.50								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	21920.69	33965.27								
7. Total Disbursements (from Line 31)	-10304.60	1739.98								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	32225.29	32225.29								
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	5

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	5

D	D
3	1

Y	Y	Y	Y
2	0	0	8

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	500.00	500.00
(i) Itemized (use Schedule A)	200.00	3459.50
(ii) Unitemized	700.00	3959.50
(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)	700.00	3959.50
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))	700.00	3959.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	700.00	3959.50

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.....	695.40	11739.98
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	695.40	11739.98
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	-11000.00	-10000.00
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))..	-10304.60	1739.98
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	-10304.60	1739.98

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	700.00	3959.50
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	700.00	3959.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	695.40	11739.98
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	695.40	11739.98

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 6 / 11	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<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) Stephanie Fleck, CNM		Date of Receipt																					
	Mailing Address 39 White Oak Road		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	6		2	0	0	8
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	5		1	6		2	0	0	8														
	City State Zip Code Waban MA 02468-1322		Transaction ID: 27889320																					
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00																					
Name of Employer Occupation Unemployed Unemployed																								
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00																						

SUBTOTAL of Receipts This Page (optional)	▶	500.00
TOTAL This Period (last page this line number only)	▶	500.00

**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

A.	Full Name (Last, First, Middle Initial) Banana Banner Inc. <hr/> Mailing Address 3148 Duke Street <hr/> City Alexandria State VA Zip Code 22314 <hr/> Purpose of Disbursement Vinyl banner for PAC Event Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 27851970 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 2 / 2 0 0 8	Amount of Each Disbursement this Period 280.00
	Category/Type: 001 Vinyl banner for PAC Event		
B.	Full Name (Last, First, Middle Initial) Mr. Button Products, Inc. <hr/> Mailing Address 7840 Rockville Road <hr/> City Indianapolis State IN Zip Code 46214 <hr/> Purpose of Disbursement Buttons for PAC Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 27883658 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 8	Amount of Each Disbursement this Period 285.00
	Category/Type: 003 Buttons for PAC		
C.	Full Name (Last, First, Middle Initial) BankCard Credit Card Processing <hr/> Mailing Address P.O. Box 2485 <hr/> City Spokane State WA Zip Code 99210-2485 <hr/> Purpose of Disbursement Credit Card Processing Fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 28032172 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 8	Amount of Each Disbursement this Period 37.45
	Category/Type: 001 Credit Card Processing Fees		

SUBTOTAL of Disbursements This Page (optional)	602.45
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 8 / 11

<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

A.

Full Name (Last, First, Middle Initial)
Paypal Inc.

Transaction ID: 28032376

Date of Disbursement

Mailing Address 4100 Solutions Center
#774100

^M	^M	/	^D	^D	/	^Y	^Y	^Y	^Y
0	5		1	3		2	0	0	8

City Chicago State IL Zip Code 60677

Amount of Each Disbursement this Period

59.95

Purpose of Disbursement
Credit Card Processing Fees

001
Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

Credit Card Processing Fees

State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

59.95

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

662.40

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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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

A.	Full Name (Last, First, Middle Initial) Friends of Schumer Mailing Address 509 Madison Avenue Suite 1902 City New York State NY Zip Code 10022 Purpose of Disbursement Void - Check dated 10/24/2007 Candidate Name Sen. Charles Schumer Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NY District:	Transaction ID: 27946613 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 7 / 2 0 0 8	Amount of Each Disbursement this Period -2000.00 Void - Check dated 10/24/-2007
B.	Full Name (Last, First, Middle Initial) Collins For Senator Mailing Address P.O. Box 1096 City Bangor State ME Zip Code 04402 Purpose of Disbursement Void - Check dated 10/24/2007 Candidate Name Sen. Susan M. Collins Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: ME District:	Transaction ID: 27946614 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 7 / 2 0 0 8	Amount of Each Disbursement this Period -2000.00 Void - Check dated 10/24/-2007
C.	Full Name (Last, First, Middle Initial) Mike Crapo For U.S. Senate Mailing Address PO Box 1948 City Boise State ID Zip Code 83701 Purpose of Disbursement Void - Check dated 10/23/2007 Candidate Name Sen. Mike D Crapo Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: ID District:	Transaction ID: 27946615 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 7 / 2 0 0 8	Amount of Each Disbursement this Period -1000.00 Void - Check dated 10/23/-2007

SUBTOTAL of Disbursements This Page (optional)		-5000.00	
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 10 / 11

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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

A.	Full Name (Last, First, Middle Initial) Mikulski For Senate Committee Mailing Address PO Box 13147 City Baltimore State MD Zip Code 21208 Purpose of Disbursement Void - Check dated 10/23/2007 Candidate Name Sen. Barbara Mikulski Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MD District:	Transaction ID: 27946617 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 7 / 2 0 0 8	Amount of Each Disbursement this Period -1000.00 Void - Check dated 10/23/-2007
B.	Full Name (Last, First, Middle Initial) Friends of Dick Durbin Committee Mailing Address PO Box 1949 City Springfield State IL Zip Code 62705 Purpose of Disbursement Void - Check dated 10/24/2007 Candidate Name Sen. Richard J. Durbin Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IL District:	Transaction ID: 27946621 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 7 / 2 0 0 8	Amount of Each Disbursement this Period -2000.00 Void - Check dated 10/24/-2007
C.	Full Name (Last, First, Middle Initial) Rangel For Congress Mailing Address PO Box 5577 Manhattanville Station City New York State NY Zip Code 10027 Purpose of Disbursement Void - Check dated 10/23/2007 Candidate Name Rep. Charles B Rangel Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NY District: 15	Transaction ID: 27946623 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 7 / 2 0 0 8	Amount of Each Disbursement this Period -1000.00 Void - Check dated 10/23/-2007

SUBTOTAL of Disbursements This Page (optional)	-4000.00
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 11 / 11

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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

A.	Full Name (Last, First, Middle Initial) Pat Roberts For Senate		Transaction ID: 27946624	
	Mailing Address P.O. Box 433		Date of Disbursement MM / DD / YYYY 05 / 27 / 2008	
	City Great Bend	State KS	Zip Code 67530	Amount of Each Disbursement this Period -2000.00
	Purpose of Disbursement Void - Check dated 10/24/2007		011	
	Candidate Name Sen. Pat Roberts		Category/ Type	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Void - Check dated 10/24/- 2007
	State: KS	District:		

SUBTOTAL of Disbursements This Page (optional) ▶

-2000.00

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

-11000.00