01/31/2002 11 : 14

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) ▼ P. O. Box 65111

Check if different than previously reported. (ACC)

Washington | DC | 20037 –

2. **FEC IDENTIFICATION NUMBER** ▼ C00358612

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)
- X 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 (M13)

(c) 12-Day **PRE**-Election Report for the: Primary (12P) General (12G) Runoff (12R) Convention (12C) Special (12S)

Election on in the State of

(d) 30-Day **P**ost -Election Report for the: General (30G) Runoff (30R) Special (30S)

Election on in the State of

5. Covering Period 07 01 2001 through 12 31 2001

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 Patricia Burkhardt CNM

Signature of Treasurer Electronically Filed by Patricia Burkhardt CNM Date 01 31 2002

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** (Revised 1/2001)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

FEC **Form 3X** (Revised 1/2001)

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

Report Covering the Period: From: 07 01 2001 To: 12 31 2001

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2001		24780.53
(b) Cash on Hand at Begining of Reporting Period	37153.22	
(c) Total Receipts (from Line 19)	47301.00	95073.03
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	84454.22	119853.56
7. Total Disbursements (from Line 30)	51193.65	86592.99
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	33260.57	33260.57
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

FEC Form 3X (Revised 1/2001)

Write or Type Committee Name

American College of Nurse-Midwives Midwives-PAC

Report Covering the Period: From: 07 01 2001 To: 12 31 2001

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)	6178.50	
(ii) Unitemized	40882.50	
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ▶	47061.00	93863.54
(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 32, page 4) ..... ▶	47061.00	93863.54
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 36, page 4)	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.)	240.00	1209.49
18. Transfers from Nonfederal Account for Joint Activity	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18) ..... ▶	47301.00	95073.03
20. Total Federal Receipts (subtract Line 18 from Line 19) ..... ▶	47301.00	95073.03

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Revised 1/2001)

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	716.67	1903.01
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)) ▶	716.67	1903.01
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	11573.32	23383.32
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	245.00	495.00
(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)) ▶	245.00	495.00
29. Other Disbursements	38658.66	60811.66
30. Total Disbursements (add Lines 21(c), 22, 23,24,25,26,27,28(d),and 29) ▶	51193.65	86592.99
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30) ▶	51193.65	86592.99

III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) from Line 11(d), page 3)	47061.00	93863.54
33. Total Contribution Refunds (from Line 28(d))	245.00	495.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32)	46816.00	93368.54
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	716.67	1903.01
36. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
37. Net Operating Expenditures (subtract Line 36 from Line 35) ▶	716.67	1903.01

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 5 / 31

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 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): Kathryn S Herrod, CNM DNSc
Mailing Address: W1815 County Hwy B
City: Genoa City State: WI Zip Code: 53128
FEC ID number of contributing federal political committee.
Name of Employer: Doctor's Clinic of Elkhorn
Occupation:
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 235.00
Date of Receipt: 08 05 2001
Amount of Each Receipt this Period: 200.00
Transaction ID: 10000000233500002

B.
Full Name (Last, First, Middle Initial): Kay A. Kronsted, CNM
Mailing Address: 80550 Princeton Ave
City: Indio State: CA Zip Code: 92201-4960
FEC ID number of contributing federal political committee.
Name of Employer: Coachella Valley Mobil Unit
Occupation:
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 235.00
Date of Receipt: 08 10 2001
Amount of Each Receipt this Period: 50.00
Transaction ID: 10000000227900003

C.
Full Name (Last, First, Middle Initial): Mirse Keeling, CNM MS
Mailing Address: 324 Sunny Hill Road
City: Lunenburg State: MA Zip Code: 01462
FEC ID number of contributing federal political committee.
Name of Employer:
Occupation:
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 235.00
Date of Receipt: 09 19 2001
Amount of Each Receipt this Period: 200.00
Transaction ID: 10000000245300004

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

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 6 / 31

[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): Mary Carol Akers, CNM
Mailing Address: 1501 Oxford Court
City: Elizabethtown State: KY Zip Code: 42701
FEC ID number of contributing federal political committee.
Name of Employer: Mt Auburn's Women Center
Occupation:
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 235.00
Date of Receipt: 10 10 2001
Amount of Each Receipt this Period: 100.00
Transaction ID: 10000000229900005

B.
Full Name (Last, First, Middle Initial): Mary Kaye Collins, CNM
Mailing Address: 2069 NW Pine Tree Way
City: Stuart State: FL Zip Code: 34994
FEC ID number of contributing federal political committee.
Name of Employer: Women's Health Specialists
Occupation:
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 435.00
Date of Receipt: 10 11 2001
Amount of Each Receipt this Period: 200.00
Transaction ID: 10000000230000008

C.
Full Name (Last, First, Middle Initial): Eunice K.M. Emet, CNM MPH FACNM
Mailing Address: 1207 Perkiomenville Road
City: Perkiomenville State: PA Zip Code: 18074
FEC ID number of contributing federal political committee.
Name of Employer:
Occupation:
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 290.00
Date of Receipt: 10 12 2001
Amount of Each Receipt this Period: 150.00
Transaction ID: 10000000213700007

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

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

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[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)
Eunice K.M. Ernst, CNM MPH FACNM
Mailing Address
1207 Perkiomenville Road
City: Perkiomenville State: PA Zip Code: 18074
FEC ID number of contributing federal political committee.
Name of Employer
Occupation
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 340.00
Date of Receipt: 10 12 2001
Amount of Each Receipt this Period: 50.00
Transaction ID: 10000000213800008

B.
Full Name (Last, First, Middle Initial)
Eunice K.M. Ernst, CNM MPH FACNM
Mailing Address
1207 Perkiomenville Road
City: Perkiomenville State: PA Zip Code: 18074
FEC ID number of contributing federal political committee.
Name of Employer
Occupation
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 390.00
Date of Receipt: 10 12 2001
Amount of Each Receipt this Period: 50.00
Transaction ID: 10000000213900009

C.
Full Name (Last, First, Middle Initial)
Gail Heathcote, CNM
Mailing Address
215 Rexford Dr SE
City: East Grand Rapids State: MI Zip Code: 49506-2001
FEC ID number of contributing federal political committee.
Name of Employer: Advantage Health PC
Occupation
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 10 16 2001
Amount of Each Receipt this Period: 1000.00
Transaction ID: 10000000231500010

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1100.00**

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

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

A.
Full Name (Last, First, Middle Initial): Patricia A. McMaster, CNM
Mailing Address: 160 Cabrini Blvd #124
City: New York State: NY Zip Code: 10033-1145
FEC ID number of contributing federal political committee.
Name of Employer: Morgan Practice
Occupation:
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 365.00
Date of Receipt: 10 16 2001
Amount of Each Receipt this Period: 365.00
Transaction ID: 10000000232300011

B.
Full Name (Last, First, Middle Initial): Mary M O'Meara, CNM
Mailing Address: 505 W De Leon St Ste 2
City: Tampa State: FL Zip Code: 33606-2737
FEC ID number of contributing federal political committee.
Name of Employer:
Occupation:
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt: 10 17 2001
Amount of Each Receipt this Period: 500.00
Transaction ID: 10000000233800012

C.
Full Name (Last, First, Middle Initial): Mary Benner, CNM
Mailing Address: 2217 Owens Blvd
City: Richardson State: TX Zip Code: 75082-4705
FEC ID number of contributing federal political committee.
Name of Employer: Parkland Memorial Hospital
Occupation:
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt: 10 17 2001
Amount of Each Receipt this Period: 500.00
Transaction ID: 10000000234300013

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1365.00**

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

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

A.
Full Name (Last, First, Middle Initial): Jacquelyn Hope Chapman, CNM
Mailing Address: 148 E Howard St
City: Centreville State: MS Zip Code: 39631
FEC ID number of contributing federal political committee.
Name of Employer: Centreville Clinic
Occupation:
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 368.75
Date of Receipt: 10 22 2001
Amount of Each Receipt this Period: 91.25
Transaction ID: 10000000238600014

B.
Full Name (Last, First, Middle Initial): Kathleen M. Higgins-Jeffers, CNM
Mailing Address: 815 Prince Ferry Lane
City: Mount Pleasant State: SC Zip Code: 29464-2852
FEC ID number of contributing federal political committee.
Name of Employer:
Occupation:
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 365.00
Date of Receipt: 10 22 2001
Amount of Each Receipt this Period: 365.00
Transaction ID: 10000000240300D15

C.
Full Name (Last, First, Middle Initial): Jody A. Disney, CNM PhD
Mailing Address: 1634 E. Copper St
City: Tucson State: AZ Zip Code: 85719
FEC ID number of contributing federal political committee.
Name of Employer: University Midwives
Occupation:
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 350.00
Date of Receipt: 10 22 2001
Amount of Each Receipt this Period: 200.00
Transaction ID: 10000000240700D16

SUBTOTAL of Receipts This Page (optional) ..... ▶ **656.25**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A.
Full Name (Last, First, Middle Initial): Julie Cristal CNM
Mailing Address: 4709 Windsor Ave.
City: Philadelphia State: PA Zip Code: 19143
FEC ID number of contributing federal political committee.
Name of Employer: Penn OB/GYN & Midwifery Care
Occupation:
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt: 11 02 2001
Amount of Each Receipt this Period: 100.00
Transaction ID: 10000000253700017

B.
Full Name (Last, First, Middle Initial): John M. Eads, CNM
Mailing Address: 5208 Park Ave
City: Minneapolis State: MN Zip Code: 55417
FEC ID number of contributing federal political committee.
Name of Employer: Fairview Riverside Women's Cli
Occupation:
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 235.00
Date of Receipt: 11 03 2001
Amount of Each Receipt this Period: 100.00
Transaction ID: 10000000257800018

C.
Full Name (Last, First, Middle Initial): Jane M. Knight, CNM
Mailing Address: 546 Acland Blvd.
City: Ballston Spa State: NY Zip Code: 12020
FEC ID number of contributing federal political committee.
Name of Employer: Saratoga Nurse-Midwives
Occupation:
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 365.50
Date of Receipt: 11 09 2001
Amount of Each Receipt this Period: 183.00
Transaction ID: 10000000261500019

SUBTOTAL of Receipts This Page (optional) ..... ▶ **383.00**

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

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[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): Kathleen Menasche, CNM
Mailing Address: 1891 Del Fonte Ct
City: Las Vegas State: NV Zip Code: 89117
FEC ID number of contributing federal political committee.
Name of Employer: Univ. of Nevada School of Medicine
Occupation:
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 235.00
Date of Receipt: 11 12 2001
Amount of Each Receipt this Period: 100.00
Transaction ID: 10000000272600020

B.
Full Name (Last, First, Middle Initial): Margaret Onuska, CNM
Mailing Address: 3907 Hannett NE
City: Albuquerque State: NM Zip Code: 87110
FEC ID number of contributing federal political committee.
Name of Employer: Univ New Mexico M&I Prog/SWV
Occupation:
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 225.00
Date of Receipt: 12 19 2001
Amount of Each Receipt this Period: 100.00
Transaction ID: 10000000276800021

C.
Full Name (Last, First, Middle Initial): Eunice K.M. Emet, CNM MPH FACNM
Mailing Address: 1207 Perkiomenville Road
City: Perkiomenville State: PA Zip Code: 18074
FEC ID number of contributing federal political committee.
Name of Employer:
Occupation:
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 640.00
Date of Receipt: 12 19 2001
Amount of Each Receipt this Period: 250.00
Transaction ID: 10000000277000022

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

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

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

A.
Full Name (Last, First, Middle Initial): Martha E. Churchill CNM MSN
Mailing Address: 500 S Willard St
City: Burlington State: VT Zip Code: 05401-4005
FEC ID number of contributing federal political committee.
Name of Employer: Fletcher Allen Hlth Care
Occupation:
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt: 12 19 2001
Amount of Each Receipt this Period: 300.00
Transaction ID: 10000000282600023

B.
Full Name (Last, First, Middle Initial): Lynn Chapman-Stern, CNM
Mailing Address: 700 Columbus Avenue
City: New York State: NY Zip Code: 10025
FEC ID number of contributing federal political committee.
Name of Employer: Midwives of Manhattan
Occupation:
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 275.00
Date of Receipt: 12 20 2001
Amount of Each Receipt this Period: 75.00
Transaction ID: 10000000295200024

C.
Full Name (Last, First, Middle Initial): Cecilia Stearns, CNM MSN
Mailing Address: 7862 Byron Road
City: Byron State: NY Zip Code: 14422
FEC ID number of contributing federal political committee.
Name of Employer: All Care for Women OB GYN
Occupation:
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 225.00
Date of Receipt: 12 20 2001
Amount of Each Receipt this Period: 75.00
Transaction ID: 10000000295300025

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

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 13 / 31

[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)
Jane M. Knight, CNM

Mailing Address
546 Acland Blvd.

City: Ballston Spa State: NY Zip Code: 12020

FEC ID number of contributing federal political committee.

Name of Employer: Saratoga Nurse-Midwives
Occupation:

Receipt For: Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 548.50

Date of Receipt: 12 20 2001

Amount of Each Receipt this Period: 183.00

Transaction ID: 10000000285500026

B. Full Name (Last, First, Middle Initial)
Elisabeth W. Keller, CNM

Mailing Address
16 Prentiss St

City: Cambridge State: MA Zip Code: 02140-2212

FEC ID number of contributing federal political committee.

Name of Employer: Cambridge Midwives/Birth Cntr
Occupation:

Receipt For: Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 12 20 2001

Amount of Each Receipt this Period: 250.00

Transaction ID: 10000000285800027

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

Mailing Address
146 E Howard St

City: Centreville State: MS Zip Code: 39631

FEC ID number of contributing federal political committee.

Name of Employer: Centreville Clinic
Occupation:

Receipt For: Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 460.00

Date of Receipt: 12 20 2001

Amount of Each Receipt this Period: 91.25

Transaction ID: 10000000285700028

SUBTOTAL of Receipts This Page (optional) ..... ▶ **524.25**

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 14 / 31

[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)
Patricia Vavricka, CNM

Mailing Address
608 South Morrison Drive

City: Ada State: OK Zip Code: 74820-7133

FEC ID number of contributing federal political committee.

Name of Employer: Women's Health Center
Occupation:

Receipt For: Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 335.00

Date of Receipt: 12 20 2001

Amount of Each Receipt this Period: 100.00

Transaction ID: 10000000300700029

B.
Full Name (Last, First, Middle Initial)
Mary Doezema, CNM

Mailing Address
53915 Pulver Rd.

City: Three Rivers State: MI Zip Code: 49093

FEC ID number of contributing federal political committee.

Name of Employer: Midwifery Arts
Occupation:

Receipt For: Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 12 21 2001

Amount of Each Receipt this Period: 100.00

Transaction ID: 10000000318800030

C.
Full Name (Last, First, Middle Initial)
Florence C Beattie, CNM

Mailing Address
12433 SW Orchard Hill Rd

City: Lake Oswego State: OR Zip Code: 97035-1143

FEC ID number of contributing federal political committee.

Name of Employer: Kaiser Permanente-Mt Talbert Med Offic
Occupation:

Receipt For: Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 235.00

Date of Receipt: 12 21 2001

Amount of Each Receipt this Period: 50.00

Transaction ID: 10000000321500031

SUBTOTAL of Receipts This Page (optional) ..... ▶ **250.00**

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 15 / 31

[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)
Caroline Vosburgh Winneg, CNM

Mailing Address
34 Bishop Ln

City: Sudbury State: MA Zip Code: 01776

FEC ID number of contributing federal political committee.

Name of Employer: Vincent Mem OB/GYN N-M Service @ MGH

Occupation:

Receipt For: Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 12 21 2001

Amount of Each Receipt this Period: 100.00

Transaction ID: 10000000329200032

B.

C.

SUBTOTAL of Receipts This Page (optional)	▶	**100.00**
TOTAL This Period (last page this line number only)	▶	**6178.50**

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 16 / 31

☐ 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)
First Union Bank
Mailing Address
City: Washington State: DC Zip Code:
FEC ID number of contributing federal political committee.
Name of Employer: Occupation:
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 1055.84
Date of Receipt: 07 31 2001
Amount of Each Receipt this Period: 86.35
Transaction ID: 10000000245500033

B. Full Name (Last, First, Middle Initial)
First Union Bank
Mailing Address
City: Washington State: DC Zip Code:
FEC ID number of contributing federal political committee.
Name of Employer: Occupation:
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 1140.49
Date of Receipt: 08 31 2001
Amount of Each Receipt this Period: 84.65
Transaction ID: 10000000245700034

C. Full Name (Last, First, Middle Initial)
First Union Bank
Mailing Address
City: Washington State: DC Zip Code:
FEC ID number of contributing federal political committee.
Name of Employer: Occupation:
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 1209.49
Date of Receipt: 09 28 2001
Amount of Each Receipt this Period: 69.00
Transaction ID: 10000000245900035

SUBTOTAL of Receipts This Page (optional) ..... ▶ **240.00**

TOTAL This Period (last page this line number only) ..... ▶ **240.00**

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)
[X] 21b [ ] 22 [ ] 23 [ ] 24 [ ] 25
[ ] 26 [ ] 27 [ ] 28a [ ] 28b [ ] 28c [ ] 29

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

A.
Full Name (Last, First, Middle Initial)
First Union/Nova Information Systems

Mailing Address
7300 Chapman Highway
City: Knoxville State: TN Zip Code: 37920

Purpose of Disbursement
Credit Card Processing fee

Candidate Name

Category/Type

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

Disbursement For: Primary / General / Other (specify)

Date of Disbursement: 07 / 02 / 2001

Amount of Each Disbursement this Period: 35.00

Transaction ID: 10000000245400002

B.
Full Name (Last, First, Middle Initial)
First Union/Nova Information Systems

Mailing Address
7300 Chapman Highway
City: Knoxville State: TN Zip Code: 37920

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Category/Type

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

Disbursement For: Primary / General / Other (specify)

Date of Disbursement: 08 / 01 / 2001

Amount of Each Disbursement this Period: 69.49

Transaction ID: 10000000245600003

C.
Full Name (Last, First, Middle Initial)
Patricia Burkhardt

Mailing Address
49 Strong Place
City: Brooklyn State: NY Zip Code: 11231-3708

Purpose of Disbursement
Travel Expenses: Pat Burkhardt

Candidate Name

Category/Type

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

Disbursement For: Primary / General / Other (specify)

Date of Disbursement: 08 / 07 / 2001

Amount of Each Disbursement this Period: 288.00

Transaction ID: 10000000242200004

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **389.49**

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)

[X] 21b [ ] 22 [ ] 23 [ ] 24 [ ] 25
[ ] 26 [ ] 27 [ ] 28a [ ] 28b [ ] 28c [ ] 29

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

A.

Full Name (Last, First, Middle Initial)
First Union/Nova Information Systems

Mailing Address
7300 Chapman Highway

City: Knoxville
State: TN
Zip Code: 37920

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Category/Type

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

Disbursement For: Primary / General / Other (specify)

Date of Disbursement
09 01 2001

Amount of Each Disbursement this Period
35.00

Transaction ID: 1000000024580000 5

B.

C.

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **35.00**

TOTAL This Period (last page this line number only) ..... ▶ **424.49**

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)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25
☐ 26 ☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29

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

A.
Full Name (Last, First, Middle Initial)
Grassley Committee

Mailing Address
Po Box 1000
City: Des Moines State: IA Zip Code: 50304

Purpose of Disbursement
YTD:$1000.00 Charles E. Grassley, U.S. S

Candidate Name
Charles E. Grassley

24K Category/Type

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

Disbursement For: 2002
Primary / X General / Other (specify)

Date of Disbursement: 07 / 27 / 2001

Amount of Each Disbursement this Period: 1000.00

Transaction ID: 10000000227200008

B.
Full Name (Last, First, Middle Initial)
McCrery for Congress

Mailing Address

City State Zip Code

Purpose of Disbursement
YTD:$1000.00 Jim McCrery, U.S. HOUSE 4th

Candidate Name
Jim McCrery

24K Category/Type

Office Sought: X House / Senate / President
State: LA District: 4

Disbursement For: 2002
Primary / X General / Other (specify)

Date of Disbursement: 08 / 20 / 2001

Amount of Each Disbursement this Period: 1000.00

Transaction ID: 10000000242300007

C.
Full Name (Last, First, Middle Initial)
Blue Dog PAC Coalition

Mailing Address

City: Washington State: DC Zip Code

Purpose of Disbursement
YTD:$1000.00 Blue Dog PAC Coalition

Candidate Name

24K Category/Type

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

Disbursement For: 2001
Primary / General / X Other (specify)

Date of Disbursement: 08 / 20 / 2001

Amount of Each Disbursement this Period: 1000.00

Transaction ID: 10000000242400008

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **3000.00**

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)
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☐ 26 ☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29

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

A.
Full Name (Last, First, Middle Initial)
Women's Campaign Fund

Mailing Address

City: Washington
State: DC
Zip Code:

Purpose of Disbursement
YTD:$40.00 Women's Campaign Fund Recepti

Candidate Name

24K
Category/ Type

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

Disbursement For: 2001
Primary / General
X Other (specify)

Date of Disbursement
09 / 19 / 2001

Amount of Each Disbursement this Period
40.00

Transaction ID: 10000000242700D09

B.
Full Name (Last, First, Middle Initial)
Comm. To Elect John H Lewis Sr

Mailing Address
103 Sewannee Ave N W

City: Atlanta
State: GA
Zip Code: 30314

Purpose of Disbursement
YTD:$1000.00 John Lewis, U.S. HOUSE 5th

Candidate Name
John Lewis

24K
Category/ Type

Office Sought: X House / Senate / President
State: GA District: 5

Disbursement For: 2002
Primary / X General
Other (specify)

Date of Disbursement
09 / 20 / 2001

Amount of Each Disbursement this Period
1000.00

Transaction ID: 10000000243000D10

C.
Full Name (Last, First, Middle Initial)
Lot Of People For Dave Obey

Mailing Address
1212 Grand Avenue #12

City: Wausau
State: WI
Zip Code: 54401

Purpose of Disbursement
YTD:$1000.00 David R. Obey, U.S. HOUSE 7

Candidate Name
David R. Obey

24K
Category/ Type

Office Sought: X House / Senate / President
State: WI District: 7

Disbursement For: 2002
Primary / X General
Other (specify)

Date of Disbursement
09 / 20 / 2001

Amount of Each Disbursement this Period
1000.00

Transaction ID: 10000000243100D11

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **2040.00**

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)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25
☐ 26 ☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29

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

A.
Full Name (Last, First, Middle Initial)
First Union Bank

Mailing Address
401 South Tryon St
City: Charlotte State: NC Zip Code: 28288

Purpose of Disbursement
Oct Bank Fee

Candidate Name

Category/Type: 0D1

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

Disbursement For: Primary / General / Other (specify)

Date of Disbursement: 10 / 01 / 2001

Amount of Each Disbursement this Period: 15.96

Transaction ID: 1000D000361800D12

B.
Full Name (Last, First, Middle Initial)
Friends of J.C. Watts, Jr.

Mailing Address
City State Zip Code

Purpose of Disbursement
YTD:$1000.00 J.C. Watts. U.S. HOUSE 4th

Candidate Name
J.C. Watts Jr.

Category/Type: 24K

Office Sought: X House / Senate / President
State: OK District: 4

Disbursement For: 2002 Primary / X General / Other (specify)

Date of Disbursement: 10 / 23 / 2001

Amount of Each Disbursement this Period: 1000.00

Transaction ID: 1000D000243900D13

C.
Full Name (Last, First, Middle Initial)
Ben Cardin For Congress

Mailing Address
9 Whitebridge Court
City: Baltimore State: MD Zip Code: 21208

Purpose of Disbursement
YTD:$1000.00 Benjamin L. Cardin. U.S. HO

Candidate Name
Benjamin L. Cardin

Category/Type: 24K

Office Sought: X House / Senate / President
State: MD District: 3

Disbursement For: 2002 Primary / X General / Other (specify)

Date of Disbursement: 10 / 29 / 2001

Amount of Each Disbursement this Period: 1000.00

Transaction ID: 1000D000248800D14

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **2015.96**

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)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25
☐ 26 ☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29

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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 Sherrod Brown

Mailing Address
2526 East Erie
City: Lorain State: OH Zip Code: 44052

Purpose of Disbursement
YTD:$1000.00 Sherrod Brown, U.S. HOUSE 1

Candidate Name
Sherrod Brown

24K
Category/ Type

Office Sought: X House / Senate / President
State: OH District: 13

Disbursement For: 2002
Primary / X General / Other (specify)

Date of Disbursement
10 29 2001

Amount of Each Disbursement this Period
1000.00

Transaction ID: 10000000248900D15

B.
Full Name (Last, First, Middle Initial)
Pete Stark Re-Election Comm.

Mailing Address
Po Box 8331
City: Fremont State: CA Zip Code: 94537

Purpose of Disbursement
YTD:$1000.00 Fortney Pete Stark, U.S. HO

Candidate Name
Fortney Pete Stark

24K
Category/ Type

Office Sought: X House / Senate / President
State: CA District: 13

Disbursement For: 2002
Primary / X General / Other (specify)

Date of Disbursement
10 29 2001

Amount of Each Disbursement this Period
1000.00

Transaction ID: 10000000249000D16

C.
Full Name (Last, First, Middle Initial)
Citizens For Arlen Specter

Mailing Address
4111 Timber Lane
City: Philadelphia State: PA Zip Code: 19144

Purpose of Disbursement
YTD:$1000.00 Arlen Specter, U.S. SENATE

Candidate Name
Arlen Specter

24K
Category/ Type

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

Disbursement For: 2002
Primary / X General / Other (specify)

Date of Disbursement
10 29 2001

Amount of Each Disbursement this Period
1000.00

Transaction ID: 10000000249100D17

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **3000.00**

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)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25
☐ 26 ☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29

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

A. Full Name (Last, First, Middle Initial)
Bush For President Inc

Mailing Address
Governor's Mansion 1010 Colorado
City: Austin State: TX Zip Code: 78701

Purpose of Disbursement
YTD:$-500.00 Voided Check

Category/Type: 24K

Candidate Name
George Bush

Office Sought: House / Senate / X President
State: TX District: 3

Disbursement For: 2000 Primary General X Other (specify) ▼
2000 Presidential

Date of Disbursement: 11 / 13 / 2001

Amount of Each Disbursement this Period: -500.00

Transaction ID: 10000000223400D18

B. Full Name (Last, First, Middle Initial)
First Union Bank

Mailing Address
401 South Tryon St
City: Charlotte State: NC Zip Code: 28288

Purpose of Disbursement
Dec bank fee

Category/Type: 001

Candidate Name

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

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 12 / 01 / 2001

Amount of Each Disbursement this Period: 17.36

Transaction ID: 10000000361700D19

C. Full Name (Last, First, Middle Initial)
Collins For Senator

Mailing Address
175 Clyde Road
City: Bangor State: ME Zip Code: 04401

Purpose of Disbursement
YTD:$2000.00 Susan Collins, U.S. SENATE

Category/Type: 24K

Candidate Name
Susan Collins

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

Disbursement For: 2002 Primary X General Other (specify) ▼

Date of Disbursement: 12 / 21 / 2001

Amount of Each Disbursement this Period: 1000.00

Transaction ID: 10000000326600D20

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **517.36**

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)

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

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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 John Boehner

Mailing Address
7908-I Cincinnati Dayton Road

City: West Chester
State: OH
Zip Code: 45069

Purpose of Disbursement
YTD:$1000.00 John A. Boehner, U.S. HOUSE

Candidate Name
John A. Boehner

Category/Type: 24K

Office Sought: X House / Senate / President
State: OH District: 8

Disbursement For: 2002
Primary / X General / Other (specify)

Date of Disbursement
12 21 2001

Amount of Each Disbursement this Period
1000.00

Transaction ID: 1000000032680002 1

B.

C.

SUBTOTAL of Disbursements This Page (optional) ..... ▶	**1000.00**
TOTAL This Period (last page this line number only) ..... ▶	**11573.32**

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)
☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25
☐ 26 ☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29

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

A.
Full Name (Last, First, Middle Initial)
American College of Nurse-Midwives

Mailing Address
818 Connecticut Avenue, NW Suite 9
City: Washington State: DC Zip Code: 20006

Purpose of Disbursement
ACNM Expenses for April

Candidate Name

Category/Type

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

Disbursement For: Primary / General / Other (specify)

Date of Disbursement: 07 / 13 / 2001

Amount of Each Disbursement this Period: 1377.87

Transaction ID: 10000000222300022

B.
Full Name (Last, First, Middle Initial)
American College of Nurse-Midwives

Mailing Address
818 Connecticut Avenue, NW Suite 9
City: Washington State: DC Zip Code: 20006

Purpose of Disbursement
ACNM Expenses for May

Candidate Name

Category/Type

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

Disbursement For: Primary / General / Other (specify)

Date of Disbursement: 07 / 13 / 2001

Amount of Each Disbursement this Period: 1692.11

Transaction ID: 10000000222400023

C.
Full Name (Last, First, Middle Initial)
Internal Revenue Service

Mailing Address

City: Philadelphia State: PA Zip Code: 19255

Purpose of Disbursement
Adjusted Payment Penalty

Candidate Name

Category/Type

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

Disbursement For: Primary / General / Other (specify)

Date of Disbursement: 08 / 22 / 2001

Amount of Each Disbursement this Period: 207.68

Transaction ID: 10000000242500024

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **3277.44**

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)
☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25
☐ 26 ☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29

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

A.
Full Name (Last, First, Middle Initial)
American College of Nurse-Midwives

Mailing Address
818 Connecticut Avenue, NW Suite 9
City: Washington State: DC Zip Code: 20006

Purpose of Disbursement
ACNM Expenses for July

Candidate Name

Category/Type

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

Disbursement For: Primary / General / Other (specify)

Date of Disbursement: 09 / 20 / 2001

Amount of Each Disbursement this Period: 1703.21

Transaction ID: 10000000242800025

B.
Full Name (Last, First, Middle Initial)
Geppetto Catering, Inc.

Mailing Address
4505 Queensbury Rd
City: Riverdale State: MD Zip Code: 20737

Purpose of Disbursement
Catering for Specter Breakfast

Candidate Name

Category/Type

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

Disbursement For: Primary / General / Other (specify)

Date of Disbursement: 09 / 21 / 2001

Amount of Each Disbursement this Period: 1065.64

Transaction ID: 10000000242800026

C.
Full Name (Last, First, Middle Initial)
American College of Nurse-Midwives

Mailing Address
818 Connecticut Avenue, NW Suite 9
City: Washington State: DC Zip Code: 20006

Purpose of Disbursement
ACNM Expenses for January

Candidate Name

Category/Type

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

Disbursement For: Primary / General / Other (specify)

Date of Disbursement: 10 / 23 / 2001

Amount of Each Disbursement this Period: 506.50

Transaction ID: 10000000243200027

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **3275.35**

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)
☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25
☐ 26 ☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29

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

A.
Full Name (Last, First, Middle Initial)
American College of Nurse-Midwives

Mailing Address
818 Connecticut Avenue, NW Suite 9
City: Washington State: DC Zip Code: 20006

Purpose of Disbursement
ACNM Expenses for March

Candidate Name

Category/Type

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

Disbursement For: Primary / General / Other (specify)

Date of Disbursement: 10 / 23 / 2001

Amount of Each Disbursement this Period: 711.13

Transaction ID: 10000000243300028

B.
Full Name (Last, First, Middle Initial)
American College of Nurse-Midwives

Mailing Address
818 Connecticut Avenue, NW Suite 9
City: Washington State: DC Zip Code: 20006

Purpose of Disbursement
ACNM Expenses for October 2000

Candidate Name

Category/Type

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

Disbursement For: Primary / General / Other (specify)

Date of Disbursement: 10 / 23 / 2001

Amount of Each Disbursement this Period: 1592.70

Transaction ID: 10000000243400029

C.
Full Name (Last, First, Middle Initial)
American College of Nurse-Midwives

Mailing Address
818 Connecticut Avenue, NW Suite 9
City: Washington State: DC Zip Code: 20006

Purpose of Disbursement
ACNM Expenses for August

Candidate Name

Category/Type

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

Disbursement For: Primary / General / Other (specify)

Date of Disbursement: 10 / 23 / 2001

Amount of Each Disbursement this Period: 1901.00

Transaction ID: 10000000243500030

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **4204.83**

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)
☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25
☐ 26 ☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29

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

A.
Full Name (Last, First, Middle Initial)
American College of Nurse-Midwives

Mailing Address
818 Connecticut Avenue, NW Suite 9
City: Washington State: DC Zip Code: 20006

Purpose of Disbursement
ACNM Expenses for September

Candidate Name

Category/Type

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

Disbursement For: Primary / General / Other (specify)

Date of Disbursement: 10 / 23 / 2001

Amount of Each Disbursement this Period: 409.13

Transaction ID: 10000000243800031

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 Invoice 000191 (Sept-Oct)

Candidate Name

Category/Type

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

Disbursement For: Primary / General / Other (specify)

Date of Disbursement: 10 / 23 / 2001

Amount of Each Disbursement this Period: 8209.60

Transaction ID: 10000000243700032

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
NMW2001- 12

Candidate Name

Category/Type

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

Disbursement For: Primary / General / Other (specify)

Date of Disbursement: 12 / 17 / 2001

Amount of Each Disbursement this Period: 2271.19

Transaction ID: 10000000325900033

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **10888.92**

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)
☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25
☐ 26 ☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29

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

A.
Full Name (Last, First, Middle Initial)
American College of Nurse-Midwives

Mailing Address
818 Connecticut Avenue, NW Suite 9
City: Washington State: DC Zip Code: 20006

Purpose of Disbursement
Invoice # 12666

Candidate Name

Category/Type

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

Disbursement For: Primary / General / Other (specify)

Date of Disbursement: 12 / 17 / 2001

Amount of Each Disbursement this Period: 1987.35

Transaction ID: 10000000326000034

B.
Full Name (Last, First, Middle Initial)
American College of Nurse-Midwives

Mailing Address
818 Connecticut Avenue, NW Suite 9
City: Washington State: DC Zip Code: 20006

Purpose of Disbursement
Repayment line of credit brings amt 15K

Candidate Name

Category/Type

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

Disbursement For: Primary / General / Other (specify)

Date of Disbursement: 12 / 17 / 2001

Amount of Each Disbursement this Period: 726.35

Transaction ID: 10000000326100035

C.
Full Name (Last, First, Middle Initial)
American College of Nurse-Midwives

Mailing Address
818 Connecticut Avenue, NW Suite 9
City: Washington State: DC Zip Code: 20006

Purpose of Disbursement
expenses Feb 2001 Invoice # 12644

Candidate Name

Category/Type

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

Disbursement For: Primary / General / Other (specify)

Date of Disbursement: 12 / 17 / 2001

Amount of Each Disbursement this Period: 500.42

Transaction ID: 10000000326200036

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **3214.12**

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)
☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25
☐ 26 ☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29

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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.

Mailing Address
1280 Perimeter Pkwy
City: Virginia Beach State: VA Zip Code: 23454

Purpose of Disbursement
NCM 2001- 12

Candidate Name

Category/Type

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

Disbursement For: Primary / General / Other (specify)

Date of Disbursement: 12 / 20 / 2001

Amount of Each Disbursement this Period: 6055.68

Transaction ID: 10000000326300037

B.
Full Name (Last, First, Middle Initial)
American College of Nurse-Midwives

Mailing Address
818 Connecticut Avenue, NW Suite 9
City: Washington State: DC Zip Code: 20006

Purpose of Disbursement
loan to pac

Candidate Name

Category/Type

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

Disbursement For: Primary / General / Other (specify)

Date of Disbursement: 12 / 20 / 2001

Amount of Each Disbursement this Period: 5000.00

Transaction ID: 10000000326400038

C.
Full Name (Last, First, Middle Initial)
American College of Nurse-Midwives

Mailing Address
818 Connecticut Avenue, NW Suite 9
City: Washington State: DC Zip Code: 20006

Purpose of Disbursement
ACNM Expenses for October

Candidate Name

Category/Type

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

Disbursement For: Primary / General / Other (specify)

Date of Disbursement: 12 / 21 / 2001

Amount of Each Disbursement this Period: 809.82

Transaction ID: 10000000325700039

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **11865.50**

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)
☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25
☐ 26 ☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29

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

A.
Full Name (Last, First, Middle Initial)
American College of Nurse-Midwives

Mailing Address
818 Connecticut Avenue, NW Suite 9
City: Washington State: DC Zip Code: 20006

Purpose of Disbursement
ACNM Expenses for November

Candidate Name

Category/Type

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

Disbursement For: Primary / General / Other (specify)

Date of Disbursement
12 / 21 / 2001

Amount of Each Disbursement this Period
1855.75

Transaction ID: 10000000325800D40

B.
Full Name (Last, First, Middle Initial)
First Union Bank

Mailing Address
401 South Tryon St
City: Charlotte State: NC Zip Code: 28288

Purpose of Disbursement
bank expense

Candidate Name

Category/Type: 001

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

Disbursement For: Primary / General / Other (specify)

Date of Disbursement
12 / 31 / 2001

Amount of Each Disbursement this Period
46.75

Transaction ID: 10000000361800D41

C.

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **1902.50**

TOTAL This Period (last page this line number only) ..... ▶ **38628.66**