07/09/2010 09:14

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### FEC FORM 3X

FE6AN026

# REPORT OF RECEIPTS AND DISBURSEMENTS

FORIWI 3X	For Oth	er Than An	Authorize	d Committ	ee		Office Use Only	/
NAME OF     COMMITTEE (in full)		MAILING LAB OR PRINT		ample:If typing er the lines	g, type			
THE AMERICAN CONG	RESS OF OB	-GYNS PAC (O	B-GYN PAC)	 				
ADDRESS (number and street)	409 12	TH STREET, S	<b>W</b>					
Check if different than previously reported. (ACC)	WASH	IINGTON				DC	20024	]-
2. FEC IDENTIFICATION N	NUMBER 1		CITY 🛋		:	STATE	ZIPC	ODE 🛦
C00364158		3	IS THIS REPORT		NEW (N) <b>OR</b>		MENDED A)	
4. TYPE OF REPORT (Choose One)  (a) Quarterly Reports:  April 15 Quarterly Repo July 15 Quarterly Repo October 15 Quarterly Repo January 31 Quarterly Repo July 31 Mid-Yea Report(Non-ele Year Only) (MY Termination Re (TER)	rt(Q1) (c) rt(Q2) rt(Q3) rt(YE) ar ction (d)	PRE-Election Report for th  E  30-Day Post -Election Report for th	e: lection on		(12C)	Se	(12S) in the State	Special (30S)
5. Covering Period	06 0	1 2010		through	0 6	30	2010	]
I certify that I have examined the Type or Print Name of Treasure	OTAC	to the best of m	-	and belief it is	true, correct	and complete	1.	
Signature of Treasurer Electric NOTE : Submission of false, 6	ctronically Filed		MISCIKOWS			Date 0.7		2 0 1 0 J.S.C 437a.
Office Use			landi may oc				FEC FO	_

### **SUMMARY PAGE** OF RECEIPTS AND DISBURSEMENTS

2/41

Write or Type Committee Name

FEC Form 3X (Rev. 02/2003)

THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

D D <sup>®</sup>D 0 1 06 2010 0.6 3 0 2010 Report Covering the Period: From: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 2010° 49181.92 January 1 (b) Cash on Hand at 289397.91 Begining of Reporting Period ..... 56675.00 430420.00 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 346072.91 479601.92 6(a) and 6(c) for Column B) ..... 175356.23 41827.22 Total Disbursements (from Line 31) ..... Cash on Hand at Close of Reporting Period 304245.69 304245.69 (subtract Line 7 from Line 6(d)) ..... 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) .....

For further information contact:

X This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

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. 06/2004) 3 / 41

Write or Type Committee Name

THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

Report Covering the Period:

From:

м м 0 6 D D 1

<sup>Y</sup> 2010

To:

м м 0 6 <sup>D</sup> 3 0

Y Y Y Y 2 0 1 0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Contributions (other than loans) From:     (a) Individuals/Persons Other		
Than Political Committees (i) Itemized (use Schedule A)	49850.00	377580.00
(ii) Unitemized	6825.00	52840.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	56675.00	430420.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)(d) Total Contributions (add Lines	0.00	0.00
11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	56675.00	430420.00
Transfers From Affiliated/Other     Party Committees	0.00	0.00
3. All Loans Received	0.00	0.00
Loan Repayments Received     Offsets To Operating Expenditures	0.00	0.00
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
Refunds of Contributions Made     to Federal candidates and Other     Political Committees	0.00	0.00
7. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
. 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
O. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	56675.00	430420.00
. Total Federal Receipts (subtract Line 18(c) from Line 19)	56675.00	430420.00

### **DETAILED SUMMARY PAGE**

FEC Form 3X (Rev. 02/2003)

of Disbursements

4 / 41

	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)	0.00	0.00
	(i) Federal Share	0.00	0.00
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating	1327.22	18856.23
	Expenditures(c) Total Operating Expenditures	IOE1.EE	10050.25
	(add 21(a)(i), (a)(ii) and (b))	1327.22	18856.23
2.	Transfers to Affiliated/Other Party	0.00	0.00
3.	Committees	0.00	0.00
	Federal Candidates/Committeesand Other Political Committees	40500.00	155500.00
4.	Independent Expenditure (use Schedule E)	0.00	0.00
5.	Coordinated Expenditures Made by Party		
	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
6.	Loan Repayments Made	0.00	0.00
7.	Loans Made	0.00	0.00
8.	Refunds of Contributions To:  (a) Individuals/Persons Other		
(6	Than Political Committees	0.00	1000.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees	0.00	0.00
	(such as PACs)(d) Total Contribution Refunds	0.00	0.00
	(add Lines 28(a), (b), and (c))	0.00	1000.00
9.	Other Disbursements	0.00	0.00
٥	Federal Election Activity (2 U.S.C 431(20))		
٥.	(a) Shared Federal Election Activity		
	(from Schedule H6)	0.00	0.00
	(i) Federal Share	0.00	0.00
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely	0.00	0.00
	With Federal Funds		
	(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
1.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	41827.22	175356.23
2.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)	11007.00	175050.00
	from Line 31)	41827.22	175356.23

### **DETAILED SUMMARY PAGE**

of Disbursements

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	FEC Form 3X (Rev. 02/2003)		1
	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)	56675.00	430420.00
34.	Total Contribution Refunds (from Line 28(d))	0.00	1000.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	56675.00	429420.00
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1327.22	18856.23
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	1327.22	18856.23

FE6AN026

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	X   11a     11b     11c   12
Any information copied from such Reports an or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any p the name and address of any political committe	person for the purpose of soliciting contributions see to solicit contributions from such committee.
THE AMERICAN CONGRESS OF	OB-GYNS PAC (OB-GYN PAC)	
Full Name (Last, First, Middle Initial) MARIAMMA ABRAHAM		Date of Receipt
Mailing Address 405 CARRIAGE DF		06 18 2010
City	State Zip Code	Transaction ID: SA11AI.19235
BECKLEY FEC ID number of contributing	WV 25801	Amount of Each Receipt this Period
federal political committee.	C	500.00
Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) JACQUES ABRAMOWICZ		Date of Receipt
Mailing Address 100 EAST BELLEV	UE PLACE	0 6 0 2 2 0 1 0
City	State Zip Code	Transaction ID: SA11AI.19086
CHICAGO	IL 60611	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer RUSH UNIVERSITY	Occupation PHYSICIAN	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) PATIENCE O. ADESIDA		Date of Receipt
Mailing Address 4004 GOLF CREEK	CDRIVE	0 6 1 8 2 0 1 0
City	State Zip Code	Transaction ID: SA11Al.19237
CHAMPAIGN	IL 61822	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional	)	1750.00

## SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 41 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)  THE AMERICAN CONGRESS OF CO	Statements may not be sold or used by any personal Statements may not be sold or used by any personal he name and address of any political committee to B-GYNS PAC (OB-GYN PAC)	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) RITA K. ARONSON Mailing Address 2427 ARBOR DRIVE  City DAVENPORT  FEC ID number of contributing federal political committee.	State Zip Code IA 52803	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer OB/GYN SPECIALISTS  Receipt For:  Primary General Other (specify) ▼	Occupation PHYSICIAN Aggregate Year-to-Date   500.00	]
Full Name (Last, First, Middle Initial) ANN A. ASHLEY-GILBERT Mailing Address 707 BALLARD STRE	EET	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City  ALTAMONTE SPRING  FEC ID number of contributing federal political committee.	State Zip Code FL 32701  C	Transaction ID: SA11AI.19075  Amount of Each Receipt this Period  500.00
Name of Employer ALTAMONTE WOMEN'S CENTER  Receipt For:  Primary General  Other (specify) ▼	Occupation PHYSICIAN  Aggregate Year-to-Date   500.00	
Full Name (Last, First, Middle Initial) SHAWKY Z. BADAWY Mailing Address 5309 AQUARIUS DF	RIVE	Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y
City SYRACUSE FEC ID number of contributing	State Zip Code NY 13224	Transaction ID: SA11AI.19276  Amount of Each Receipt this Period
federal political committee.  Name of Employer SUNY UPSTATE	Occupation PHYSICIAN	500.00
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  500.00	
SUBTOTAL of Receipts This Page (optional)		1500.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 41 (check only one)    X
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any persong the name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) M. ASLAM BARRA Mailing Address 930 SUNNYSLOF	PE ROAD	Date of Receipt
City HOLLISTER	State Zip Code CA 95023	Transaction ID: SA11AI.19219  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer SELF-EMPLOYED  Receipt For: Primary General Other (specify)	Occupation PHYSICIAN  Aggregate Year-to-Date   250.00	
Full Name (Last, First, Middle Initial) WILLIAM D. BINDER Mailing Address 6417 PROVINCE	LANE	Date of Receipt    M
City	State Zip Code	Transaction ID: SA11AI.19112
BATON ROUGE  FEC ID number of contributing federal political committee.	C 70808	Amount of Each Receipt this Period 250.00
Name of Employer LOUISIANA WOMEN'S CENTER	Occupation PHYSICIAN	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) JEFFREY W. BITTNER		Date of Receipt
Mailing Address 514 EAST ALTA	VISTA AVENUE	06 14 2010
City	State Zip Code	Transaction ID: SA11AI.19188
OTTUMWA  FEC ID number of contributing federal political committee.	IA 52501	Amount of Each Receipt this Period 250.00
Name of Employer OTTUMWA OB/GYN	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optio	nal)	750.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 41 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports a or for commercial purposes, other than usin NAME OF COMMITTEE (In Full)  THE AMERICAN CONGRESS OF	and Statements may not be sold or used by any persong the name and address of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) MICHAEL D. BLEECKER  Mailing Address 1133 EAST STAN  City LIVERMORE  FEC ID number of contributing federal political committee.  Name of Employer TRI-VALLEY OB/GYN  Receipt For: Primary General Other (specify)	` ,	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial)  MARYANNE C. BOMBAUGH  Mailing Address 81 CLOWES DRIV  City  FALMOUTH  FEC ID number of contributing federal political committee.  Name of Employer CARITAS HEALTHCARE  Receipt For:  Primary General  Other (specify)	State Zip Code MA 02540  C  Occupation PHYSICIAN  Aggregate Year-to-Date  250.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) BRANDON E. BOURGEOUS Mailing Address 12 PINEHURST C  City OTTUMWA  FEC ID number of contributing federal political committee.  Name of Employer OTTUMWA OB/GYN  Receipt For: Primary General Other (specify)	State Zip Code IA 52501  C  Occupation PHYSICIAN  Aggregate Year-to-Date   500.00	Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: SA11AI.19189  Amount of Each Receipt this Period  500.00
, , ,	mber only)	1000.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	<b>X</b> )	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 41 (check only one)  X 11a 11b 11c 12
Any information copied from such Reports at or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may the name and add	not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
THE AMERICAN CONGRESS OF	OB-GYNS PAC	(OB-GYN PAC)	_
Full Name (Last, First, Middle Initial) BEVERLY A. BYRD			Date of Receipt
Mailing Address 90 SOUTH MAIN S		7'n Oada	06 14 2010
City MIDDLETOWN	State CT	Zip Code	Transaction ID: SA11AI.19190
FEC ID number of contributing federal political committee.	C	06457	Amount of Each Receipt this Period 500.00
Name of Employer HARBOR PARK OB/GYN	Occupation PHYSICI		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) IRENE M. CARR	I		Date of Receipt
Mailing Address 1906 MIDDLE ROA	AD .		06 24 7 2010
City	State	Zip Code	Transaction ID: SA11Al.19270
DULUTH	MN	55811	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer ST. MARY'S DULUTH CLINIC	Occupation PHYSICI		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	]
Full Name (Last, First, Middle Initial) ALBERTO CEPEDA			Date of Receipt
Mailing Address 1502 EAST 8TH S	TREET		06 02 7 2010
City	State	Zip Code	Transaction ID: SA11AI.19090
WESLACO	TX	78596	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer SELF-EMPLOYED	Occupation PHYSICI		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional	al)	<b>)</b>	1250.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 41 (check only one)  X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  THE AMERICAN CONGRESS OF OR	Statements may not be sold or used by any pers to the name and address of any political committee to the B-GYNS PAC (OB-GYN PAC)	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) SCOTT T. CHATHAM  Mailing Address P.O. BOX 38  City HICKORY  FEC ID number of contributing federal political committee.  Name of Employer CATAWBA WOMEN'S CENTER  Receipt For: Primary General Other (specify)	State Zip Code NC 28603  C  Occupation PHYSICIAN  Aggregate Year-to-Date  350.00	Date of Receipt  M M M / D D / Y Y Y Y Y  O 6 11 1 2010  Transaction ID: SA11AI.19170  Amount of Each Receipt this Period  100.00
Full Name (Last, First, Middle Initial) SUDHAT. CHAUDHURI Mailing Address 5819 NORFLEET RO  City KANSAS CITY  FEC ID number of contributing federal political committee.  Name of Employer INTEGRATED HEALTH CARE  Receipt For: Primary General Other (specify)	State Zip Code MO 64133  C  Occupation PHYSICIAN  Aggregate Year-to-Date  250.00	Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: SA11AI.19191  Amount of Each Receipt this Period  250.00
Full Name (Last, First, Middle Initial) PETER H. CHEROUNY Mailing Address 111 COLCHESTER A  City BURLINGTON  FEC ID number of contributing federal political committee.  Name of Employer FLETCHER ALLEN HEALTH CARE  Receipt For: Primary General Other (specify)	State Zip Code VT 05401  C  Occupation PHYSICIAN  Aggregate Year-to-Date  1000.00	Date of Receipt  M M M / D D A 2 0 1 0  Transaction ID: SA11AI.19192  Amount of Each Receipt this Period  1000.00
SUBTOTAL of Receipts This Page (optional) .		1350.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 41 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may e name and add	not be sold or used by any persol lress of any political committee to	
THE AMERICAN CONGRESS OF OB	-GYNS PAC	(OB-GYN PAC)	
Full Name (Last, First, Middle Initial) FRANK J. CRAPARO			Date of Receipt
Mailing Address 1235 OLD YORK ROA	AD		06 15 2010
City	State	Zip Code	Transaction ID: SA11AI.19179
ABINGTON	PA	19001	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer ABINGTON PERINATAL ASSOCI- ATES	Occupation PHYSICI.		
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		1000.00	
Full Name (Last, First, Middle Initial) DOUGLAS J. CREEDON			Date of Receipt
Mailing Address 1119 BUCKRIDGE DR	RIVE		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.19123
ROCHESTER	MN	55906	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer MAYO CLINIC	Occupation PHYSICI.		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	]
Full Name (Last, First, Middle Initial) JAMES G. CUMMINS	1		Date of Receipt
Mailing Address 2723 SOUTH 87TH ST	TREET		06 24 2010
City	State	Zip Code	Transaction ID: SA11AI.19271
<u>OMAHA</u>	NE	68124	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer PHYSICIANS OF OB/GYN	Occupation PHYSICI.		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)			2000.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 41 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and State or for commercial purposes, other than using the nar NAME OF COMMITTEE (In Full)  THE AMERICAN CONGRESS OF OB-GY	ne and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
<b>A</b> .	Full Name (Last, First, Middle Initial) BONNIE J. DATTEL  Mailing Address 825 FAIRFAX AVENUE	Date of Receipt  0 6 0 4 2 0 1 0	
	City	State Zip Code	Transaction ID: SA11AI.19133
	NORFOLK  FEC ID number of contributing federal political committee.	VA 23507	Amount of Each Receipt this Period  500.00
		Occupation PHYSICIAN Aggregate Year-to-Date  500.00	
В.	Full Name (Last, First, Middle Initial) PATRICK A. DAWKINS Mailing Address 5401 NORRIS CANYON	Date of Receipt	
	City SAN RAMON  FEC ID number of contributing federal political committee.	State Zip Code CA 94583	0 6
	CELE EMBLOZED	Occupation PHYSICIAN Aggregate Year-to-Date ▼ 250.00	
C.	Full Name (Last, First, Middle Initial) TIMOTHY J. DEAHL Mailing Address 260 I-45 SOUTH		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City HUNTSVILLE	State Zip Code TX 77340	Transaction ID: SA11AI.19241  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	CELE EMBLOZED	Occupation PHYSICIAN	
	Receipt For:  Primary  General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional)		1250.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	for ea	eparate schedule(s) ch category of the ed Summary Page	FOR LINE NUMBER:   PAGE 14 / 41   (check only one)
Any information copied from such Reports and or for commercial purposes, other than using	I Statements may not be s he name and address of a	old or used by any perso	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS OF C			
Full Name (Last, First, Middle Initial) DAVID W. DOTY			Date of Receipt
Mailing Address 927 KENTON STAT	ON		M M / D D / Y Y Y Y O O O O O O O O O O O O O O O
City MAYSVILLE	State Zip ( KY 410	Code 56	Transaction ID: SA11AI.19136  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer PRIMARY PLUS	Occupation PHYSICIAN		
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-I	Date ▼ 250.00	
Full Name (Last, First, Middle Initial) DEBORAH A. DRISCOLL			Date of Receipt
Mailing Address 3400 SPRUCE STR	EET		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	·	Code	Transaction ID: SA11AI.19221
PHILADELPHIA  FEC ID number of contributing federal political committee.	PA 191	04	Amount of Each Receipt this Period  1000.00
Name of Employer UNIVERSITY OF PENNSYLVANIA	Occupation PHYSICIAN		
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-	Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) ROBERT C. GRAMANN			Date of Receipt
Mailing Address 3021 GRIFFIN AVE	NUE		M M / D D / Y Y Y Y Y O D D / 2010
City ENUMCLAW	State Zip 0 WA 980	Code	Transaction ID: SA11AI.19079  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer ENUMCLAW MEDICAL CENTER	Occupation PHYSICIAN		
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-I	Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional)			2250.00
TOTAL This Period (last page this line numb	er only)		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 41 (check only one)  X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  THE AMERICAN CONGRESS OF O	ne name and address of any political committe	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) LOUIS GUTIERREZ  Mailing Address 16799 NORTHEAST  City NORTH MIAMI BEACH  FEC ID number of contributing	State Zip Code FL 33162	Date of Receipt  M M M / D D / Y Y Y Y Y  O 6 1 7 2 0 1 0  Transaction ID: SA11AI.19223  Amount of Each Receipt this Period
receipt For:  Primary  Other (specify)   General	Occupation PHYSICIAN  Aggregate Year-to-Date   1000.00	1000.00
Full Name (Last, First, Middle Initial) MAGDI M. HANAFI Mailing Address 5673 PEACHTREE D City	DUNWOODY ROAD State Zip Code	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ATLANTA  FEC ID number of contributing federal political committee.  Name of Employer GYNECOLOGY SPECIALISTS	GA 30342  C Occupation	Amount of Each Receipt this Period 1000.00
Receipt For: Primary General Other (specify)	PHYSICIAN  Aggregate Year-to-Date ▼  1000.00	
Full Name (Last, First, Middle Initial) NAWAR HATOUM Mailing Address 2507 NORTH HALST	ED STREET	Date of Receipt
City CHICAGO	State Zip Code IL 60614	Transaction ID: SA11AI.19082  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer MATERNAL-FETAL MEDICINE	Occupation	500.00
Receipt For: Primary General Other (specify)	PHYSICIAN  Aggregate Year-to-Date ▼  500.00	1
SUBTOTAL of Receipts This Page (optional)		2500.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 41 (check only one)  X 11a 11b 11c 12
Any information copied from such Reports an or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)  THE AMERICAN CONGRESS OF COMMITTEE (In Full)	the name and add	dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial)	JB-GYNS PAC	(OB-GYN PAC)	
JULIE A. HENRIKSEN  Mailing Address 3259 NORTH SUGA	ARBERRY		Date of Receipt  0 6 0 2 2 0 1 0
City	State	Zip Code	Transaction ID: SA11Al.19096
ORANGE COUNTY	CA	92865	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer KAISER PERMANENTE	Occupatio PHYSICI		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) PAUL A. HOLYFIELD Mailing Address 315 HOSPITAL DRI	IVE		Date of Receipt
O.t.	Ctata	7in Oada	06 08 2010
City MARTINSVILLE	State VA	Zip Code 24112	Transaction ID: SA11AI.19124  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	LTTIL	500.00
Name of Employer OB/GYN CENTER	Occupatio PHYSICI		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) GERALDINE JACKSON			Date of Receipt
Mailing Address 28410 TAVISTOCK	TRAIL		06 17 2010
City	State	Zip Code	Transaction ID: SA11AI.19224
SOUTHFIELD	MI	48034	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer HENRY FORD MEDICAL CENTER	Occupatio PHYSICI		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	]
SUBTOTAL of Receipts This Page (optional	)		2000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 41 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  THE AMERICAN CONGRESS OF O	Statements may not be sold or used by any personance name and address of any political committee to B-GYNS PAC (OB-GYN PAC)	son for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) SUDHEER M. JAYAPRABHU Mailing Address 1002 TEXAS BOULE City TEXARKANA FEC ID number of contributing federal political committee.  Name of Employer WOMEN'S SPECIALISTS Receipt For:	VARD  State Zip Code TX 75501  C  Occupation PHYSICIAN  Aggregate Year-to-Date ▼	Date of Receipt  M M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) MICHAEL L. JONES  Mailing Address 1307 WEST 3RD ST	1000.00	Date of Receipt
City GILLETTE  FEC ID number of contributing federal political committee.  Name of Employer ASSOCIATES IN WOMEN'S HEALTH Receipt For: Primary General Other (specify)	State Zip Code WY 82716  C  Occupation PHYSICIAN  Aggregate Year-to-Date   500.00	Transaction ID: SA11AI.19263  Amount of Each Receipt this Period  500.00
Full Name (Last, First, Middle Initial) LEAH A. KAUFMAN Mailing Address 331 FAIRWAY DRIVI  City FARMINGDALE  FEC ID number of contributing federal political committee.  Name of Employer LONG ISLAND JEWISH MEDICAL	State Zip Code NY 11735  C Occupation PHYSICIAN	Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼  250.00	1750.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 41 (check only one)  X 11a 11b 11c 12 13 14 15 16 11
Any or f	y information copied from such Reports and S or commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS OF OB	B-GYNS PAC	(OB-GYN PAC)	
	Full Name (Last, First, Middle Initial) WILLIAM K, KHIEU			Date of Receipt
	Mailing Address 335 KATHERINE AVE	ENUE		0 6 1 0 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.19161
	SALINAS	CA	93901	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer OB/GYN ASSOCIATES	Occupatio PHYSIC		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
	Full Name (Last, First, Middle Initial) GEORGE D. KOFINAS			Date of Receipt
-	Mailing Address 100 WINSTON DRIVE	Ē		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.19126
	CLIFFSIDE PARK	NJ	07010	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		2000.00
	Name of Employer SELF-EMPLOYED	Occupatio PHYSICI		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 2000.00	
	Full Name (Last, First, Middle Initial) MELANIE KONRADI			Date of Receipt
	Mailing Address 2580 KINCAID STREE	ET		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City EUGENE	State OR	Zip Code 97405	Transaction ID: SA11AI.19143  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	37403	500.00
	Name of Employer OREGON MEDICAL GROUP	Occupatio PHYSICI		
	Receipt For:  Primary General  Other (specify) ▼		Year-to-Date ▼ 500.00	
SI	JBTOTAL of Receipts This Page (optional)	1		3500.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 41 (check only one)    X   11a
	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  THE AMERICAN CONGRESS OF OB	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
<u>ا</u> 4.	Full Name (Last, First, Middle Initial) THEODOR LEHRER			Date of Receipt
	Mailing Address 2100 EAST COMMER  City	State	Zip Code	0 6 0 4 2 0 1 0  Transaction ID: SA11AI.19144
	FT. LAUDERDALE	FL	33308	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer ALL WOMEN'S MEDICAL CENTER	Occupation PHYSIC		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
- В.	Full Name (Last, First, Middle Initial) HENRY M. LERNER			Date of Receipt
	Mailing Address 196 WINDSOR ROAL	)		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City <u>NEWTON</u>	State MA	Zip Code 02468	Transaction ID: SA11AI.19145  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer NEWTON-WELLESLEY OB/GYN	Occupation PHYSIC		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
- ).	Full Name (Last, First, Middle Initial) DANNY L. LICKNESS			Date of Receipt
	Mailing Address 100 CASA STREET			06 04 2010
	City SAN LUIS OBISPO	State CA	Zip Code 93405	Transaction ID: SA11AI.19147  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer CENTRAL COAST OB/GYN	Occupation PHYSIC		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
	SUBTOTAL of Receipts This Page (optional) .			1800.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 41 (check only one)    X
Any information copied from such Reports an or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)	the name and add	dress of any political committee to	on for the purpose of soliciting contributions
THE AMERICAN CONGRESS OF (	OB-GYNS PAC	C (OB-GYN PAC)	
Full Name (Last, First, Middle Initial) JOHN B. MAKIN, JR.			Date of Receipt
Mailing Address 824 BIGELOW HILI			06 02 7 2010
City	State	Zip Code	Transaction ID: SA11Al.19101
SKOWHEGAN	ME	04976	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer RETIRED	Occupation PHYSICI		7
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	500.00	]
Full Name (Last, First, Middle Initial) FEDERICO G. MARIONA			Date of Receipt
Mailing Address 15801 PROVIDENC	CE DRIVE		M M / D D / Y Y Y Y Y O D D / 2010
City	State	Zip Code	Transaction ID: SA11AI.19196
SOUTHFIELD	MI	48075	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer MICHIGAN PERINATAL ASSOCI- ATES	Occupation PHYSICI		7
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) PAUL MCCHRISTIAN			Date of Receipt
Mailing Address 2519 COLLEGE AV	'ENUE		0 6 3 0 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.19283
CONWAY	AZ	72034	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer CONWAY OB/GYN CLINIC	Occupation PHYSICI		
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	250.00	
SUBTOTAL of Receipts This Page (optional	<b>I</b>		1750.00

SCHEDULE A (FEC For ITEMIZED RECEIPTS  Any information copied from such Bei	,	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 41 (check only one)  X 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions
or for commercial purposes, other that  NAME OF COMMITTEE (In Full)  THE AMERICAN CONGRES	n using the name and ad	dress of any political committee to	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial HAROLD L. MIHM Mailing Address 2000 FACT I	·		Date of Receipt
Mailing Address 2322 EAST k	MINIBERLY		06 / 14 / 2010
City	State	Zip Code	Transaction ID: SA11AI.19197
DAVENPORT  FEC ID number of contributing federal political committee.	C	52807	Amount of Each Receipt this Period  1000.00
Name of Employer OB/GYN SPECIALISTS	Occupation PHYSIC		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial DAVID A. MILLER	al)		Date of Receipt
Mailing Address 1671 POPPY	PEAK DRIVE		0 6 1 8 2 0 1 0
City PASADENA	State CA	Zip Code 91105	Transaction ID: SA11AI.19248  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		2000.00
Name of Employer UNIVERSITY OF S. CALIFORN- IA	Occupation PHYSIC		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 2000.00	
Full Name (Last, First, Middle Initial JOEL B. MILLER	al)		Date of Receipt
Mailing Address P.O. BOX 38	}		0 6 1 1 2 0 1 0
City HICKORY	State NC	Zip Code 28603	Transaction ID: SA11AI.19173  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer CATAWBA WOMEN'S CENTER	Occupation PHYSIC		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (	(optional)		3250.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	ζ)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22/41   (check only one)   X   11a
Any information copied from such Reports an or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS OF	OB-GYNS PAC	(OB-GYN PAC)	
Full Name (Last, First, Middle Initial) LUIS J. MORALES			Date of Receipt
Mailing Address 1 WYOMING STRE	ET		0 6 0 1 2 0 1 0
City DAYTON	State OH	Zip Code 45409	Transaction ID: SA11AI.19083  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		1000.00
Name of Employer SELF-EMPLOYED	Occupation PHYSICI		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) ALETHIA E. MORGAN			Date of Receipt
Mailing Address 3075 SOUTH BIRC	Н		0 6 0 3 Y Y Y Y Y Y
City	State CO	Zip Code	Transaction ID: SA11AI.19132
DENVER FEC ID number of contributing federal political committee.	C	80222	Amount of Each Receipt this Period 700.00
Name of Employer ASSOCIATES FOR WOMEN'S HE- ALTH	Occupation PHYSICI		
Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 700.00	
Full Name (Last, First, Middle Initial) JOHN F. MURPHY			Date of Receipt
Mailing Address 10150 SOUTH SHA	ADOW CIRCLE		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City OLATHE	State KS	Zip Code 66061	Transaction ID: SA11AI.19084  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer SPECIALISTS IN WOMEN'S CA- RE	Occupation PHYSICI		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optiona	.0		2200.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 41 (check only one)    X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	the name and add	dress of any political committee to	on for the purpose of soliciting contributions
THE AMERICAN CONGRESS OF C	DB-GYNS PAC	(OB-GYN PAC)	
Full Name (Last, First, Middle Initial) FRANK F. MUSSEMANN Mailing Address (1999, OFF A DIMOGRA	- TDAII		Date of Receipt
Mailing Address 1908 CEDARWOOD		7in Code	06 04 2010
City BELLEVILLE	State IL	Zip Code	Transaction ID: SA11AI.19148
FEC ID number of contributing federal political committee.	C	62226	Amount of Each Receipt this Period 500.00
Name of Employer SELF-EMPLOYED	Occupatio PHYSICI		
Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼		Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) PAULA F. NADELL			Date of Receipt
Mailing Address 3411 NORTH 5TH A	VENUE		06 04 2010
City	State	Zip Code	Transaction ID: SA11AI.19149
PHOENIX	AZ	85013	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer SELF-EMPLOYED	Occupatio PHYSICI		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	]
Full Name (Last, First, Middle Initial) ARJANG NAIM			Date of Receipt
Mailing Address 469 SOUTH HAMEL	ROAD		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.19250
LOS ANGELES	CA	90048	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer SELF-EMPLOYED	Occupatio PHYSICI		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	]
SUBTOTAL of Receipts This Page (optional)	<b>I</b> )	<b>)</b>	1500.00

## SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 41 (check only one)  X 11a 11b 11c 12 15 16
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  THE AMERICAN CONGRESS OF O	Statements may not be sold or used by any per- ne name and address of any political committee B-GYNS PAC (OB-GYN PAC)	son for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) KENNETH L. NAYLOR  Mailing Address 2322 EAST KIMBER  City DAVENPORT  FEC ID number of contributing federal political committee.  Name of Employer OB/GYN SPECIALISTS  Receipt For: Primary General Other (specify)	State Zip Code IA 52807  C  Occupation PHYSICIAN  Aggregate Year-to-Date  250.00	Date of Receipt  M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) VICTORIA NICHOLS-JOHNSON  Mailing Address 240 DEERHEAD LAN  City SPRINGFIELD  FEC ID number of contributing federal political committee.  Name of Employer RETIRED  Receipt For: Primary General Other (specify)	State Zip Code IL 62704  C  Occupation PHYSICIAN  Aggregate Year-to-Date  250.00	Date of Receipt  M M Z 1 Z 0 1 0  Transaction ID: SA11AI.19267  Amount of Each Receipt this Period  250.00
Full Name (Last, First, Middle Initial)  MICHAEL L. NIX  Mailing Address 820 TERRACE MOU  City  AUSTIN  FEC ID number of contributing federal political committee.  Name of Employer SETON FAMILY OF HOSPITALS  Receipt For:  Primary General Other (specify)	NTAIN DRIVE  State Zip Code TX 78746  C  Occupation PHYSICIAN  Aggregate Year-to-Date ▼  250.00	Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y
SUBTOTAL of Receipts This Page (optional)		750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 41 (check only one)    X
Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	atements ma name and ad	y not be sold or used by any perso dress of any political committee to	
THE AMERICAN CONGRESS OF OB-	GYNS PAC	C (OB-GYN PAC)	
Full Name (Last, First, Middle Initial) EMMANUEL O. OJOMO			Date of Receipt
Mailing Address 1912 CHERRYWOOD	LANE		06 24 2010
City	State	Zip Code	Transaction ID: SA11AI.19273
MUNSTER	IN	46321	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer PERINATAL CENTER	Occupation PHYSIC		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) UZOMA I. OWUNNA			Date of Receipt
Mailing Address 172 SUMMERHILL RO	AD		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.19175
EAST BRUNSWICK	NJ	08816	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer OB/GYN GROUP OF EAST BRUN- SWICK	Occupation PHYSIC		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) LEIGH A. PAPADIMITRIOU			Date of Receipt
Mailing Address 31 ELMWOOD PLACE			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.19255
WHEELING	WV	26003	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer SELF-EMPLOYED	Occupation PHYSIC		
Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)			1750.00

	HEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 41 (check only one)  X 11a 11b 11c 12  13 14 15 16
or fo	information copied from such Reports and Sor commercial purposes, other than using the NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS OF OB	name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
<u> </u>  -  -  -  -	Full Name (Last, First, Middle Initial) LEE W. PARSONS  Mailing Address 3101 EAST STATE ST  City  EAGLE  FEC ID number of contributing ederal political committee.	REET State ID	Zip Code 83616	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
_	Name of Employer OB/GYN ASSOCIATES  Receipt For: Primary General Other (specify)	Occupation PHYSIC Aggregate		
3	Full Name (Last, First, Middle Initial) SRISAWAI PATTAMAKOM Mailing Address 1035 HORIZON DRIVI	E		Date of Receipt  0 6 0 4 2 0 1 0
(	City	State	Zip Code	Transaction ID: SA11Al.19150
-	VENTURA	CA	93003	Amount of Each Receipt this Period
	FEC ID number of contributing ederal political committee.	C		1000.00
1	Name of Employer SELF-EMPLOYED	Occupatio PHYSICI		
Ī	Receipt For: Primary General Other (specify)		e Year-to-Date ▼ 1000.00	
_	Full Name (Last, First, Middle Initial) VINCENT A. PELLEGRINI Mailing Address 301 SOUTH 7TH AVE	NUE		Date of Receipt  0 6 1 4 2 0 1 0
(	City	State	Zip Code	Transaction ID: SA11AI.19198
F	WEST READING FEC ID number of contributing ederal political committee.	C	19611	Amount of Each Receipt this Period 250.00
1	Name of Employer WOMEN'S CLINIC, LTD	Occupatio PHYSIC		
F	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00	
611	BTOTAL of Receipts This Page (optional)			1750.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 41 (check only one)  X 11a 11b 11c 12 13 14 15 16
or for commercial purposes, other than us  NAME OF COMMITTEE (In Full)	s and Statements may not be sold or used by any persing the name and address of any political committee to DF OB-GYNS PAC (OB-GYN PAC)	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) ROBERT W. PHILLIPS Mailing Address 501 WEST EUG	IE AVENUE	Date of Receipt
City  GLENDALE	State Zip Code AZ 85304	Transaction ID: SA11AI.19104  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer DESERT WEST OB/GYN	Occupation PHYSICIAN	250.00
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial) JOEL C. PITTARD Mailing Address 121 NORTH 20T	TH STREET	Date of Receipt  0 6 1 1 2 0 1 0
City	State Zip Code	Transaction ID: SA11AI.19176
OPELIKA  FEC ID number of contributing federal political committee.	AL 36801	Amount of Each Receipt this Period  1000.00
Name of Employer LEE OB/GYN	Occupation PHYSICIAN	
Receipt For:  Primary  General  Other (specify) ▼	Aggregate Year-to-Date ▼	
Full Name (Last, First, Middle Initial) STEPHEN G. PORTERA	I	Date of Receipt
Mailing Address 6215 HUMPHRE	YS BOULEVARD	0 6 0 8 2 0 1 0
City MEMPHIS	State Zip Code TN 38120	Transaction ID: SA11AI.19128
FEC ID number of contributing federal political committee.	C 36120	Amount of Each Receipt this Period  1000.00
Name of Employer BAPTIST MEMORIAL HOSPITAL	Occupation PHYSICIAN	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (opti-	onal	2250.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 41 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may name and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
THE AMERICAN CONGRESS OF OB-	-GYNS PAC	(OB-GYN PAC)	
Full Name (Last, First, Middle Initial) DEBORAH L. PORTNEY			Date of Receipt
Mailing Address 5063 VILLAGE PLACE	DRIVE		06 17 2010
City	State	Zip Code	Transaction ID: SA11AI.19228
WEST BLOOMFIELD	MI	48322	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer HENRY FORD MEDICAL CENTER	Occupation PHYSICI		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial)  MARGARET PUNCH			Date of Receipt
Mailing Address 3136 MILLS COURT			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.19105
ANN ARBOR	MI	48104	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer UNIVERSITY OF MICHIGAN	Occupation PHYSICI		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) JESSICA RATRA			Date of Receipt
Mailing Address 7525 GREENWAY CEI	NTER DRIV	E	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.19257
GREENBELT	MD	20770	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer SELF-EMPLOYED	Occupation PHYSICI		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)			750.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 29 / 41 (check only one)    X
Any information copied from such Reports ar or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)  THE AMERICAN CONGRESS OF	nd Statements may not be sold or used by any persite the name and address of any political committee to OB-GYNS PAC (OB-GYN PAC)	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) REUBEAN A. REYNOLDS Mailing Address 906 HAMPTON RC  City MCDONOUGH  FEC ID number of contributing federal political committee.  Name of Employer SELF-EMPLOYED	State Zip Code GA 30253  C Occupation PHYSICIAN	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For:  Primary General  Other (specify) ▼  Full Name (Last, First, Middle Initial)	Aggregate Year-to-Date ▼ 500.00	Date of Propriet
DAVID A. RICHARDSON  Mailing Address 3031 WEST GRAN  City  DETROIT  FEC ID number of contributing	State Zip Code MI 48202	Date of Receipt  M M M / D D D / Y Y Y Y Y  O 6 18 2010  Transaction ID: SA11AI.19259  Amount of Each Receipt this Period
Receipt For:  Primary  Other (specify) ▼	Occupation PHYSICIAN  Aggregate Year-to-Date   500.00	500.00
Full Name (Last, First, Middle Initial) JAMES N. SCHARFFENBERGER Mailing Address 20911 EARL STRE	ET	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City TORRANCE  FEC ID number of contributing federal political committee.	State Zip Code CA 90503	Transaction ID: SA11AI.19109  Amount of Each Receipt this Period  250.00
Name of Employer SELF-EMPLOYED  Receipt For:  Primary General Other (specify) ▼	Occupation PHYSICIAN  Aggregate Year-to-Date   250.00	
SUBTOTAL of Receipts This Page (optional	)	1250.00

	EDULE A (FEC Form 3X)  MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 30 / 41 (check only one)    X   11a
or for o	formation copied from such Reports and S commercial purposes, other than using the ME OF COMMITTEE (In Full) IE AMERICAN CONGRESS OF OE	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
ST/ Mai City		State	Zip Code	Date of Receipt    M
FE	DISE  C ID number of contributing eral political committee.	C	83702	Amount of Each Receipt this Period 250.00
	me of Employer LUKES REGIONAL MEDICAL ceipt For: Primary General Other (specify)	Occupation PHYSICI Aggregate		
RE	I Name (Last, First, Middle Initial) BECCA D. SHAW iling Address 6000 UNIVERSITY AV	/ENUE		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City WI	/ EST DES MOINES	State IA	Zip Code 50266	Transaction ID: SA11AI.19199  Amount of Each Receipt this Period
FE(	C ID number of contributing eral political committee.	C		1000.00
	me of Employer NA HEALTH PHYSICIANS ceipt For:	Occupatio PHYSIC	AN	
	Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	]
BEI	I Name (Last, First, Middle Initial) NJAMIN W. SHEPPARD illing Address 167 SOUTH CONWE	LL STREET		Date of Receipt  0 6 2 3 2 0 1 0
City		State	Zip Code	Transaction ID: SA11AI.19279
FE	ASPER C ID number of contributing eral political committee.	C	82601	Amount of Each Receipt this Period  500.00
Nar CA	me of Employer SPER OB/GYN ASSOCIATES	Occupatio PHYSICI		
Red	ceipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
	OTAL of Receipts This Page (optional)	1		1750.00

City State Zip Code FLOWOOD MS 39232  FEC ID number of contributing federal political committee.  Name of Employer JACKSON HEALTHCARE FOR WO-MEN Receipt For: Primary General Other (specify) ▼ 250.00  Full Name (Last, First, Middle Initial) WESLEY M. STUCKEY Mailing Address 1525 CHATTANOOGA ROAD  City State Zip Code GA 30720  Full Number of contributing federal political committee.  C  Name of Employer NORTH GEORGIA WOMEN'S CEN-TER Receipt For: Primary General Other (specify) ▼ 250.00  Date of Receipt Transaction ID: SA11Al. Amount of Each Receipt the Physician Physicia	EDULE A (FEC Form 3X) IZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 31 / 41 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
A. EARL T. STUBBLEFIELD  Mailing Address 291 EAST LAYFAIR DRIVE  City State Zip Code MS 39232  FEC ID number of contributing federal political committee.  Name of Employer JACKSON HEALTHCARE FOR WO-MEN Receipt For: Primary General Other (specify) ▼	mmercial purposes, other than using the name ar E OF COMMITTEE (In Full)	nd address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
City State Zip Code  FLOWOOD MS 39232  Amount of Each Receipt the Fec ID number of contributing federal political committee.  Name of Employer NoRTH GEORGIA WOMEN'S CENTER Receipt For:  Primary General Other (specify) ▼  Parimary General Other (specify) ▼  Primary General Other (specify) ▼  Parimary General Other (specify) ▼  Pull Name (Last, First, Middle Initial)  Amount of Each Receipt the Fec ID number of contributing federal political committee.  Pull Name (Last, First, Middle Initial)  Amount of Each Receipt the Fec ID number of contributing federal political committee.  Primary General Other (specify) ▼  Pull Name (Last, First, Middle Initial)  Aggregate Vear-to-Date ▼  Pull Name (Last, First, Middle Initial)  Aggregate Vear-to-Date ▼  Pull Name (Last, First, Middle Initial)  City State Zip Code AZ 8524  Full Name (Last, First, Middle Initial)  City State Zip Code AZ 8524  Full Name of Employer NoTher AZ 8524  Full Name of Employer NoTher AZ 8524  Fec ID number of contributing federal political committee.  City State Zip Code AZ 8524  FEC ID number of contributing federal political committee.  Name of Employer NoTher AZ 8524  Fec ID number of contributing federal political committee.  Name of Employer NoTher AZ 8524  Fec ID number of contributing federal political committee.  Name of Employer NoTher AZ 8524  Fec ID number of contributing federal political committee.  Name of Employer NoTher AZ 8524  Fec ID number of Contributing federal political committee.  Name of Employer NoTher AZ 8524  Fec ID number of Contributing federal political committee.  Name of Employer NoTher AZ 8524  Fec ID number of Contributing federal political committee.  Name of Employer NoTher AZ 8524  Fer ID NoTher	L T. STUBBLEFIELD		<b>−</b>
FLOWOOD  MS 39232  Amount of Each Receipt th  FEC ID number of contributing federal political committee.  Name of Employer JACKSON HEALTHCARE FOR WO- MEN Receipt For:  Primary General Other (specify) ▼  Maling Address 1525 CHATTANOOGA ROAD  City DALTON  FEC ID number of contributing federal political committee.  Name of Employer NORTH GEORGIA WOMEN'S CEN- TER Receipt For:  Primary General Other (specify) ▼  Coccupation PHYSICIAN  Aggregate Year-to-Date ▼  Date of Receipt  Transaction ID: SA11AL  Amount of Each Receipt th  Date of Receipt  Transaction ID: SA11AL  Amount of Each Receipt th  Date of Receipt th  Date of Receipt to  Transaction ID: SA11AL  Amount of Each Receipt th  Date of Receipt to  State Zip Code PHYSICIAN  Aggregate Year-to-Date ▼  Date of Receipt  Date of Receipt  Transaction ID: SA11AL  Amount of Each Receipt th  Date of Receipt  Transaction ID: SA11AL  Amount of Each Receipt th  Date of Receipt th  Date of Receipt  Date of Receipt  Transaction ID: SA11AL  Amount of Each Receipt th  Date of Receipt  Date of Receipt  Date of Receipt  Date of Receipt  Aggregate Year-to-Date ▼  Date of Receipt  Aggregate Year-to-Date ▼  PHYSICIAN  Aggregate Year-to-Date ▼  Date of Receipt  Date of Receipt  Date of Receipt  Date of Receipt  Aggregate Year-to-Date ▼  Date of Receipt  Date of Receipt  Aggregate Year-to-Date ▼  Date of Receipt  Date of Receipt  Aggregate Year-to-Date ▼  Date of Receipt  Date of Receipt  Aggregate Year-to-Date ▼  Date of Receipt  Da		te Zip Code	
FEC ID number of contributing federal political committee.  Name of Employer JACKSON HEALTHCARE FOR WO-MEN Receipt For:  Primary General Other (specify) ▼ 250.00  Full Name (Last, First, Middle Initial)  WESLEY M. STUCKEY  Mailing Address 1525 CHATTANOOGA ROAD  City State Zip Code GA 30720  FEC ID number of contributing federal political committee.  Name of Employer NORTH GEDRGIA WOMEN'S CENTER Receipt For:  Primary General Other (specify) ▼ 250.00  Date of Receipt Transaction ID: SA11AL  Amount of Each Receipt the Cocupation PHYSICIAN  Aggregate Year-to-Date ▼ 250.00  Date of Receipt Transaction ID: SA11AL  Amount of Each Receipt the Cocupation PHYSICIAN  Aggregate Year-to-Date ▼ 250.00  Date of Receipt the Cocupation PHYSICIAN  Aggregate Year-to-Date ▼ 14 A 2 85224  FEC ID number of contributing federal political committee.  City State Zip Code AZ 85224  FEC ID number of contributing federal political committee.  City CHANDLER AZ 85224  FEC ID number of contributing federal political committee.  City CHANDLER AZ 85224  Receipt For:  Name of Employer New HORIZONS WOMEN'S CARE PHYSICIAN  Receipt For:  Primary General Primary General PHYSICIAN  Aggregate Year-to-Date ▼ 14 A 2 85224  FEC ID number of contributing federal political committee.		-	Amount of Each Receipt this Period
MEN Receipt For:	ID number of contributing		250.00
Primary General Other (specify) ▼ 250.00  Full Name (Last, First, Middle Initial)  WESLEY M. STUCKEY  Mailing Address 1525 CHATTANOOGA ROAD  City State Zip Code GA 30720  FEC ID number of contributing federal political committee.  Name of Employer NORTH GEORGIA WOMEN'S CENTER  Receipt For: Primary General Other (specify) ▼ 250.00  Full Name (Last, First, Middle Initial)  City State Zip Code GA 30720  Full Name (Last, First, Middle Initial)  City State Zip Code Transaction ID: SA11AL  Amount of Each Receipt the Secretary Aggregate Year-to-Date ▼ 14	I PHY	SICIAN	
B. WESLEY M. STUCKEY  Mailing Address 1525 CHATTANOOGA ROAD  City State Zip Code DALTON GA 30720  FEC ID number of contributing federal political committee.  Name of Employer NORTH GEORGIA WOMEN'S CENTER Receipt For: Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)  City State Zip Code PHYSICIAN  Aggregate Year-to-Date ▼  City State Zip Code CHANDLER AZ 85224  FEC ID number of contributing federal political committee.  Name of Employer Name (Last, First, Middle Initial)  City State Zip Code CHANDLER AZ 85224  FEC ID number of contributing federal political committee.  Name of Employer NEW HORIZONS WOMEN'S CARE PHYSICIAN  Receipt For: Primary General PHYSICIAN  Receipt For: Primary General PHYSICIAN  Aggregate Year-to-Date ▼	Primary General	1 1 1 1 1 1 1 1	
City State Zip Code GA 30720  FEC ID number of contributing federal political committee.  Name of Employer NORTH GEORGIA WOMEN'S CENTER Receipt For: Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) MONTE R. SWARUP  Mailing Address 1950 WEST FRYE ROAD  City State Zip Code Transaction ID: SA11AI.  Amount of Each Receipt the Secretary Primary State Zip Code Transaction ID: SA11AI.  CHANDLER AZ 85224  FEC ID number of contributing federal political committee.  Name of Employer NEW HORIZONS WOMEN'S CARE PHYSICIAN  Receipt For: Primary General FOO CO			Date of Receipt
DALTON  GA 30720  Amount of Each Receipt th  FEC ID number of contributing federal political committee.  Name of Employer NORTH GEORGIA WOMEN'S CENTER Receipt For: Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Full Name (Last, First, Middle Initial) MONTE R. SWARUP  Mailing Address 1950 WEST FRYE ROAD  City State Zip Code Transaction ID: SA11AI.  CHANDLER AZ 85224  FEC ID number of contributing federal political committee.  Name of Employer NEW HORIZONS WOMEN'S CARE  Receipt For: Primary General  Amount of Each Receipt th  C  Aggregate Year-to-Date ▼  Aggregate Year-to-Date ▼  Aggregate Year-to-Date ▼	ng Address 1525 CHATTANOOGA ROAD		M M / D D / Y Y Y Y
FEC ID number of contributing federal political committee.  Name of Employer NORTH GEORGIA WOMEN'S CEN-TER Receipt For:  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Date of Receipt  Mailing Address 1950 WEST FRYE ROAD  City State Zip Code AZ 85224  FEC ID number of contributing federal political committee.  Name of Employer NEW HORIZONS WOMEN'S CARE  Name of Employer NEW HORIZONS WOMEN'S CARE  Primary General  Occupation PHYSICIAN  Receipt For:  Aggregate Year-to-Date ▼  Aggregate Year-to-Date ▼  Aggregate Year-to-Date ▼  Aggregate Year-to-Date ▼	Sta	te Zip Code	Transaction ID: SA11AI.19177
Name of Employer NORTH GEORGIA WOMEN'S CENTER Receipt For:  Primary General Other (specify) ▼  Pull Name (Last, First, Middle Initial) MONTE R. SWARUP  Mailing Address 1950 WEST FRYE ROAD  City State Zip Code CHANDLER AZ 85224  FEC ID number of contributing federal political committee.  Name of Employer NEW HORIZONS WOMEN'S CARE  Primary General  Coccupation PHYSICIAN  Receipt For: Primary General  Primary General  Coccupation PHYSICIAN  Receipt For: Primary General  Coccupation PHYSICIAN  Aggregate Year-to-Date ▼  Aggregate Year-to-Date ▼	TON GA	A 30720	Amount of Each Receipt this Period
TER Receipt For:  Primary  Other (specify)   Monte R. Swarup  Mailing Address 1950 WEST FRYE ROAD  City  CHANDLER  FEC ID number of contributing federal political committee.  Name of Employer NEW HORIZONS WOMEN'S CARE  Primary  General  Aggregate Year-to-Date  Aggregate Year-to-Date  Tobular  Aggregate Year-to-Date  Coccupation  PHYSICIAN  Aggregate Year-to-Date  Coccupation  PHYSICIAN  Aggregate Year-to-Date  Aggregate Year-to-Date  Aggregate Year-to-Date  Transaction ID: SA11AI.  Amount of Each Receipt the State Receipt the S			250.00
Primary General Other (specify) ▼  Primary General Other (specify) ▼  Pull Name (Last, First, Middle Initial) MONTE R. SWARUP Mailing Address 1950 WEST FRYE ROAD  City State Zip Code CHANDLER AZ 85224  FEC ID number of contributing federal political committee.  Name of Employer NEW HORIZONS WOMEN'S CARE Primary General  Primary General  Primary General  Primary General  Primary General  Page 250.00  Date of Receipt  Transaction ID: SA11AI.  Amount of Each Receipt the  Occupation PHYSICIAN  Aggregate Year-to-Date ▼		SICIAN	
MONTE R. SWARUP  Mailing Address 1950 WEST FRYE ROAD  City State Zip Code CHANDLER  AZ 85224  FEC ID number of contributing federal political committee.  Name of Employer NEW HORIZONS WOMEN'S CARE  Primary General  Date of Receipt  Transaction ID: SA11AI.  Amount of Each Receipt the	Primary General		
City State Zip Code CHANDLER AZ 85224  FEC ID number of contributing federal political committee.  Name of Employer NEW HORIZONS WOMEN'S CARE PHYSICIAN  Receipt For: Primary General  O 6 1 4  Transaction ID: SA11AI.  Occupation PHYSICIAN  Aggregate Year-to-Date	,		Date of Receipt
CHANDLER  AZ 85224  Amount of Each Receipt th  C  Name of Employer NEW HORIZONS WOMEN'S CARE  PHYSICIAN  Receipt For:  Primary  General  AZ 85224  Amount of Each Receipt th  C  Aggregate Year-to-Date  FOO 00	ng Address 1950 WEST FRYE ROAD		
Receipt For:  Primary  General  Occupation PHYSICIAN  Aggregate Year-to-Date  FOO 00		' '	Transaction ID: SA11AI.19203  Amount of Each Receipt this Period
NEW HORIZONS WOMEN'S CARE  PHYSICIAN  Receipt For:  Primary  General  Aggregate Year-to-Date  FOO 00			500.00
Primary General 500.00	I HODIZONE MOMENIE CADE	•	
	Primary General		
SUBTOTAL of Receipts This Page (optional)	DTAL of Receipts This Page (optional)		1000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 32 / 41 (check only one)    X
Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may no name and addres	ot be sold or used by any persons of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS OF OB	-GYNS PAC (C	DB-GYN PAC)	
Full Name (Last, First, Middle Initial) JANICE E. TILDON-BURTON			Date of Receipt
Mailing Address 1700 TALLEY ROAD			0 6 0 8 2 0 1 0
City	State	Zip Code	Transaction ID: SA11AI.19131
WILMINGTON	DE	19803	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN	l	
Receipt For:	Aggregate Ye	ear-to-Date <b>V</b>	
Primary General Other (specify) ▼		1000.00	
Full Name (Last, First, Middle Initial) ROBERT C. TOMARO, JR.	<u> </u>		Date of Receipt
Mailing Address 1924 HIGHWAY 35			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.19165
WALL	NJ	07719	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer MONMOUTH COUNTY ASSOCIATES	Occupation PHYSICIAN		
Receipt For:  Primary  General  Other (specify) ▼	Aggregate Ye	ar-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) MIKLOS TOTH			Date of Receipt
Mailing Address 45 EAST 89TH STREE	ET		0 6 1 0 2 0 1 0
City	State	Zip Code	Transaction ID: SA11Al.19166
NEW YORK	NY	10128	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		2000.00
Name of Employer RETIRED	Occupation PHYSICIAN	l	7
Receipt For:  Primary  General  Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 2000.00	]
SUBTOTAL of Receipts This Page (optional)			2750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 33 / 41 (check only one)  X 11a 11b 11c 12  13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
THE AMERICAN CONGRESS OF OB	-GYNS PAC	(OB-GYN PAC)	
Full Name (Last, First, Middle Initial) SIMON V. WARD, III			Date of Receipt
Mailing Address 1718 EAST 4TH STRE	EΓ		06 14 2010
City	State	Zip Code	Transaction ID: SA11AI.19204
CHARLOTTE	NC	28204	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer RANKIN WOMEN'S CENTER	Occupatio PHYSICI		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) ELIZABETH D. WARNER			Date of Receipt
Mailing Address 125 LATTIMORE ROA	<b>VD</b>		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.19205
ROCHESTER	NY	14620	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer ROCHESTER OB/GYN ASSOCIAT- ES	Occupatio PHYSICI		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) JAMES W. WOTRING, JR.			Date of Receipt
Mailing Address P.O. BOX 38			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.19178
HICKORY	NC	28603	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer CATAWBA WOMEN'S CENTER	Occupatio PHYSICI		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)			1000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 34 / 41 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  THE AMERICAN CONGRESS OF O			
Full Name (Last, First, Middle Initial) MARY R. WREN		,	Date of Receipt
Mailing Address 628 HOSPITAL DRIV	/E		06 21 7 2010
City	State	Zip Code	Transaction ID: SA11AI.19269
MOUNTAIN HOME  FEC ID number of contributing federal political committee.	C	72653	Amount of Each Receipt this Period 250.00
Name of Employer CENTER FOR WOMEN	Occupation		
Receipt For: Primary General Other (specify)	PHYSICI Aggregate	AN Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) MOLLY YARDLEY			Date of Receipt
Mailing Address 80 HEALTH PARK D	RIVE		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.19206
LOUISVILLE	CO	80027	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer BOULDER MEDICAL CENTER	Occupation PHYSICI		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) J. MICHAEL ZINZILIETA			Date of Receipt
Mailing Address 800 NORTH RUTLE	DGE STREET		0 6 1 4 2 0 1 0
City SPRINGFIELD	State IL	Zip Code 62702	Transaction ID: SA11AI.19207  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer SPRINGFIELD CLINIC	Occupation PHYSICI		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional)			1500.00
, (>			49850.00

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В.

## SCHEDULE B (FEC Form 3X)

President

District:

FOR LINE NUMBER: PAGE 35 / 41 Use separate schedule(s) (check only one) ITEMIZED DISBURSEMENTS for each category of the 21b 22 23 25 26 **Detailed Summary Page** 27 28a 28b 28c 29 30b 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) THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC) Full Name (Last, First, Middle Initial) Transaction ID: SB21B.19153 AMERICAN EXPRESS Date of Disbursement 07 0 6 2010 Mailing Address P.O. BOX 53852 City State Zip Code Amount of Each Disbursement this Period **PHOENIX** ΑZ 85072 447.77 Purpose of Disbursement CREDIT CARD TRANSACTION FEES Candidate Name Category/ Type Office Sought: House Disbursement For: General Senate Primary President Other (specify) State: District: Full Name (Last, First, Middle Initial) Transaction ID: SB21B.19064 FIRST NATIONAL MERCHANT SOLUTIONS Date of Disbursement 0 2 0 6 2010 Mailing Address 1620 DODGE STREET City State Zip Code Amount of Each Disbursement this Period **OMAHA** 68197 NE 879.45 Purpose of Disbursement CREDIT CARD TRANSACTION FEES Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General

SUBTOTAL of Disbursements This Page (optional)	<u> </u>	1327.22
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Other (specify)

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Transaction ID: SB23.19214  Disbursement Contribution  Transaction ID: SB23.19214  Disbursement Contribution  Transaction ID: SB23.19211  Date of Disbursement Contribution  Type  Other (specify)  Full Name (Last, First, Middle Initial)  State: MD District: 01  Full Name (Last, First, Middle Initial)  ANDERSS Mailing Address 6380 WILSHIRE BOULEVARD  City Senate President Contribution  City Senate President Contribution  Transaction ID: SB23.19211  Date of Disbursement Under Specify)  Transaction ID: SB23.19214  Date of Disbursement Under Specify)  Transaction ID: SB23.19211  Date of Disbursement Under Specify)  Category'  Type  Other (specify)  Transaction ID: SB23.19211  Date of Disbursement Under Specify)  Transaction ID: SB23.19211  Date of Disbursement Under Specify Specific Under Specify)  Transaction ID: SB23.19210  Date of Disbursement Under Specify)  Transaction ID: SB23.19210  Date of Disbursement Under Specific Under	SCHEDULE B (FEC Form	' Use sepa	rate schedule(s)	FOR LINE (check only	NUMBER: PAGE 36 / 41 y one)
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Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions for 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)  THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)  Full Name (Last, First, Middle Initial)  FRIENDS OF ROSA DELAURO  Mailing Address  12 TRUMBULL STREET  Tor each category of the Detailed Summary Page  21b	SCHEDULE B (FEC FOIII 3X)	Use separate schedule(s)	FOR LINE (check only	
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Full Name (Last, First, Middle Initial) PEOPLE FOR PATTY MURRAY U.S. SEN	NATE CAMPAI	GN			Trans Date o			SB23. ment	1906	62	
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NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS OF OB-GYI	NS PAC (OB-GYN PAC)		
Full Name (Last, First, Middle Initial) TUESDAY GROUP POLITICAL ACTION C Mailing Address P.O. BOX 11586	COMMITTEE		Transaction ID: SB23.19063 Date of Disbursement
<i>y</i>	State Zip Code DC 20008		Amount of Each Disbursement this Period
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Candidate Name FREDERICK S. UPTON		Category/ Type	
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SUBTOTAL of Disbursements This Page (optional)	<u> </u>	7500.00
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