

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 11 01 2007 through 11 30 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 12 19 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.

**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
1	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
1	1

D	D
3	0

Y	Y	Y	Y
2	0	0	7

	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>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		13894.57
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period	19163.01									
(c) Total Receipts (from Line 19)	17725.00	69613.75								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	36888.01	83508.32								
7. Total Disbursements (from Line 31)	5353.15	51973.46								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	31534.86	31534.86								
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	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
1	1

D	D
3	0

Y	Y	Y	Y
2	0	0	7

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	1675.00	7815.00
(i) Itemized (use Schedule A)	16050.00	61798.75
(ii) Unitemized	17725.00	69613.75
(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)	17725.00	69613.75
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))	17725.00	69613.75
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	17725.00	69613.75

DETAILED SUMMARY PAGE

of Disbursements

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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.....	5353.15	25473.46
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	5353.15	25473.46
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	26500.00
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))..	5353.15	51973.46
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	5353.15	51973.46

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)	17725.00	69613.75
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	17725.00	69613.75
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	5353.15	25473.46
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	5353.15	25473.46

**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)	PAGE 6 / 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	

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) Royda C. Ballard, CNM FACNM		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 9 / 2 0 0 7	
Mailing Address 2110 East Palm Canyon Drive #C		Transaction ID: 26854013	
City Palm Springs	State CA	Zip Code 92264-1632	Amount of Each Receipt this Period 150.00
FEC ID number of contributing federal political committee. C			
Name of Employer Retired	Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00		

B. Full Name (Last, First, Middle Initial) Joyce E. Roberts, CNM PhD FA		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 9 / 2 0 0 7	
Mailing Address 2512 Jade Court		Transaction ID: 26859216	
City Ann Arbor	State MI	Zip Code 48103-6524	Amount of Each Receipt this Period 400.00
FEC ID number of contributing federal political committee. C			
Name of Employer Univ Mich	Occupation Prof/Dir Nurse Midwifery		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

C. Full Name (Last, First, Middle Initial) Kathryn Elizabe Albright, CNM		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 9 / 2 0 0 7	
Mailing Address 704-D Thomas Lane		Transaction ID: 26874848	
City Martinsburg	State WV	Zip Code 25401-2862	Amount of Each Receipt this Period 200.00
FEC ID number of contributing federal political committee. C			
Name of Employer Shenandoah Maternity Center	Occupation Midwife		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

SUBTOTAL of Receipts This Page (optional) ▶	750.00
TOTAL This Period (last page this line number only) ▶	

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)	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

Full Name (Last, First, Middle Initial) A. Jean W Tease, CNM		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 9 / 2 0 0 7	
Mailing Address 3701 Bay Way		Transaction ID: 26874866	
City State Zip Code Hollywood FL 33026-1227	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Retired	Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Catherine Burger Keith, CNM		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 9 / 2 0 0 7	
Mailing Address 257 Loring Avenue		Transaction ID: 26875693	
City State Zip Code Pelham NY 10803-2254	Amount of Each Receipt this Period 125.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Midwifery Practice	Occupation Midwife		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00		

Full Name (Last, First, Middle Initial) C. Johanna E. Borsellega, CNM MA FAC		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 9 / 2 0 0 7	
Mailing Address 8991 East Waverly Street		Transaction ID: 26875722	
City State Zip Code Tucson AZ 85715-5548	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Retired	Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00		

SUBTOTAL of Receipts This Page (optional) ▶	475.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 8 / 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"/> 13	<input type="checkbox"/> 14	<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)
Cynthia Hunter, CNM

Mailing Address 2475 Van Buren St

City Eugene State OR Zip Code 97405-2272

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

Name of Employer PeaceHealth Midwifery Services Occupation CNM

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 1 9 / 2 0 0 7

Transaction ID: 26875723

Amount of Each Receipt this Period
 50.00

B. Full Name (Last, First, Middle Initial)
Stephanie Fleck, CNM

Mailing Address 39 White Oak Road

City Waban State MA Zip Code 02468-1322

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

Name of Employer Unemployed Occupation Unemployed

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 1 9 / 2 0 0 7

Transaction ID: 26875730

Amount of Each Receipt this Period
 400.00

SUBTOTAL of Receipts This Page (optional)	▶	450.00
TOTAL This Period (last page this line number only)	▶	1675.00

**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

Full Name (Last, First, Middle Initial) A. BankCard Credit Card Processing		Transaction ID: 26930320 Date of Disbursement																					
Mailing Address P.O. Box 2485		<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>1</td><td>1</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	1		0	1		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
1	1		0	1		2	0	0	7														
City Spokane	State WA	Zip Code 99210-2485	Amount of Each Disbursement this Period																				
Purpose of Disbursement Credit Card Processing Fees		Category/ Type 001	96.00																				
Candidate Name		Credit Card Processing Fees																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: District:																							

Full Name (Last, First, Middle Initial) B. Paypal Inc.		Transaction ID: 26930323 Date of Disbursement																					
Mailing Address 4100 Solutions Center #774100		<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>1</td><td>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	3		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
1	1		1	3		2	0	0	7														
City Chicago	State IL	Zip Code 60677	Amount of Each Disbursement this Period																				
Purpose of Disbursement Credit Card Processing Fees		Category/ Type 001	59.95																				
Candidate Name		Credit Card Processing Fees																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: District:																							

Full Name (Last, First, Middle Initial) C. Membership Marketing Services, Inc.		Transaction ID: 26825402 Date of Disbursement																					
Mailing Address 1280 Perimeter Pkwy		<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>1</td><td>1</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	6		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
1	1		1	6		2	0	0	7														
City Virginia Beach	State VA	Zip Code 23454	Amount of Each Disbursement this Period																				
Purpose of Disbursement Telemarketing Expense		Category/ Type 003	5155.83																				
Candidate Name		Telemarketing Expense																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: District:																							

SUBTOTAL of Disbursements This Page (optional)	5311.78
TOTAL This Period (last page this line number only)	5311.78