

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

ADDRESS (number and street) 409 12TH STREET, SW
 Check if different than previously reported. (ACC)
WASHINGTON DC 20024

2. **FEC IDENTIFICATION NUMBER** C00364158
3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE**-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
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 06 01 2010 through 06 30 2010

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 STACIE MISCIKOWSKI

Signature of Treasurer Electronically Filed by STACIE MISCIKOWSKI Date 07 09 2010

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									
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FEC FORM 3X
(Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

Report Covering the Period: From:

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		49181.92
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	289397.91									
(c) Total Receipts (from Line 19)	56675.00	430420.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	346072.91	479601.92								
7. Total Disbursements (from Line 31)	41827.22	175356.23								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	304245.69	304245.69								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

Write or Type Committee Name

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

Report Covering the Period: From:

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	0

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)	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)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	56675.00	430420.00
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))	56675.00	430420.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	56675.00	430420.00

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.....	1327.22	18856.23
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	1327.22	18856.23
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	40500.00	155500.00
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	1000.00
(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	1000.00
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))..	41827.22	175356.23
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	41827.22	175356.23

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)	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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 41
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

A.

Full Name (Last, First, Middle Initial)
MARIAMMA ABRAHAM

Mailing Address 405 CARRIAGE DRIVE

City State Zip Code
BECKLEY WV 25801

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

Name of Employer SELF-EMPLOYED Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
06 / 18 / 2010

Transaction ID: SA11AI.19235

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
JACQUES ABRAMOWICZ

Mailing Address 100 EAST BELLEVUE PLACE

City State Zip Code
CHICAGO IL 60611

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

Name of Employer RUSH UNIVERSITY Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
06 / 02 / 2010

Transaction ID: SA11AI.19086

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
PATIENCE O. ADESIDA

Mailing Address 4004 GOLF CREEK DRIVE

City State Zip Code
CHAMPAIGN IL 61822

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

Name of Employer SELF-EMPLOYED Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
06 / 18 / 2010

Transaction ID: SA11AI.19237

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1750.00**

TOTAL This Period (last page this line number only) ►

**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)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

A. Full Name (Last, First, Middle Initial)
RITA K. ARONSON

Mailing Address 2427 ARBOR DRIVE

City State Zip Code
DAVENPORT IA 52803

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

Name of Employer Occupation
OB/GYN SPECIALISTS PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
06 / 14 / 2010

Transaction ID: SA11AI.19187

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
ANN A. ASHLEY-GILBERT

Mailing Address 707 BALLARD STREET

City State Zip Code
ALTAMONTE SPRING FL 32701

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

Name of Employer Occupation
ALTAMONTE WOMEN'S CENTER PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
06 / 01 / 2010

Transaction ID: SA11AI.19075

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
SHAWKY Z. BADAWY

Mailing Address 5309 AQUARIUS DRIVE

City State Zip Code
SYRACUSE NY 13224

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

Name of Employer Occupation
SUNY UPSTATE PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
06 / 23 / 2010

Transaction ID: SA11AI.19276

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ▶ **1500.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 41
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

A. Full Name (Last, First, Middle Initial)
M. ASLAM BARRA

Mailing Address 930 SUNNYSLOPE ROAD

City State Zip Code
HOLLISTER CA 95023

FEC ID number of contributing federal political committee. C

Name of Employer SELF-EMPLOYED Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
06 / 17 / 2010

Transaction ID: SA11AI.19219

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
WILLIAM D. BINDER

Mailing Address 6417 PROVINCE LANE

City State Zip Code
BATON ROUGE LA 70808

FEC ID number of contributing federal political committee. C

Name of Employer LOUISIANA WOMEN'S CENTER Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
06 / 14 / 2010

Transaction ID: SA11AI.19112

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
JEFFREY W. BITTNER

Mailing Address 514 EAST ALTA VISTA AVENUE

City State Zip Code
OTTUMWA IA 52501

FEC ID number of contributing federal political committee. C

Name of Employer OTTUMWA OB/GYN Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
06 / 14 / 2010

Transaction ID: SA11AI.19188

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) 750.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 9 / 41
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

A. Full Name (Last, First, Middle Initial)
MICHAEL D. BLEECKER

Mailing Address 1133 EAST STANLEY BOULEVARD

City State Zip Code
LIVERMORE CA 94550

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
TRI-VALLEY OB/GYN PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 10 / 2010
Transaction ID: SA11AI.19156

Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
MARYANNE C. BOMBAUGH

Mailing Address 81 CLOWES DRIVE

City State Zip Code
FALMOUTH MA 02540

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
CARITAS HEALTHCARE PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 01 / 2010
Transaction ID: SA11AI.19076

Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
BRANDON E. BOURGEOIS

Mailing Address 12 PINEHURST CIRCLE

City State Zip Code
OTTUMWA IA 52501

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
OTTUMWA OB/GYN PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 14 / 2010
Transaction ID: SA11AI.19189

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) 1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 41
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

A. Full Name (Last, First, Middle Initial)
BEVERLY A. BYRD

Mailing Address 90 SOUTH MAIN STREET

City MIDDLETOWN State CT Zip Code 06457

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

Name of Employer HARBOR PARK OB/GYN Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 06 / 14 / 2010
Transaction ID: SA11AI.19190
 Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
IRENE M. CARR

Mailing Address 1906 MIDDLE ROAD

City DULUTH State MN Zip Code 55811

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

Name of Employer ST. MARY'S DULUTH CLINIC Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 06 / 24 / 2010
Transaction ID: SA11AI.19270
 Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial)
ALBERTO CEPEDA

Mailing Address 1502 EAST 8TH STREET

City WESLACO State TX Zip Code 78596

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

Name of Employer SELF-EMPLOYED Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 06 / 02 / 2010
Transaction ID: SA11AI.19090
 Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ► **1250.00**

TOTAL This Period (last page this line number only) ►

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)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

A.

Full Name (Last, First, Middle Initial)
SCOTT T. CHATHAM

Mailing Address P.O. BOX 38

City State Zip Code
HICKORY NC 28603

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

Name of Employer Occupation
CATAWBA WOMEN'S CENTER PHYSICIAN

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 350.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 1 / 2 0 1 0

Transaction ID: SA11AI.19170

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)
SUDHA T. CHAUDHURI

Mailing Address 5819 NORFLEET ROAD

City State Zip Code
KANSAS CITY MO 64133

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

Name of Employer Occupation
INTEGRATED HEALTH CARE PHYSICIAN

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 4 / 2 0 1 0

Transaction ID: SA11AI.19191

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)
PETER H. CHEROUNY

Mailing Address 111 COLCHESTER AVENUE

City State Zip Code
BURLINGTON VT 05401

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

Name of Employer Occupation
FLETCHER ALLEN HEALTH CARE PHYSICIAN

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 4 / 2 0 1 0

Transaction ID: SA11AI.19192

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1350.00

TOTAL This Period (last page this line number only)

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)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

A. Full Name (Last, First, Middle Initial)
FRANK J. CRAPARO

Mailing Address 1235 OLD YORK ROAD

City State Zip Code
ABINGTON PA 19001

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

Name of Employer Occupation
ABINGTON PERINATAL ASSOCIATES PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 06 / 15 / 2010
Transaction ID: SA11AI.19179
Amount of Each Receipt this Period: 1000.00

B. Full Name (Last, First, Middle Initial)
DOUGLAS J. CREEDON

Mailing Address 1119 BUCKRIDGE DRIVE

City State Zip Code
ROCHESTER MN 55906

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

Name of Employer Occupation
MAYO CLINIC PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 06 / 08 / 2010
Transaction ID: SA11AI.19123
Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial)
JAMES G. CUMMINS

Mailing Address 2723 SOUTH 87TH STREET

City State Zip Code
OMAHA NE 68124

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

Name of Employer Occupation
PHYSICIANS OF OB/GYN PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 06 / 24 / 2010
Transaction ID: SA11AI.19271
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ► 2000.00

TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 41
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

A.	Full Name (Last, First, Middle Initial) BONNIE J. DATTEL	Date of Receipt MM / DD / YYYY 06 / 04 / 2010
	Mailing Address 825 FAIRFAX AVENUE	Transaction ID: SA11AI.19133
	City State Zip Code NORFOLK VA 23507	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
Name of Employer EASTERN VIRGINIA MEDICAL SCHOOL	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) PATRICK A. DAWKINS	Date of Receipt MM / DD / YYYY 06 / 10 / 2010
	Mailing Address 5401 NORRIS CANYON ROAD	Transaction ID: SA11AI.19159
	City State Zip Code SAN RAMON CA 94583	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) TIMOTHY J. DEAHL	Date of Receipt MM / DD / YYYY 06 / 18 / 2010
	Mailing Address 260 I-45 SOUTH	Transaction ID: SA11AI.19241
	City State Zip Code HUNTSVILLE TX 77340	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	▶	1250.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 41
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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NAME OF COMMITTEE (In Full)
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

A.

Full Name (Last, First, Middle Initial)
DAVID W. DOTY

Mailing Address 927 KENTON STATION

City MAYSVILLE State KY Zip Code 41056

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

Name of Employer PRIMARY PLUS Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 06 / 04 / 2010
Transaction ID: SA11AI.19136
 Amount of Each Receipt this Period: 250.00

B.

Full Name (Last, First, Middle Initial)
DEBORAH A. DRISCOLL

Mailing Address 3400 SPRUCE STREET

City PHILADELPHIA State PA Zip Code 19104

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

Name of Employer UNIVERSITY OF PENNSYLVANIA Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 06 / 17 / 2010
Transaction ID: SA11AI.19221
 Amount of Each Receipt this Period: 1000.00

C.

Full Name (Last, First, Middle Initial)
ROBERT C. GRAMANN

Mailing Address 3021 GRIFFIN AVENUE

City ENUMCLAW State WA Zip Code 98022

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

Name of Employer ENUMCLAW MEDICAL CENTER Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 06 / 01 / 2010
Transaction ID: SA11AI.19079
 Amount of Each Receipt this Period: 1000.00

SUBTOTAL of Receipts This Page (optional) ► 2250.00

TOTAL This Period (last page this line number 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)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

A. Full Name (Last, First, Middle Initial)
LOUIS GUTIERREZ

Mailing Address 16799 NORTHEAST 1ST AVENUE

City State Zip Code
NORTH MIAMI BEACH FL 33162

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

Name of Employer SELF-EMPLOYED Occupation PHYSICIAN

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	7	/	2	0	1	0

Transaction ID: SA11AI.19223

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
MAGDI M. HANAFI

Mailing Address 5673 PEACHTREE DUNWOODY ROAD

City State Zip Code
ATLANTA GA 30342

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

Name of Employer GYNECOLOGY SPECIALISTS Occupation PHYSICIAN

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	2	/	2	0	1	0

Transaction ID: SA11AI.19095

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
NAWAR HATOUM

Mailing Address 2507 NORTH HALSTED STREET

City State Zip Code
CHICAGO IL 60614

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

Name of Employer MATERNAL-FETAL MEDICINE Occupation PHYSICIAN

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	1	/	2	0	1	0

Transaction ID: SA11AI.19082

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **2500.00**

TOTAL This Period (last page this line number only) ►

**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)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

A. Full Name (Last, First, Middle Initial)
JULIE A. HENRIKSEN

Mailing Address 3259 NORTH SUGARBERRY

City State Zip Code
ORANGE COUNTY CA 92865

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

Name of Employer Occupation
KAISER PERMANENTE PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
06 / 02 / 2010

Transaction ID: SA11AI.19096

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
PAUL A. HOLYFIELD

Mailing Address 315 HOSPITAL DRIVE

City State Zip Code
MARTINSVILLE VA 24112

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

Name of Employer Occupation
OB/GYN CENTER PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
06 / 08 / 2010

Transaction ID: SA11AI.19124

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
GERALDINE JACKSON

Mailing Address 28410 TAVISTOCK TRAIL

City State Zip Code
SOUTHFIELD MI 48034

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

Name of Employer Occupation
HENRY FORD MEDICAL CENTER PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
06 / 17 / 2010

Transaction ID: SA11AI.19224

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► 2000.00

TOTAL This Period (last page this line number only) ►

**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)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

A. Full Name (Last, First, Middle Initial)
SUDHEER M. JAYAPRABHU

Mailing Address 1002 TEXAS BOULEVARD

City State Zip Code
TEXARKANA TX 75501

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

Name of Employer
WOMEN'S SPECIALISTS Occupation
PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	4	/	2	0	1	0

Transaction ID: SA11AI.19141

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
MICHAEL L. JONES

Mailing Address 1307 WEST 3RD STREET

City State Zip Code
GILLETTE WY 82716

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

Name of Employer
ASSOCIATES IN WOMEN'S HEA-
LTH Occupation
PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	1	/	2	0	1	0

Transaction ID: SA11AI.19263

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
LEAH A. KAUFMAN

Mailing Address 331 FAIRWAY DRIVE

City State Zip Code
FARMINGDALE NY 11735

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

Name of Employer
LONG ISLAND JEWISH MEDICAL Occupation
PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	2	/	2	0	1	0

Transaction ID: SA11AI.19100

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1750.00**

TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 41
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

A.	Full Name (Last, First, Middle Initial) WILLIAM K, KHIEU	Date of Receipt MM / DD / YYYY 06 / 10 / 2010
	Mailing Address 335 KATHERINE AVENUE	Transaction ID: SA11AI.19161
	City State Zip Code SALINAS CA 93901	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation OB/GYN ASSOCIATES PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

B.	Full Name (Last, First, Middle Initial) GEORGE D. KOFINAS	Date of Receipt MM / DD / YYYY 06 / 08 / 2010
	Mailing Address 100 WINSTON DRIVE	Transaction ID: SA11AI.19126
	City State Zip Code CLIFFSIDE PARK NJ 07010	Amount of Each Receipt this Period 2000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation SELF-EMPLOYED PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

C.	Full Name (Last, First, Middle Initial) MELANIE KONRADI	Date of Receipt MM / DD / YYYY 06 / 04 / 2010
	Mailing Address 2580 KINCAID STREET	Transaction ID: SA11AI.19143
	City State Zip Code EUGENE OR 97405	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation OREGON MEDICAL GROUP PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	3500.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 19 / 41
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

A. Full Name (Last, First, Middle Initial)
THEODOR LEHRER

Mailing Address 2100 EAST COMMERCIAL BOULEVARD

City State Zip Code
FT. LAUDERDALE FL 33308

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

Name of Employer Occupation
ALL WOMEN'S MEDICAL CENTER PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
06 / 04 / 2010

Transaction ID: SA11AI.19144

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
HENRY M. LERNER

Mailing Address 196 WINDSOR ROAD

City State Zip Code
NEWTON MA 02468

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

Name of Employer Occupation
NEWTON-WELLESLEY OB/GYN PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
06 / 04 / 2010

Transaction ID: SA11AI.19145

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
DANNY L. LICKNESS

Mailing Address 100 CASA STREET

City State Zip Code
SAN LUIS OBISPO CA 93405

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

Name of Employer Occupation
CENTRAL COAST OB/GYN PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
06 / 04 / 2010

Transaction ID: SA11AI.19147

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► 1800.00

TOTAL This Period (last page this line number only) ►

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)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

A. Full Name (Last, First, Middle Initial)
JOHN B. MAKIN, JR.
Mailing Address 824 BIGELOW HILL ROAD

City State Zip Code
SKOWHEGAN ME 04976

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

Name of Employer Occupation
RETIRED PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 0 2 / 2 0 1 0

Transaction ID: SA11AI.19101

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
FEDERICO G. MARIONA
Mailing Address 15801 PROVIDENCE DRIVE

City State Zip Code
SOUTHFIELD MI 48075

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

Name of Employer Occupation
MICHIGAN PERINATAL ASSOCI- ATES PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 1 4 / 2 0 1 0

Transaction ID: SA11AI.19196

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
PAUL MCCHRISTIAN
Mailing Address 2519 COLLEGE AVENUE

City State Zip Code
CONWAY AZ 72034

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

Name of Employer Occupation
CONWAY OB/GYN CLINIC PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 1 0

Transaction ID: SA11AI.19283

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 1750.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 41

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

A.

Full Name (Last, First, Middle Initial)
HAROLD L. MIHM

Mailing Address 2322 EAST KIMBERLY

City State Zip Code
DAVENPORT IA 52807

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

Name of Employer Occupation
OB/GYN SPECIALISTS PHYSICIAN

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y
06 / 14 / 2010

Transaction ID: SA11AI.19197

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)
DAVID A. MILLER

Mailing Address 1671 POPPY PEAK DRIVE

City State Zip Code
PASADENA CA 91105

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

Name of Employer Occupation
UNIVERSITY OF S. CALIFORN-IA PHYSICIAN

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2000.00

Date of Receipt

M M / D D / Y Y Y Y
06 / 18 / 2010

Transaction ID: SA11AI.19248

Amount of Each Receipt this Period

2000.00

C.

Full Name (Last, First, Middle Initial)
JOEL B. MILLER

Mailing Address P.O. BOX 38

City State Zip Code
HICKORY NC 28603

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

Name of Employer Occupation
CATAWBA WOMEN'S CENTER PHYSICIAN

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
06 / 11 / 2010

Transaction ID: SA11AI.19173

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

3250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 41
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

A.

Full Name (Last, First, Middle Initial)
LUIS J. MORALES

Mailing Address 1 WYOMING STREET

City State Zip Code
DAYTON OH 45409

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

Name of Employer Occupation
SELF-EMPLOYED PHYSICIAN

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 1 / 2 0 1 0

Transaction ID: SA11AI.19083

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)
ALETHIA E. MORGAN

Mailing Address 3075 SOUTH BIRCH

City State Zip Code
DENVER CO 80222

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

Name of Employer Occupation
ASSOCIATES FOR WOMEN'S HEALTH PHYSICIAN

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 700.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.19132

Amount of Each Receipt this Period

700.00

C.

Full Name (Last, First, Middle Initial)
JOHN F. MURPHY

Mailing Address 10150 SOUTH SHADOW CIRCLE

City State Zip Code
OLATHE KS 66061

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

Name of Employer Occupation
SPECIALISTS IN WOMEN'S CARE PHYSICIAN

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 1 / 2 0 1 0

Transaction ID: SA11AI.19084

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

2200.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 41
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

A.	Full Name (Last, First, Middle Initial) FRANK F. MUSSEMANN	Date of Receipt MM / DD / YYYY 06 / 04 / 2010
	Mailing Address 1908 CEDARWOOD TRAIL	Transaction ID: SA11AI.19148
	City State Zip Code BELLEVILLE IL 62226	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer SELF-EMPLOYED Occupation PHYSICIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) PAULA F. NADELL	Date of Receipt MM / DD / YYYY 06 / 04 / 2010
	Mailing Address 3411 NORTH 5TH AVENUE	Transaction ID: SA11AI.19149
	City State Zip Code PHOENIX AZ 85013	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer SELF-EMPLOYED Occupation PHYSICIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) ARJANG NAIM	Date of Receipt MM / DD / YYYY 06 / 18 / 2010
	Mailing Address 469 SOUTH HAMEL ROAD	Transaction ID: SA11AI.19250
	City State Zip Code LOS ANGELES CA 90048	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer SELF-EMPLOYED Occupation PHYSICIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	1500.00
TOTAL This Period (last page this line number only)	

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)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

A.

Full Name (Last, First, Middle Initial) KENNETH L. NAYLOR		Date of Receipt MM / DD / YYYY 06 / 15 / 2010
Mailing Address 2322 EAST KIMBERLY ROAD		Transaction ID: SA11AI.19180
City DAVENPORT	State IA	Zip Code 52807
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer OB/GYN SPECIALISTS	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.

Full Name (Last, First, Middle Initial) VICTORIA NICHOLS-JOHNSON		Date of Receipt MM / DD / YYYY 06 / 21 / 2010
Mailing Address 240 DEERHEAD LANE		Transaction ID: SA11AI.19267
City SPRINGFIELD	State IL	Zip Code 62704
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer RETIRED	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.

Full Name (Last, First, Middle Initial) MICHAEL L. NIX		Date of Receipt MM / DD / YYYY 06 / 02 / 2010
Mailing Address 820 TERRACE MOUNTAIN DRIVE		Transaction ID: SA11AI.19102
City AUSTIN	State TX	Zip Code 78746
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer SETON FAMILY OF HOSPITALS	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

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

FOR LINE NUMBER: PAGE 25 / 41
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

A. Full Name (Last, First, Middle Initial)
EMMANUEL O. OJOMO

Mailing Address 1912 CHERRYWOOD LANE

City State Zip Code
MUNSTER IN 46321

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

Name of Employer Occupation
PERINATAL CENTER PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
06 / 24 / 2010

Transaction ID: SA11AI.19273

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
UZOMA I. OWUNNA

Mailing Address 172 SUMMERHILL ROAD

City State Zip Code
EAST BRUNSWICK NJ 08816

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

Name of Employer Occupation
OB/GYN GROUP OF EAST BRUNSWICK PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
06 / 11 / 2010

Transaction ID: SA11AI.19175

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
LEIGH A. PAPADIMITRIOU

Mailing Address 31 ELMWOOD PLACE

City State Zip Code
WHEELING WV 26003

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

Name of Employer Occupation
SELF-EMPLOYED PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
06 / 18 / 2010

Transaction ID: SA11AI.19255

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1750.00**

TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 26 / 41
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

A. Full Name (Last, First, Middle Initial)
LEE W. PARSONS

Mailing Address 3101 EAST STATE STREET

City State Zip Code
EAGLE ID 83616

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

Name of Employer Occupation
OB/GYN ASSOCIATES PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
06 / 02 / 2010

Transaction ID: SA11AI.19103

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
SRISAWAI PATTAMAKOM

Mailing Address 1035 HORIZON DRIVE

City State Zip Code
VENTURA CA 93003

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

Name of Employer Occupation
SELF-EMPLOYED PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
06 / 04 / 2010

Transaction ID: SA11AI.19150

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
VINCENT A. PELLEGRINI

Mailing Address 301 SOUTH 7TH AVENUE

City State Zip Code
WEST READING PA 19611

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

Name of Employer Occupation
WOMEN'S CLINIC, LTD PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
06 / 14 / 2010

Transaction ID: SA11AI.19198

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 1750.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 41
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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NAME OF COMMITTEE (In Full)
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

A. Full Name (Last, First, Middle Initial)
ROBERT W. PHILLIPS

Mailing Address 501 WEST EUGIE AVENUE

City State Zip Code
GLENDALE AZ 85304

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

Name of Employer Occupation
DESERT WEST OB/GYN PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
06 / 02 / 2010

Transaction ID: SA11AI.19104

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
JOEL C. PITTARD

Mailing Address 121 NORTH 20TH STREET

City State Zip Code
OPELIKA AL 36801

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

Name of Employer Occupation
LEE OB/GYN PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
06 / 11 / 2010

Transaction ID: SA11AI.19176

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
STEPHEN G. PORTERA

Mailing Address 6215 HUMPHREYS BOULEVARD

City State Zip Code
MEMPHIS TN 38120

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

Name of Employer Occupation
BAPTIST MEMORIAL HOSPITAL PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
06 / 08 / 2010

Transaction ID: SA11AI.19128

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► 2250.00

TOTAL This Period (last page this line number only) ►

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)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

A.	Full Name (Last, First, Middle Initial) DEBORAH L. PORTNEY		Date of Receipt MM / DD / YYYY 06 / 17 / 2010
	Mailing Address 5063 VILLAGE PLACE DRIVE		Transaction ID: SA11AI.19228
	City WEST BLOOMFIELD	State MI	Zip Code 48322
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer HENRY FORD MEDICAL CENTER		Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) MARGARET PUNCH		Date of Receipt MM / DD / YYYY 06 / 02 / 2010
	Mailing Address 3136 MILLS COURT		Transaction ID: SA11AI.19105
	City ANN ARBOR	State MI	Zip Code 48104
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer UNIVERSITY OF MICHIGAN		Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) JESSICA RATRA		Date of Receipt MM / DD / YYYY 06 / 18 / 2010
	Mailing Address 7525 GREENWAY CENTER DRIVE		Transaction ID: SA11AI.19257
	City GREENBELT	State MD	Zip Code 20770
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer SELF-EMPLOYED		Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

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

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

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

FOR LINE NUMBER: PAGE 29 / 41
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

A. Full Name (Last, First, Middle Initial)
REUBEAN A. REYNOLDS

Mailing Address 906 HAMPTON ROAD

City State Zip Code
MCDONOUGH GA 30253

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

Name of Employer SELF-EMPLOYED Occupation PHYSICIAN

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	8	/	2	0	1	0

Transaction ID: SA11AI.19129

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
DAVID A. RICHARDSON

Mailing Address 3031 WEST GRAND BOULEVARD

City State Zip Code
DETROIT MI 48202

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

Name of Employer HENRY FORD MEDICAL CENTER Occupation PHYSICIAN

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	8	/	2	0	1	0

Transaction ID: SA11AI.19259

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
JAMES N. SCHARFFENBERGER

Mailing Address 20911 EARL STREET

City State Zip Code
TORRANCE CA 90503

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

Name of Employer SELF-EMPLOYED Occupation PHYSICIAN

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	2	/	2	0	1	0

Transaction ID: SA11AI.19109

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1250.00**

TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 30 / 41
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

A. Full Name (Last, First, Middle Initial)
STACY T. SEYB

Mailing Address 333 NORTH FIRST STREET

City State Zip Code
BOISE ID 83702

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

Name of Employer Occupation
ST. LUKES REGIONAL MEDICAL PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
06 / 10 / 2010

Transaction ID: SA11AI.19164

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
REBECCA D. SHAW

Mailing Address 6000 UNIVERSITY AVENUE

City State Zip Code
WEST DES MOINES IA 50266

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

Name of Employer Occupation
IOWA HEALTH PHYSICIANS PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
06 / 14 / 2010

Transaction ID: SA11AI.19199

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
BENJAMIN W. SHEPPARD

Mailing Address 167 SOUTH CONWELL STREET

City State Zip Code
CASPER WY 82601

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

Name of Employer Occupation
CASPER OB/GYN ASSOCIATES PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
06 / 23 / 2010

Transaction ID: SA11AI.19279

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► 1750.00

TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 31 / 41
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

A. Full Name (Last, First, Middle Initial)
EARL T. STUBBLEFIELD

Mailing Address 291 EAST LAYFAIR DRIVE

City State Zip Code
FLOWOOD MS 39232

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

Name of Employer JACKSON HEALTHCARE FOR WOMEN
Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 14 / 2010

Transaction ID: SA11AI.19200

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
WESLEY M. STUCKEY

Mailing Address 1525 CHATTANOOGA ROAD

City State Zip Code
DALTON GA 30720

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

Name of Employer NORTH GEORGIA WOMEN'S CENTER
Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 11 / 2010

Transaction ID: SA11AI.19177

Amount of Each Receipt this Period
250.00

C. Full 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. **C**

Name of Employer NEW HORIZONS WOMEN'S CARE
Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 14 / 2010

Transaction ID: SA11AI.19203

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1000.00**

TOTAL This Period (last page this line number only) ►

**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)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

A. Full Name (Last, First, Middle Initial)
JANICE E. TILDON-BURTON

Mailing Address 1700 TALLEY ROAD

City State Zip Code
WILMINGTON DE 19803

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

Name of Employer Occupation
SELF-EMPLOYED PHYSICIAN

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	8	/	2	0	1	0

Transaction ID: SA11AI.19131

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
ROBERT C. TOMARO, JR.

Mailing Address 1924 HIGHWAY 35

City State Zip Code
WALL NJ 07719

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

Name of Employer Occupation
MONMOUTH COUNTY ASSOCIATES PHYSICIAN

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	0	/	2	0	1	0

Transaction ID: SA11AI.19165

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
MIKLOS TOTH

Mailing Address 45 EAST 89TH STREET

City State Zip Code
NEW YORK NY 10128

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

Name of Employer Occupation
RETIRED PHYSICIAN

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	0	/	2	0	1	0

Transaction ID: SA11AI.19166

Amount of Each Receipt this Period
2000.00

SUBTOTAL of Receipts This Page (optional) ► **2750.00**

TOTAL This Period (last page this line number only) ►

**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)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

A. Full Name (Last, First, Middle Initial)
SIMON V. WARD, III

Mailing Address 1718 EAST 4TH STREET

City State Zip Code
CHARLOTTE NC 28204

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

Name of Employer Occupation
RANKIN WOMEN'S CENTER PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
06 / 14 / 2010

Transaction ID: SA11AI.19204

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
ELIZABETH D. WARNER

Mailing Address 125 LATTIMORE ROAD

City State Zip Code
ROCHESTER NY 14620

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

Name of Employer Occupation
ROCHESTER OB/GYN ASSOCIAT-ES PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
06 / 14 / 2010

Transaction ID: SA11AI.19205

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
JAMES W. WOTRING, JR.

Mailing Address P.O. BOX 38

City State Zip Code
HICKORY NC 28603

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

Name of Employer Occupation
CATAWBA WOMEN'S CENTER PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
06 / 11 / 2010

Transaction ID: SA11AI.19178

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 1000.00

TOTAL This Period (last page this line number only) ►

**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)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

A. Full Name (Last, First, Middle Initial)
MARY R. WREN

Mailing Address 628 HOSPITAL DRIVE

City State Zip Code
MOUNTAIN HOME AZ 72653

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

Name of Employer Occupation
CENTER FOR WOMEN PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
06 / 21 / 2010

Transaction ID: SA11AI.19269

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
MOLLY YARDLEY

Mailing Address 80 HEALTH PARK DRIVE

City State Zip Code
LOUISVILLE CO 80027

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

Name of Employer Occupation
BOULDER MEDICAL CENTER PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
06 / 14 / 2010

Transaction ID: SA11AI.19206

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
J. MICHAEL ZINZILIETA

Mailing Address 800 NORTH RUTLEDGE STREET

City State Zip Code
SPRINGFIELD IL 62702

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

Name of Employer Occupation
SPRINGFIELD CLINIC PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
06 / 14 / 2010

Transaction ID: SA11AI.19207

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► 1500.00

TOTAL This Period (last page this line number only) ► 49850.00

**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)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

A. Full Name (Last, First, Middle Initial) AMERICAN EXPRESS Mailing Address P.O. BOX 53852 City PHOENIX State AZ Zip Code 85072 Purpose of Disbursement CREDIT CARD TRANSACTION FEES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.19153 Date of Disbursement 06 / 07 / 2010
	Amount of Each Disbursement this Period 447.77
B. Full Name (Last, First, Middle Initial) FIRST NATIONAL MERCHANT SOLUTIONS Mailing Address 1620 DODGE STREET City OMAHA State NE Zip Code 68197 Purpose of Disbursement CREDIT CARD TRANSACTION FEES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.19064 Date of Disbursement 06 / 02 / 2010
	Amount of Each Disbursement this Period 879.45

SUBTOTAL of Disbursements This Page (optional) ►

1327.22

TOTAL This Period (last page this line number only) ►

1327.22

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

A. Full Name (Last, First, Middle Initial)
ANDY HARRIS FOR CONGRESS

Mailing Address P.O. BOX 1527

City ANNAPOLIS State MD Zip Code 21404

Purpose of Disbursement CONTRIBUTION

Candidate Name ANDREW P. HARRIS

Office Sought: House
 Senate
 President

State: MD District: 01

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: SB23.19214

Date of Disbursement

06 / 28 / 2010

Amount of Each Disbursement this Period

2500.00

B. Full Name (Last, First, Middle Initial)
CONGRESSMAN WAXMAN CAMPAIGN COMMITTEE

Mailing Address 6380 WILSHIRE BOULEVARD

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement CONTRIBUTION

Candidate Name HENRY A. WAXMAN

Office Sought: House
 Senate
 President

State: CA District: 30

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: SB23.19211

Date of Disbursement

06 / 24 / 2010

Amount of Each Disbursement this Period

2500.00

C. Full Name (Last, First, Middle Initial)
FRIENDS OF DAN MAFFEI

Mailing Address P.O. BOX 74

City SYRACUSE State NY Zip Code 13214

Purpose of Disbursement CONTRIBUTION

Candidate Name DANIEL B. MAFFEI

Office Sought: House
 Senate
 President

State: NY District: 25

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: SB23.19060

Date of Disbursement

06 / 04 / 2010

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

A. Full Name (Last, First, Middle Initial) FRIENDS OF LOIS CAPPS <hr/> Mailing Address P.O. BOX 23940 <hr/> City SANTA BARBARA State CA Zip Code 93121 <hr/> Purpose of Disbursement CONTRIBUTION Candidate Name LOIS G. CAPPS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 23 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.19057 Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2010
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) FRIENDS OF MAX BAUCUS <hr/> Mailing Address P.O. BOX 586 <hr/> City HELENA State MT Zip Code 59624 <hr/> Purpose of Disbursement CONTRIBUTION Candidate Name MAX S. BAUCUS Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MT District: 00 Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.19058 Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2010
	Amount of Each Disbursement this Period 2500.00
	Category/ Type
	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) FRIENDS OF NAN HAYWORTH <hr/> Mailing Address P.O. BOX 189 <hr/> City MOUNT KISCO State NY Zip Code 10549 <hr/> Purpose of Disbursement CONTRIBUTION Candidate Name NAN HAYWORTH Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 19 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.19215 Date of Disbursement M M / D D / Y Y Y Y 06 / 28 / 2010
	Amount of Each Disbursement this Period 5000.00
	Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	8500.00
TOTAL This Period (last page this line number only) ▶	[]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

A.	Full Name (Last, First, Middle Initial) FRIENDS OF ROSA DELAURO	Transaction ID: SB23.19208 Date of Disbursement 06 / 24 / 2010
	Mailing Address 12 TRUMBULL STREET	Amount of Each Disbursement this Period 1000.00
	City NEW HAVEN State CT Zip Code 06511	
	Purpose of Disbursement CONTRIBUTION Candidate Name ROSA DELAURO Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 03 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type
B.	Full Name (Last, First, Middle Initial) FRIENDS OF ROSA DELAURO	Transaction ID: SB23.19209 Date of Disbursement 06 / 24 / 2010
	Mailing Address 12 TRUMBULL STREET	Amount of Each Disbursement this Period 2000.00
	City NEW HAVEN State CT Zip Code 06511	
	Purpose of Disbursement CONTRIBUTION Candidate Name ROSA DELAURO Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 03 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type
C.	Full Name (Last, First, Middle Initial) GILLIBRAND FOR SENATE	Transaction ID: SB23.19059 Date of Disbursement 06 / 04 / 2010
	Mailing Address 313 C STREET, NE	Amount of Each Disbursement this Period 1000.00
	City WASHINGTON State DC Zip Code 20002	
	Purpose of Disbursement CONTRIBUTION Candidate Name KIRSTEN E. GILLIBRAND Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶

4000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

<p>A. Full Name (Last, First, Middle Initial) LONE STAR LEADERSHIP PAC</p> <p>Mailing Address 7315 WISCONSIN AVENUE</p> <p>City BETHESDA State MD Zip Code 20814</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.19212 Date of Disbursement: 06 / 24 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p>B. Full Name (Last, First, Middle Initial) MIKULSKI FOR SENATE</p> <p>Mailing Address P.O. BOX 13147</p> <p>City BALTIMORE State MD Zip Code 21203</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name BARBARA MIKULSKI</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 00</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.19061 Date of Disbursement: 06 / 04 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p>C. Full Name (Last, First, Middle Initial) MINNICK FOR CONGRESS</p> <p>Mailing Address P.O. BOX 288</p> <p>City MERIDIAN State ID Zip Code 83642</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name WALTER C. MINNICK</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ID District: 01</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.19216 Date of Disbursement: 06 / 28 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

6000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

<p>A. Full Name (Last, First, Middle Initial) PEOPLE FOR PATTY MURRAY U.S. SENATE CAMPAIGN</p> <p>Mailing Address P.O. BOX 3662</p> <p>City SEATTLE State WA Zip Code 98124</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name PATTY MURRAY</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.19062</p> <p>Date of Disbursement 06 / 04 / 2010</p> <p>Amount of Each Disbursement this Period 1500.00</p>
<p>B. Full Name (Last, First, Middle Initial) PROGRESSIVE CHOICES PAC</p> <p>Mailing Address P.O. BOX 58</p> <p>City EVANSTON State IL Zip Code 60204</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.19217</p> <p>Date of Disbursement 06 / 28 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p>C. Full Name (Last, First, Middle Initial) STIVERS FOR CONGRESS</p> <p>Mailing Address 4679 WINTERSET DRIVE</p> <p>City COLUMBUS State OH Zip Code 43220</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name STEVE E. STIVERS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 15</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.19210</p> <p>Date of Disbursement 06 / 24 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

8500.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

A. Full Name (Last, First, Middle Initial)
TUESDAY GROUP POLITICAL ACTION COMMITTEE

Mailing Address P.O. BOX 11586

City WASHINGTON State DC Zip Code 20008

Purpose of Disbursement
CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB23.19063

Date of Disbursement

MM / DD / YYYY
06 / 04 / 2010

Amount of Each Disbursement this Period

5000.00

B. Full Name (Last, First, Middle Initial)
UPTON FOR ALL OF US

Mailing Address P.O. BOX 490

City ST. JOSEPH State MI Zip Code 49085

Purpose of Disbursement
CONTRIBUTION

Candidate Name
FREDERICK S. UPTON

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: MI District: 06

Transaction ID: SB23.19213

Date of Disbursement

MM / DD / YYYY
06 / 24 / 2010

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional) ►

7500.00

TOTAL This Period (last page this line number only) ►

40500.00