25970927738

08/18/2005 19 : 02

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 14082

Check if different than previously reported. (ACC)

Washington | DC | 20044 | 4082

2. **FEC IDENTIFICATION NUMBER** ▼ C00358612

CITY ▲ STATE ▲ ZIPCODE ▲

3. IS THIS REPORT — NEW (N) X **OR** AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report(Q1)
- July 15 Quarterly Report(Q2)
- October 15 Quarterly Report(Q3)
- January 31 Quarterly Report(YE)
- July 31 Mid-Year Report(Non-election Year Only) (MY)
- Termination Report (TER)

(b) Monthly Report Due On:

Feb 20 (M2)	May 20 (M5)	X Aug 20 (M8)	Nov 20 (M11) (Non-Election Year Only)
Mar 20 (M3)	Jun 20 (M6)	Sep 20 (M9)	Dec 20 (M12) (Non-Election Year Only)
Apr 20 (M4)	Jul 20 (M7)	Oct 20 (M10)	Jan 31 (YE)

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

Election on ____ in the State of ____

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

Election on ____ in the State of ____

5. Covering Period 07 01 2005 through 07 31 2005

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer: Kathryn Kravetz

Signature of Treasurer: Electronically Filed by Kathryn Kravetz — Date 08 18 2005

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. 02/2003)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

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

Report Covering the Period: From: 07 01 2005 To: 07 31 2005

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2005		32137.59
(b) Cash on Hand at Begining of Reporting Period	47192.21	
(c) Total Receipts (from Line 19)	11467.50	50735.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	58659.71	82872.59
7. Total Disbursements (from Line 31)	4562.79	28775.67
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	54096.92	54096.92
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 (Rev. 02/2003)

Write or Type Committee Name

American College of Nurse-Midwives Midwives-PAC

Report Covering the Period: From: 07 01 2005 To: 07 31 2005

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)	1100.00	2140.00
(ii) Unitemized	10367.50	48595.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ▶	11467.50	50735.00
(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) ..... ▶	11467.50	50735.00
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))	11467.50	50735.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	11467.50	50735.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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	3562.79	25720.67
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)) ▶	3562.79	25720.67
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	1000.00	3000.00
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	55.00
(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	55.00
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))	4562.79	28775.67
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31)	4562.79	28775.67

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	11467.50	50735.00
34. Total Contribution Refunds (from Line 28(d))	0.00	55.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	11467.50	50680.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	3562.79	25720.67
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	3562.79	25720.67

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 9
(check only one)
[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)
Nancy Inglis Belin, CNM
Mailing Address 841 Meriweather Dr
City: Savannah State: GA Zip Code: 31406-3267
FEC ID number of contributing federal political committee: C
Name of Employer: Family Health & Birth Ctr Inc
Occupation: Midwife
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 07 07 2005
Transaction ID: 22374829
Amount of Each Receipt this Period: 300.00

B.
Full Name (Last, First, Middle Initial)
Brielle Stoyke, CNM
Mailing Address 221 2nd St N
City: Long Prairie State: MN Zip Code: 56347
FEC ID number of contributing federal political committee: C
Name of Employer: Centra Care Clinic-Long Prairie
Occupation: Midwife
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 290.00
Date of Receipt: 07 07 2005
Transaction ID: 22374779
Amount of Each Receipt this Period: 200.00

C.
Full Name (Last, First, Middle Initial)
Kathleen Maneache, CNM
Mailing Address 1891 Del Fonte Ct
City: Las Vegas State: NV Zip Code: 89117
FEC ID number of contributing federal political committee: C
Name of Employer: Univ. of Nevada School of Medicine
Occupation: Midwife
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 290.00
Date of Receipt: 07 07 2005
Transaction ID: 22374782
Amount of Each Receipt this Period: 200.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ 700.00

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 7 / 9
(check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

A.
Full Name (Last, First, Middle Initial)
Mary Cartwright-Smith, CNM
Mailing Address 961 North Mountain Avenue
City: Bound Brook State: NJ Zip Code: 08805
FEC ID number of contributing federal political committee: C
Name of Employer: Brunswick-Hills OB/GYN
Occupation: Midwife
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 07 20 2005
Transaction ID: 22490539
Amount of Each Receipt this Period: 300.00

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: C
Name of Employer: Cambridge Birth Center
Occupation: Midwife
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 07 28 2005
Transaction ID: 22512748
Amount of Each Receipt this Period: 100.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ 400.00

TOTAL This Period (last page this line number only) ..... ▶ 1100.00

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	[ ] 30b

PAGE 8 / 9

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

A.
Full Name (Last, First, Middle Initial)
NOVA Credit Card Processing

Mailing Address 7300 Chapman Hghwy

City: Knoxville | State: TN | Zip Code: 37920

Purpose of Disbursement: Credit Card Processing Fees

Candidate Name

Category/Type: 001

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

Disbursement For: Primary / General / Other (specify)

Transaction ID: 22566558
Date of Disbursement: 07 / 05 / 2005

Amount of Each Disbursement this Period: 173.69

Credit Card Processing Fe-
es

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

Mailing Address 8403 Colesville Road

City: Silver Spring | State: MD | Zip Code: 20910

Purpose of Disbursement: Reimbursement for Telemarking Expense

Candidate Name

Category/Type: 003

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

Disbursement For: Primary / General / Other (specify)

Transaction ID: 22494534
Date of Disbursement: 07 / 22 / 2005

Amount of Each Disbursement this Period: 3388.60

Reimbursement for Telemar-
king Expense

SUBTOTAL of Disbursements This Page (optional) ..... ▶	3562.29
TOTAL This Period (last page this line number only) ..... ▶	3562.29

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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	X 23	24	25	26
27	28a	28b	28c	29	30b

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

A. Full Name (Last, First, Middle Initial)
Friends Of Lois Capps

Mailing Address P.O. Box 23940

City: Santa Barbara
State: CA
Zip Code: 93121

Purpose of Disbursement: Contribution

Category/Type: 011

Candidate Name: Lois Capps

Office Sought: X House / Senate / President
State: CA District: 22

Disbursement For: X Primary / General / Other (specify)
2006

Transaction ID: 22494537
Date of Disbursement: 07 / 22 / 2005

Amount of Each Disbursement this Period: 1000.00

Contribution

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