07/07/2008 14:59

Image# 28932118200

## FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3X	For C	Other Than An Au	thorized Comn	nittee	C	Office Use Only
NAME OF COMMITTEE (in full)		FEC MAILING LABEL YPE OR PRINT 🗑	Example:If ty over the lines			
OB-GYNS FOR WC	MEN'S HEALT	TH PAC				
ADDRESS (number and st	treet) 40	9 12TH STREET SW				
Check if differer than previously reported. (ACC)	. W	ASHINGTON			DC	20024
2. FEC IDENTIFICATION	ON NUMBER	<b>▼</b>	ITY 🛕		STATE	ZIPCODE 🛕
C00364158	• • •	3.	IS THIS REPORT	NEW (N) OR	AME (A)	NDED
4. TYPE OF REPOF (Choose One)  (a) Quarterly Report April 15 Quarterly F Quarterly F October 15 Quarterly F Quarterly F January 31 Quarterly F January 31 Quarterly F Terminatio (TER)	Report(Q1) Report(Q2) Report(Q3) Report(YE) d-Year n-election (MY)	(c) 12-Day PRE-Election Report for the:  Elec  (d) 30-Day Post -Election Report for the:	eb 20 (M2) lar 20 (M3) pr 20 (M4)  Primary (  Conventing tion on General of the control of the c	(12P) on (12C)	Aug 20 Sep 20 Oct 20 General (12 Special (120 Runoff (30F	Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE)  G)  in the State of
5. Covering Period	0 6	01 2008	throug	gh 0 6	30	2008
I certify that I have examin Type or Print Name of Tre Signature of Treasurer		TACIE MISCIKOWSK	•		t and complete.  Date 0 7	07 2008
NOTE : Submission of fa	lse, erroneous,	or incomplete informat	on may subject the p	person signing th	nis Report to the pe	enalties of 2 U.S.C 437g.
Use						(Rev. 12/2004)

FE6AN026

## **SUMMARY PAGE**

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2

Rep		6 0 1 Y Y Y Y Y Y 2 0 0 8	To: 0 6 3 0 7 2 0 0 8
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
. (6	a) Cash on Hand January 1 Ž008 Y Y		67699.54
(i	o) Cash on Hand at  Begining of Reporting Period	109165.35	
(0	c) Total Receipts (from Line 19)	9150.00	204935.00
(0	d) Subtotal (add lines 6(b) and		
	6(c) for Column A and Lines 6(a) and 6(c) for Column B)	118315.35	272634.54
Т	otal Disbursements (from Line 31)	20499.53	174818.72
	ash on Hand at Close of		
	eporting Period subtract Line 7 from Line 6(d))	97815.82	97815.82
С	ebts and Obligations owed TO		
	ne committee (Itemize all on chedule C and/or Schedule D)	0.00	]
	ebts and Obligations owed BY		
	ne committee (Itemize all on chedule C and/or Schedule D)	6518.25	

### For further information contact:

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

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

## DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) Page 3

Write or Type Committee Name

**OB-GYNS FOR WOMEN'S HEALTH PAC** 

F	Report Covering the Period: From:	01 2008	o: 0 6 3 0 Y Y Y Y Y Y
	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)	6750.00	183290.00
	(ii) Unitemized	2400.00	21645.00
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	9150.00	204935.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	9150.00	204935.00
12.	Transfers From Affiliated/Other Party Committees	0.00	0.00
13.	All Loans Received	0.00	0.00
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
16.	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	0.00
	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	0.00	0.00
	(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))	9150.00	204935.00
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)	9150.00	204935.00

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4 COLUMNIA

	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	9499.53	92618.72
	Expenditures(c) Total Operating Expenditures	3433.33	92010.72
	(add 21(a)(i), (a)(ii) and (b))	9499.53	92618.72
2.	Transfers to Affiliated/Other Party Committees	0.00	0.00
3.	Contributions to Federal Candidates/Committees		
	and Other Political Committees	11000.00	82000.00
	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
	i i		
	Loans Made Refunds of Contributions To:	0.00	0.00
	(a) Individuals/Persons Other Than Political Committees	0.00	200.00
	(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	200.00
9.	Other Disbursements	0.00	0.00
0.	Federal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity		
	(from Schedule H6)	0.00	0.00
	(i) Federal Share		
	(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
1.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	20499.53	174818.72
2.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)	20499.53	174818.72
	from Line 31)	20433.00	174010.72

## **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions Expenditures	Operating COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other the from Line 11(d), page 3)		204935.00
34. Total Contribution Refunds (from Line 28(d))	0.00	200.00
<ol> <li>Net Contributions (other than (subtract Line 34 from Line 3)</li> </ol>	0150.00	204735.00
36. Total Federal Operating Exp (add Line 21(a)(i) and Line 2	0/00 53	92618.72
37. Offsets to Operating Expend (from Line 15, page 3)	0.00	0.00
<ol> <li>Net Operating Expenditures (subtract Line 37 from Line 3</li> </ol>	9499.53	92618.72

FE6AN026

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 19 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) OB-GYNS FOR WOMEN'S HEALTH F		y not be sold or used by any perso dress of any political committee to	
Full Name (Last, First, Middle Initial) JEAN R. ANDERSON Mailing Address 1208 ROUNDHILL RO.			Date of Receipt
			06 02 2008
City BALTIMORE	State MD	Zip Code	Transaction ID: SA11AI.14461
FEC ID number of contributing federal political committee.	C	21218	Amount of Each Receipt this Period  300.00
Name of Employer JOHNS HOPKINS	Occupatio PHYSICI		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) EMILY L. BENEKOS			Date of Receipt
Mailing Address 546 WINTER STREET			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City WOOSTER	State OH	Zip Code 44691	Transaction ID: SA11AI.14468  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer WOOSTER GYN	Occupatio PHYSICI		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) ROBERT L. CAMERON			Date of Receipt
Mailing Address 1320 OAKLAWN			06 16 2008
City	State	Zip Code	Transaction ID: SA11AI.14499
UNION CITY  FEC ID number of contributing federal political committee.	C	38261	Amount of Each Receipt this Period 250.00
Name of Employer SELF-EMPLOYED	Occupatio PHYSICI		
Receipt For:  Primary General  Other (specify) ▼		e Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)		······	800.00

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 / 19 (check only one)    X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) OB-GYNS FOR WOMEN'S HEALTH	ne name and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) BETTINA M. ELLSWORTH Mailing Address 455 SOUTH WASHIR	NGTON STREET	Date of Receipt
City	State Zip Code	0 6 0 5 2 0 0 8  Transaction ID: SA11Al.14470
GETTYSBURG  FEC ID number of contributing federal political committee.	PA 17325	Amount of Each Receipt this Period 250.00
Name of Employer WELLSPAN	Occupation PHYSICIAN	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial) JOHN A. HAMILTON Mailing Address 3027 ISLEVIEW KEY	/ COURT	Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y
City	State Zip Code	Transaction ID: SA11AI.14463
LAKE ST. LOUIS  FEC ID number of contributing federal political committee.	MO 63367	Amount of Each Receipt this Period 250.00
Name of Employer SSM HEALTHCARE	Occupation PHYSICIAN	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial) DAVID D. HERNANDEZ		Date of Receipt
Mailing Address 2000 SILVERBELL D	PRIVE	0 6 1 0 2 0 0 8
City MISSION	State Zip Code TX 78573	Transaction ID: SA11AI.14488  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
		1500.00

Any information copied from such Reports and		X 11a   11b   11c   12   13   14   15   16   1
or for commercial purposes, other than using NAME OF COMMITTEE (In Full) OB-GYNS FOR WOMEN'S HEALTI	d Statements may not be sold or used by any personal statements may not be sold or used by any personal the name and address of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial)  DANIELLE J. JIMENEZ-FLORES  Mailing Address 4324 MCCOLL  City	State Zip Code	Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y
MCALLEN FEC ID number of contributing federal political committee.	TX 78504	Amount of Each Receipt this Period 300.00
Name of Employer SELF-EMPLOYED  Receipt For:  Primary General  Other (specify) ▼	Occupation PHYSICIAN  Aggregate Year-to-Date   300.00	
Full Name (Last, First, Middle Initial) ANN J. KELLY Mailing Address 853 NORTH CHURG	CH STREET	Date of Receipt  0 6 1 6 2 0 0 8
City	State Zip Code	Transaction ID: SA11AI.14501
SPARTANBURG  FEC ID number of contributing federal political committee.	SC 29303	Amount of Each Receipt this Period  500.00
Name of Employer SPARTANBURG OB/GYN	Occupation PHYSICIAN	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) OK S. KIM		Date of Receipt
Mailing Address 6753 CANYON HILL	DRIVE	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City RIVERSIDE	State Zip Code CA 92506	Transaction ID: SA11AI.14482  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer MAGNOLIA WOMEN'S CENTER	Occupation PHYSICIAN	
Receipt For:  Primary  General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional	)	1300.00

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 9 / 19 (check only one)    X
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) OB-GYNS FOR WOMEN'S HEAL	g the name and add	γ 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.
Full Name (Last, First, Middle Initial) STEPHEN A. KULL Mailing Address 9 PAGE HILL ROA	AD.		Date of Receipt
City BERLIN	State NH	Zip Code 03570	Transaction ID: SA11AI.14493  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer SCOGGIN VALLEY HOSPITAL	Occupation	n	500.00
Receipt For: Primary General Other (specify)	PHYSICI		
Full Name (Last, First, Middle Initial) ERIC J. LEFEBVRE Mailing Address 1107 HART BOUL	EVARD		Date of Receipt  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.14495
MONTICELLO  FEC ID number of contributing federal political committee.	C	55362	Amount of Each Receipt this Period 500.00
Name of Employer MONTICELLO CLINIC	Occupation PHYSICI	AN	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) MARTHA H. LUND			Date of Receipt
Mailing Address 6140 WEST CURT	TISIAN AVENUE		$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
City BOISE	State ID	Zip Code 83704	Transaction ID: SA11AI.14465
FEC ID number of contributing federal political committee.	C	63704	Amount of Each Receipt this Period  1000.00
Name of Employer ST. ALPHONSUS	Occupation PHYSICI		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (option	al)		2000.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 19 (check only one)  X 11a 11b 11c 12  13 14 15 16 1
Any information copied from such Reports or for commercial purposes, other than usin NAME OF COMMITTEE (In Full)  OB-GYNS FOR WOMEN'S HEAL	and Statements may not be sold or used by any person ng the name and address of any political committee to TH PAC	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) JONATHAN REHBERG		Date of Receipt
Mailing Address 645 RUMSON RC	JAD	06 10 7 2008
City	State Zip Code	Transaction ID: SA11AI.14490
BIRMINGHAM	AL 35209	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer SYLACAUGA OB/GYN	Occupation PHYSICIAN	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) M. DAVID RHEE	I	Date of Receipt
Mailing Address 838 WEST NORT	TH STREET	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City SIDNEY	State Zip Code OH 45365	Transaction ID: SA11AI.14497  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN	_
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) ERIK P. SHULTZ	I	Date of Receipt
Mailing Address 628 HOSPITAL 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.14524
MOUNTAIN HOME	AR 72653	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer THE CENTER FOR WOMEN	Occupation PHYSICIAN	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (option	nal)	900.00

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

A.

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

FOR LINE NUMBER: PAGE 11/19 Use separate schedule(s) (check only one) for each category of the 11a 11b 11c **Detailed Summary Page** 13 14 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) **OB-GYNS FOR WOMEN'S HEALTH PAC** Full Name (Last, First, Middle Initial) JAMES E. YOUNG Date of Receipt Mailing Address 5975 TREEHILL LANE 06 16 2008 City State Zip Code Transaction ID: SA11AI.14503 **ADA** MI 49301 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer MICHIGAN REPRODUCTIVE CEN-Occupation **PHYSICIAN** TER Receipt For: Aggregate Year-to-Date Primary General 250.00 Other (specify)

SUBTOTAL of Receipts This Page (optional)		250.00
TOTAL This Period (last page this line number only)	<u> </u>	6750.00

S	CHEDULE B (FEC Form 3X)	Use separate schedule(s)			_		NE NUMBER: PAGE 12 / 19 only one)								
IT	EMIZED DISBURSEMENTS		category of the Summary Page		X	21b 27	22 28a		23 28b		24 28c		25 29		26 30
	ly Information copied from such Reports and Stater for commercial purposes, other than using the nam														
\(\frac{1}{2}\)	NAME OF COMMITTEE (In Full)	c and address	33 of arry pointour	0011			Onoit oom	iibat	10110 11	10111	30011		milloo		
	OB-GYNS FOR WOMEN'S HEALTH PAC														
۱.	Full Name (Last, First, Middle Initial) AMERICAN EXPRESS							of D	isburs	sem				V	
	Mailing Address P.O. BOX 53852						0 6			0 5	J L	2	οŏ	8	
	City PHOENIX	State AZ	Zip Code 85072				Amo	unt o	f Eacl	h Di	sburse	-	-		od
	Purpose of Disbursement CREDIT CARD TRANSACTION FEES				•			_	_	_		2	202.3	2	
	Candidate Name				ateg Typ										
	Office Sought: House Disburse Senate President	ement For: Primary Other (spe	General cify) ▼												
	State: District:		<i>3</i> , <b>∀</b>												
3.	Full Name (Last, First, Middle Initial) FIRST NATIONAL MERCHANT SOLUTIO	NS							on ID		SB21I ent	3.14	454		
	Mailing Address 1620 DODGE STREET						o <sup>M</sup> 6	М	/ D	0 3	/ [	ž	0 ŏ	8 <sup>Y</sup>	
	City	State	Zip Code				Amo	ınt o	f Eacl	h Di	sburse	mon	t thic	Pori	
	OMAHA	NE	68197					arit O	Laci		Sourse				,u
	Purpose of Disbursement BANK CHARGE						L.			•			276.1	5	
	Candidate Name				ateg Typ	-									
	Office Sought: House Disburse Senate President	ement For: Primary Other (spe	General cify) ▼												
_	State: District: Full Name (Last, First, Middle Initial)						_				0001		–		
<b>:</b> .	SUSANNE HAESSLER								isburs	sem	_			V	
	Mailing Address 3700 MASSACHUSETTS	, NW				0 6	IVI		0 9	J L	2	οŏ	8 '		
	City WASHINGTON	State DC	Zip Code 20016				Amo	unt o	f Eacl	h Di	sburse	men	t this	Peri	od
	Purpose of Disbursement ACCOUNTING						L.					21	37.5	0	
	Candidate Name				ateg Typ										
	Office Sought: House Disburse Senate President	ement For: Primary Other (spe	General cify) ▼												
_	State: District:		• •												
s	UBTOTAL of Disbursements This Page (optional)					<u> </u>						26	15.9	7	
1	OTAL This Period (last page this line number only)	)				•									

A.

В.

C.

## SCHEDULE B (FEC Form 3X)

FOR LINE NUMBER: PAGE 13/19 Use separate schedule(s) (check only one) ITEMIZED DISBURSEMENTS for each category of the 21b 23 24 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) **OB-GYNS FOR WOMEN'S HEALTH PAC** Full Name (Last, First, Middle Initial) Transaction ID: SB21B.14472 SUSANNE HAESSLER Date of Disbursement 16 0 6 2008 Mailing Address 3700 MASSACHUSETTS AVENUE, NW City Zip Code State Amount of Each Disbursement this Period WASHINGTON DC 20016 215.81 Purpose of Disbursement **POSTAGE & DELIVERY** Candidate Name Category/ Type Office Sought: Disbursement For: House Senate Primary General President Other (specify) District: State: Full Name (Last, First, Middle Initial) Transaction ID: SB21B.14446 NATIONAL CAPITAL TELESERVICES Date of Disbursement 0 9 0 6 2008 Mailing Address 300 FIFTH STREET, NE City State Zip Code Amount of Each Disbursement this Period WASHINGTON 20002 DC 2085.50 Purpose of Disbursement GENERIC TELEPHONE SOLICITATIONS Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General President Other (specify) District: State: Full Name (Last, First, Middle Initial) Transaction ID: SB21B.14506 NATIONAL CAPITAL TELESERVICES Date of Disbursement 23 2008 Mailing Address 300 FIFTH STREET, NE City State Zip Code Amount of Each Disbursement this Period WASHINGTON DC 20002 4547.25 Purpose of Disbursement GENERIC TELEPHONE SOLICITATIONS Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General President Other (specify) State: District: 6848.56

SUBTOTAL of Disbursements This Page (optional) ...

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

9464.53

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	_	E NUMBER:	P/	AGE 14/1	9
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check or 21b 27	22 X 23 28a 28		25 29	26
Any Information copied from such Reports and Stateme or for commercial purposes, other than using the name						
NAME OF COMMITTEE (In Full) OB-GYNS FOR WOMEN'S HEALTH PAC	and address of any political	committee to s	oner contributions	TOTT SUCT	Committee	
Full Name (Last, First, Middle Initial) ANDY HARRIS FOR CONGRESS			Transaction Date of Disbu		.14473	
Mailing Address P.O. BOX 1527			06 6 /	<sup>D</sup> 1 6	Ž 0 0 8	Y
•	State Zip Code MD 21404		Amount of Ea	ach Disburse		
Purpose of Disbursement CONTRIBUTION					5000.00	)
Candidate Name ANDREW P. HARRIS		Category/ Type				
	nent For: 2008 Primary X General Other (specify)					
Full Name (Last, First, Middle Initial) COLEMAN FOR SENATE '08			Transaction Date of Disbu	ırsement	.14448	
Mailing Address 680 TRANSFER ROAD			06 06	09	Ž 0 0 8	Y
•	State Zip Code MN 55114		Amount of Ea	ach Disburse	ement this P	'eriod
Purpose of Disbursement CONTRIBUTION			L		1000.00	)
Candidate Name NORM COLEMAN		Category/ Type				
Office Sought:    House   Disburser   X   Senate     President   State: MN   District: 00	nent For: 2008 Primary General Other (specify)					
Full Name (Last, First, Middle Initial) GRIFFITH FOR CONGRESS			Transaction Date of Disbu	ırsement		
Mailing Address P.O. BOX 2619			06 06	D 0 2 /	Ž 0 0 8	Y
	State Zip Code AL 35804		Amount of Ea	ach Disburse		
Purpose of Disbursement VOID 05/19/2008 CONTRIBUTION			L		-1000.00	)
Candidate Name R. PARKER GRIFFITH	_	Category/ Type				
	nent For: 2008 Primary General Other (specify)					
SUBTOTAL of Disbursements This Page (optional)					5000.00	) ,
TOTAL This Period (last page this line number only) .						

TEMIZED DISBURSEMENTS    for each categopry of the   2th   22   X   23   24   25   26   29   26   26	SCHEDULE B (FEC Form 3)	Use separate schedule(s)	FOR LINE	
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)	ITEMIZED DISBURSEMENT		21b	22 X 23 24 25 2
NAME OF COMMITTEE (In Full)  OB GYNS FOR WOMEN'S HEALTH PAC  Full Name (Last, First, Middle Initial) GRIFFITH FOR CONGRESS  Mailing Address P.O, BOX 2619  City HUNTSVILLE AL 35804  Purpose of Disbursement CONTRIBUTION Candidate Name  President State: AL District: 05  Full Name (Last, First, Middle Initial) INSLEE FOR CONGRESS  Mailing Address P.O, BOX 33027  City State AL District: 05  Full Name (Last, First, Middle Initial) INSLEE FOR CONGRESS  Mailing Address P.O, BOX 33027  City State: AL District: 05  Full Name (Last, First, Middle Initial) INSLEE FOR CONGRESS  Mailing Address P.O, BOX 33027  City State: WA 98133  Purpose of Disbursement CONTRIBUTION Candidate Name  Office Sought: X House President State: WA District: 01  Full Name (Last, First, Middle Initial) State: WA District: 01  Full Name (Last, First, Middle Initial) State: WA District: 01  Full Name (Last, First, Middle Initial) State: WA District: 01  Full Name (Last, First, Middle Initial) State: WA District: 01  Full Name (Last, First, Middle Initial) State: WA District: 01  Full Name (Last, First, Middle Initial) State: WA District: 01  Category' Type  Amount of Each Disbursement this P.  Transaction ID: SB23,14451 Date of Disbursement this P.  Category' Type  Amount of Each Disbursement this P.  Transaction ID: SB23,14451 Date of Disbursement this P.  Category' Type  Amount of Each Disbursement this P.  Category' Type  Amount of Each Disbursement this P.  Category' Type  Category' Type  Office Sought: X House Senate President State: Underwork Middle Initial) Senate President State: Underwork Middle Initial Senate President Senate President Senate President Senate President Senate Senate President Senate Sen				
Mailing Address P.O. BOX 2619  City State Zip Code AL 35804  Purpose of Disbursement CONTRIBUTION  Candidate Name President Search Primary General Disbursement CONTRIBUTION  Catlegory' Type  Disbursement Procession Search President Search Primary General Disbursement CONTRIBUTION  Catlegory' Type  Transaction ID: SB23.14451  Date of Disbursement Initial Date of Disbursement For: 2008  Mailing Address P.O. BOX 33027  City State Zip Code WA 98133  Mailing Address P.O. BOX 33027  City Search President Search Primary General Disbursement For: 2008  Search Primary General Disbursement CONTRIBUTION  Candidate Name  District: 01  Full Name (Last, First, Middle Initial)  JESSE JACKSON, JR. FOR CONGRESS  Mailing Address P.O. BOX 490286  City State Zip Code IL 60649  City CHICAGO IL 60649  Catlegory' Type  Disbursement For: 2008  Mailing Address P.O. BOX 490286  City CHICAGO IL 60649  City CHICAGO IL 60649  City CHICAGO IL 60649  Catlegory' Type  Disbursement For: 2008  Catlegory' Type  Transaction ID: SB23.14452  Date of Disbursement Inis Peter Catlegory' Type  Transaction ID: SB23.14452  Date of Disbursement Inis Peter Catlegory' Type  Transaction ID: SB23.14452  Date of Disbursement Inis Peter Catlegory' Type  Transaction ID: SB23.14452  Date of Disbursement Inis Peter Catlegory' Type  Transaction ID: SB23.14452  Date of Disbursement Inis Peter Catlegory' Type  Transaction ID: SB23.14452  Date of Disbursement Inis Peter Catlegory' Type  Transaction ID: SB23.14452  Date of Disbursement Inis Peter Catlegory' Type  Transaction ID: SB23.14452  Date of Disbursement Inis Peter Catlegory' Type  Transaction ID: SB23.14452  Date of Disbursement Inis Peter Catlegory' Type  Transaction ID: SB23.14452  Date of Disbursement Inis Peter Catlegory' Type  Transaction ID: SB23.14452  Date of Disbursement Inis Peter Catlegory' Type  Transaction ID: SB23.14452  Date of Disbursement Inis Peter Catlegory' Type  Transaction ID: SB23.14452  Date of D	NAME OF COMMITTEE (In Full)			ion contributions from such committee
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SÉATTLE  Purpose of Disbursement CONTRIBUTION  Candidate Name  Office Sought:  X House  Senate  President  State: WA  District: 01  Full Name (Last, First, Middle Initial)  JESSE JACKSON, JR. FOR CONGRESS  Mailing Address  P.O. BOX 490286  City CHICAGO  Purpose of Disbursement CONTRIBUTION  Candidate Name  JESSE L. JACKSON, JR.  Office Sought:  X House  State  Disbursement For:  State  Zip Code  CHICAGO  Ruppose of Disbursement CONTRIBUTION  Candidate Name  JESSE L. JACKSON, JR.  Office Sought:  X House  President  Senate  President  State: IL  District: 02  Disbursement For:  2008  Category/ Type  Amount of Each Disbursement this Pounce  Category/ Type  Category/ Type  Other (specify)  Type  Other (specify)  Type  Other (specify)  Type  Other (specify)	Mailing Address P.O. BOX 33027			$\begin{bmatrix} \begin{smallmatrix} M & 6 & M \\ 0 & 6 & M \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 0 & 9 \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Q & Q \\ 2 & 0 & 0 & 8 \end{bmatrix} $
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				d by any person	for the purpose of soliciting contributions plicit contributions from such committee
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\	/NS FOR WOMEN'S HEA	LTH PAC			
	ne (Last, First, Middle Initial) /IURKOWSKI FOR U.S. S	ENATE			Transaction ID: SB23.14519 Date of Disbursement
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	ate Name K PALLONE, JR.			Category/ Type	
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	me (Last, First, Middle Initial) FOR CONGRESS				Transaction ID: SB23.14520 Date of Disbursement
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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	OR LINE NUMBER: heck only one)	PAGE 17/19		
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 22 X 23 27 28a 28b	24 25 26 28c 29 30b		
Any Information copied from such Reports and Stateme or for commercial purposes, other than using the name			· ·		
NAME OF COMMITTEE (In Full) OB-GYNS FOR WOMEN'S HEALTH PAC					
Full Name (Last, First, Middle Initial) SCHAKOWSKY FOR CONGRESS  Mailing Address P.O. BOX 5130		Transaction ID: S Date of Disburseme  0 6			
,	state Zip Code L 60204	Amount of Each Dis	sbursement this Period		
Candidate Name JANICE D. SCHAKOWSKY	Cateo Typ	• ,			
Office Sought:  X House Senate President State: IL District: 09	nent For: 2008 Primary X General Other (specify)				

SUBTOTAL of Disbursements This Page (optional)		1500.00
TOTAL This Period (last page this line number only)	<u> </u>	11000.00

### PAGE 18 / 19 SCHEDULE D (FEC Form 3X) (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) 9 numbered line) **Excluding Loans** X 10 NAME OF COMMITTEE (In Full) **OB-GYNS FOR WOMEN'S HEALTH PAC** A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): SUSANNE HAESSLER **ACCOUNTING** Mailing Address 3700 MASSACHUSETTS AVENUE, NW State ZIP Code City WASHINGTON DC 20016 Outstanding Balance Beginning This Period Transaction ID: SD10.14438 2137.50 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 2137.50 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): SUSANNE HAESSLER **ACCOUNTING** Mailing Address 3700 MASSACHUSETTS AVENUE, NW 7IP Code State WASHINGTON DC 20016 Outstanding Balance Beginning This Period Transaction ID: SD10.14530 0.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 2100.00 0.00 2100.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): GENERIC TELEPHONE SOLICIT-ATIONS NATIONAL CAPITAL TELESERVICES Mailing Address 300 FIFTH STREET, NE ZIP Code City State WASHINGTON 20002 DC Outstanding Balance Beginning This Period Transaction ID: SD10.14439 2085.50 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 2085.50 0.00 2100.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only).....

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

## PAGE 19 / 19 **SCHEDULE D (FEC Form 3X)** (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each numbered line) (check only one) 9 **Excluding Loans** X 10 NAME OF COMMITTEE (In Full) **OB-GYNS FOR WOMEN'S HEALTH PAC** A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): GENERIC TÈLEPHONE SOLICIT-ATIONS NATIONAL CAPITAL TELESERVICES Mailing Address 300 FIFTH STREET, NE ZIP Code City State WASHINGTON DC 20002 Outstanding Balance Beginning This Period Transaction ID: SD10.14531 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 4418.25 0.00 4418.25 4418.25 1) SUBTOTALS This Period This Page (optional)..... 6518.25 2) TOTALS This Period (last page this line number only)..... 0.00 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

6518.25