

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

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 10 16 2008 through 11 24 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 12 04 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**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American College of Nurse-Midwives Midwives-PAC

Report Covering the Period: From:

M	M
1	0

D	D
1	6

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	1

D	D
2	4

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	19311.89									
(c) Total Receipts (from Line 19)	8588.75	48314.25								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	27900.64	78320.02								
7. Total Disbursements (from Line 31)	393.40	50812.78								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	27507.24	27507.24								
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
1	0

D	D
1	6

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	1

D	D
2	4

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	1591.25	7461.25
(i) Itemized (use Schedule A)	6997.50	40840.00
(ii) Unitemized	8588.75	48301.25
(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)	8588.75	48301.25
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	13.00
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))	8588.75	48314.25
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	8588.75	48314.25

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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.....	393.40	48137.78
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	393.40	48137.78
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	0.00	2000.00
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	675.00
(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	675.00
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))..	393.40	50812.78
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	393.40	50812.78

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)	8588.75	48301.25
34. Total Contribution Refunds (from Line 28(d))	0.00	675.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	8588.75	47626.25
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	393.40	48137.78
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	13.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	393.40	48124.78

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 9
(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"/> 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)
Elizabeth Korb, CNM MSN

Mailing Address 18 Fullam Drive

City Arden State NC Zip Code 28704-8715

FEC ID number of contributing federal political committee. **C**

Name of Employer Regional OB-GYN Spclsts Nrs-Mdwvs Occupation Midwife

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 17 / 2008

Transaction ID: 28779301

Amount of Each Receipt this Period 200.00

B. Full Name (Last, First, Middle Initial)
Kathy Porsch, CNM

Mailing Address 16 Warren Ct.

City Barnegat State NJ Zip Code 08005

FEC ID number of contributing federal political committee. **C**

Name of Employer Ocean OB/GYN Inc Occupation Midwife

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 150.00

Date of Receipt 10 / 17 / 2008

Transaction ID: 28779305

Amount of Each Receipt this Period 25.00

C. Full Name (Last, First, Middle Initial)
Sharon M. Bond, CNM

Mailing Address 1408 Oaklanding Road

City Mt Pleasant State SC Zip Code 29464-3827

FEC ID number of contributing federal political committee. **C**

Name of Employer Med Univ of SC Occupation CNM

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt 10 / 17 / 2008

Transaction ID: 28779313

Amount of Each Receipt this Period 150.00

SUBTOTAL of Receipts This Page (optional) ► **375.00**

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

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

Use separate schedule(s) for 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

A. Full Name (Last, First, Middle Initial)
Sharon M. Bond, CNM

Mailing Address 1408 Oaklanding Road

City State Zip Code
Mt Pleasant SC 29464-3827

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Med Univ of SC CNM

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 7 / 2 0 0 8

Transaction ID: 28780057

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
Kathy Porsch, CNM

Mailing Address 16 Warren Ct.

City State Zip Code
Barnegat NJ 08005

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Ocean OB/GYN Inc Midwife

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 7 / 2 0 0 8

Transaction ID: 28780059

Amount of Each Receipt this Period
75.00

C. Full Name (Last, First, Middle Initial)
Donna McLean, CNM

Mailing Address PO Box 64

City State Zip Code
Fairton NJ 08320-0064

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Self Employed Midwife

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 7 / 2 0 0 8

Transaction ID: 28780067

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **625.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 9
(check only one)
 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)
Alma Kay B. Woolard, CNM

Mailing Address 8101 Carnostie Dr

City State Zip Code
Laurinburg NC 28352-7864

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Womack Army Center Midwife

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
MM / DD / YYYY
10 / 17 / 2008

Transaction ID: 28780071

Amount of Each Receipt this Period
200.00

B. Full Name (Last, First, Middle Initial)
Jacquelyn Hope Chapman, CNM

Mailing Address 509 West Saint Mary's Street

City State Zip Code
Centreville MS 39631-3580

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Centreville Clinic / FMCH Midwife

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 273.75

Date of Receipt
MM / DD / YYYY
11 / 07 / 2008

Transaction ID: 28878486

Amount of Each Receipt this Period
91.25

C. Full Name (Last, First, Middle Initial)
Timmi Pereira, CNM

Mailing Address 323 Cleveland Avenue

City State Zip Code
Santa Cruz CA 95060-3507

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Santa Cruz Medical Center CNM

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
11 / 24 / 2008

Transaction ID: 28922099

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional) ► **591.25**

TOTAL This Period (last page this line number only) ► **1591.25**

**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

A. Full Name (Last, First, Middle Initial) Membership Marketing Services, Inc. <hr/> Mailing Address 1280 Perimeter Pkwy <hr/> City Virginia Beach State VA Zip Code 23454 <hr/> Purpose of Disbursement Telemarketing Expense Candidate Name	Transaction ID: 28806146 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 8
	Amount of Each Disbursement this Period 262.79 <hr/> Category/Type 003 Telemarketing Expense
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) ▼	

B. 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	Transaction ID: 28954134 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 8
	Amount of Each Disbursement this Period 64.09 <hr/> Category/Type 001 Credit card processing fees
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) ▼	

C. Full Name (Last, First, Middle Initial) Paypal Inc. <hr/> Mailing Address 4100 Solutions Center #774100 <hr/> City Chicago State IL Zip Code 60677 <hr/> Purpose of Disbursement Credit card processing fees Candidate Name	Transaction ID: 28954154 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 2 / 2 0 0 8
	Amount of Each Disbursement this Period 59.95 <hr/> Category/Type 001 Credit card processing fees
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) ▶	386.83
TOTAL This Period (last page this line number only) ▶	386.83