SENATE EXPENDITURE LIMITATIONS—2005 ELECTIONS—Continued

State	VAP (in thousands)	VAP × .02 multiplied by the price index (3.831)	Expenditure Limit (the greater of the amount in column 3 or $76,600)
Texas	16,223	1,243,000	1,243,000
Utah	1,649	126,300	126,300
Vermont	487	37,300	76,600
Virginia	5,655	433,300	433,300
Washington	4,718	361,500	361,500
West Virginia	1,431	109,600	109,600
Wisconsin	4,201	321,900	321,900
Wyoming	390	29,900	76,600

Contribution Limitation Increases for Individuals, Nonmulticandidate Committees and for Certain Political Party Committees Giving to U.S. Senate Candidates for 2005–2006 Election Cycle

BCRA amended the Act to extend inflation indexing to: (1) The limitations on contributions made by persons under 2 U.S.C. 441a(a)(1)(A) (contributions to candidates) and 441a(a)(1)(B) (contributions to national party committees); (2) the biennial aggregate contribution limits applicable to individuals under 2 U.S.C. 441a(a)(3); and (3) the limitation on contributions made to U.S. Senate candidates by certain political party committees at 2 U.S.C. 441a(h). 2 U.S.C. 441a(c). These contribution limitations are increased by multiplying the respective statutory contribution amount by the percent difference between the price index, as certified to the Commission by the Secretary of Labor, for the 12 months preceding the beginning of the calendar year and the price index for the base period (calendar year 2001). The resulting amount is rounded to the nearest multiple of $100. The Commission has calculated the applicable percent difference to be 6.7 percent.

Contribution limitations shall be adjusted accordingly:

Statutory provision	Statutory amount	2005–2006 limitation
2 U.S.C. 441a(a)(1)(A)	$2,000	$2,100.
2 U.S.C. 441a(a)(1)(B)	25,000	26,700.
2 U.S.C. 441a(a)(3)(A)	37,500	40,000.
2 U.S.C. 441a(a)(3)(B)	57,500 (of which not more than $37,500 may be attributable to contributions to political committees that are not political committees of national political parties).	61,400 (of which not more than $40,000 may be attributable to contributions to political committees that are not political committees of national political parties).
2 U.S.C. 441a(h)	35,000	37,300.

Under the Act, the inflationary adjustments are to be made only in odd-numbered years and the increased limitations at 2 U.S.C. 441a(a)(1)(A), 441a(a)(1)(B) and 441a(h) are to be in effect for the 2-year period beginning on the first day following the date of the general election in the preceding year and ending on the date of the next regularly scheduled election. Thus the respective figures above are in effect from November 3, 2004 to November 7, 2006. The limitation under 2 U.S.C. 441a(a)(3)(A) and (B) shall be in effect beginning January 1st of the odd-numbered year and ending on December 31st of the next even-numbered year. Thus the new contribution limits under 2 U.S.C. 441a(a)(3)(A) and (B) are in effect from January 1, 2005 to December 31, 2006.

Dated: February 4, 2005.

Scott E. Thomas,

Chairman, Federal Election Commission.

[FR Doc. 05–2598 Filed 2–9–05; 8:45 am]

BILLING CODE 6715–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Public Meeting of the President's Council on Bioethics on March 3–4, 2005

AGENCY: The President's Council on Bioethics, HHS.

ACTION: Notice.

SUMMARY: The President's Council on Bioethics (Leon R. Kass, M.D., Chairman) will hold its twentieth meeting, at which, among other things, it will continue its discussion of ethical issues relating to the treatment of the aged, and end-of-life care. Subjects discussed at past Council meetings (though not on the agenda for the present one) include: cloning, assisted reproduction, reproductive genetics, IVF, ICSI, PGD, sex selection, inheritable genetic modification, patentability of human organisms, neuroscience, aging retardation, lifespan-extension, and organ procurement for transplantation. Publications issued by the Council to date include: *Human Cloning and Human Dignity: An Ethical Inquiry* (July 2002); *Beyond Therapy: Biotechnology and the Pursuit of Happiness* (October 2003); *Being Human: Readings from the President's Council on Bioethics* (December 2003); *Monitoring Stem Cell Research* (January 2004), and *Reproduction and Responsibility: The Regulation of New Biotechnologies* (March 2004).

DATES: The meeting will take place Thursday, March 3, 2005, from 9 a.m. to 4:30 p.m. ET; and Friday, March 4, 2005, from 8:30 a.m. to 12:30 p.m. ET.

ADDRESSES: The Sphinx Club, 1315 K Street, NW., Washington, DC 20005. Phone 202–898–1688.

Agenda: The meeting agenda will be posted at *http://www.bioethics.gov*.

Public Comments: The Council encourages public input, either in person or in writing. At this meeting, interested members of the public may address the Council, beginning at 11:30 a.m., on Friday, March 4. Comments are limited to no more than five minutes per speaker or organization. As a courtesy,

please inform Ms. Diane Gianelli, Director of Communications, in advance of your intention to make a public statement, and give your name and affiliation. To submit a written statement, mail or e-mail it to Ms. Gianelli at one of the addresses given below.

FOR FURTHER INFORMATION CONTACT: Ms. Diane Gianelli, Director of Communications, The President's Council on Bioethics, Suite 700, 1801 Pennsylvania Avenue, Washington, DC 20006. Telephone: (202) 296–4669. E-mail: *info@bioethics.gov*. Web site: *http://www.bioethics.gov*.

Dated: February 7, 2005.

Yuval Levin,

Acting Executive Director, The President's Council on Bioethics.

[FR Doc. 05–2543 Filed 2–9–05; 8:45 am]

BILLING CODE 4150–03–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–05–04JY]

Proposed Data Collections Submitted for Public Comment and Recommendations

The Centers for Disease Control and Prevention (CDC) publishes a list of information collection requests under review by the Office of Management and Budget (OMB) in compliance with the Paperwork Reduction Act (44 U.S.C. Chapter 35). To request a copy of these requests, call the CDC Reports Clearance Officer at (404) 371–5976 or send an e-mail to *omb@cdc.gov*. Send written comments to CDC Desk Officer, Office of Management and Budget, Washington, DC via fax to (202) 395–6974. Written comments should be received within 30 days of this notice.

Proposed Project

Assessment of Occupational Exposures to Electric and Magnetic Fields (EMF)—New—National Institute for Occupational Safety and Health (NIOSH), Centers for Disease Control and Prevention (CDC).

This proposal is to conduct a validation study on an interview-based procedure for assessing occupational exposures to electric and magnetic fields (EMF) from AC electricity. Participants in the study will be asked to wear specially designed instruments to measure a range of EMF that employees encounter as part of their daily work practices. These devices have been field-tested and meet all safety requirements. This study will capture not only the magnetic field magnitude but also its frequencies, induced currents and contact currents. This study will provide important new information that will shed light on EMF and health effects on workers.

This study has the following objectives: (1) Validate an interview-based EMF exposure assessment algorithm against measurements of the time-weighted average (TWA) magnetic field magnitude used in previous epidemiologic studies, (2) calibrate the parameters in the algorithm in order to improve the exposure estimates, and (3) determine the correlation between the EMF exposures from the algorithm and biologically-based metrics measured by new instrumentation. These biologically-based metrics consist of either characteristics of the magnetic field that have produced biological effects in laboratory studies or currents in the body resulting from contact with charged surfaces. For the higher correlations with the TWA magnetic field magnitude, these data will be used to determine whether the exposure algorithm can be modified to accurately assess exposures to the biologically-based metrics.

This is a one-time study of workers of an electric utility in Canada and a Federal research laboratory in the U.S. There will be no cost to respondents except for their time.

Annualized Burden:

Respondents	Number of respondents	Number of responses/respondent	Average burden/response (in hrs.)
Worker—recruitment	200	1	3/60
Worker—EMF monitoring	72	1	6
Worker—interviews	72	1	15/60

Dated: February 3, 2005.

Betsey Dunaway,

Acting Reports Clearance Officer, Office of the Chief Science Officer, Centers for Disease Control and Prevention.

[FR Doc. 05–2573 Filed 2–9–05; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–05–0572]

Proposed Data Collections Submitted for Public Comment and Recommendations

The Centers for Disease Control and Prevention (CDC) publishes a list of information collection requests under review by the Office of Management and Budget (OMB) in compliance with the Paperwork Reduction Act (44 U.S.C. Chapter 35). To request a copy of these requests, call the CDC Reports Clearance Officer at (404) 371–5976 or send an e-mail to *omb@cdc.gov*. Send written comments to CDC Desk Officer, Human Resources and Housing Branch, New Executive Office Building, Room 10235, Washington, DC 20503 or by fax to (202) 395–6974. Written comments should be received within 30 days of this notice.

Proposed Project

CDC and ATSDR Health Message Testing System (0920–0572)—Revision—Office of the Director, Office of Communication (OD/OC), Centers for Disease Control and Prevention (CDC).

The revision to this submission is the addition of a request for the program to use Web-enabled panels as an additional data collection tool that can be used for the projects within this clearance. The Centers for Disease Control and Prevention (CDC) protects people's health and safety by preventing and controlling diseases and injuries; promotes healthy living through strong partnerships with local, national and international organizations, and enhances health decisions by providing credible information on critical health issues.

Members of the public and health practitioners at all levels require up-to-date, credible information about health and safety in order to make rational decisions. Such information affects the health and well-being of people across