

**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

OB-GYNS FOR WOMEN'S HEALTH PAC

ADDRESS (number and street)

409 12TH STREET SW

☐Check if different  
than previously  
reported. (ACC)

WASHINGTON

DC

20024

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

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 (12G)

Election on

in the  
State of(d) 30-Day  
**Post**-Election  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

06

01

2008

through

06

30

2008

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

07

2008

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
OB-GYNS FOR WOMEN'S HEALTH PAC

Report Covering the Period:

From:

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

To:

M	M	D	D	Y	Y	Y	Y
0	6	3	0	2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2008</span>		67699.54
(b) Cash on Hand at Beginning of Reporting Period .....	109165.35	
(c) Total Receipts (from Line 19) .....	9150.00	204935.00
(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
7. Total Disbursements (from Line 31) .....	20499.53	174818.72
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	97815.82	97815.82
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	6518.25	

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

## For further information contact:

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

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

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

OB-GYNS FOR WOMEN'S HEALTH PAC

Report Covering the Period:

From:

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

To:

M	M	D	D	Y	Y	Y	Y
0	6	3	0	2	0	0	8

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	6750.00	183290.00
(i) Itemized (use Schedule A) .....	2400.00	21645.00
(ii) Unitemized .....	9150.00	204935.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ➡	0.00	0.00
(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) ..... ➡	9150.00	204935.00
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)) .....	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

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.....	9499.53	92618.72
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	9499.53	92618.72
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	11000.00	82000.00
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	200.00
(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	200.00
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))..	20499.53	174818.72
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	20499.53	174818.72

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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) .....	9150.00	204935.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	200.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	9150.00	204735.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	9499.53	92618.72
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	9499.53	92618.72

# **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 6 / 19

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

OB-GYNS FOR WOMEN'S HEALTH PAC

**A.**

Full Name (Last, First, Middle Initial)

JEAN R. ANDERSON

Mailing Address 1208 ROUNDHILL ROAD

City

BALTIMORE

State

MD

Zip Code

21218

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
JOHNS HOPKINS

Occupation

PHYSICIAN

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.14461

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

EMILY L. BENEKOS

Mailing Address 546 WINTER STREET

City

WOOSTER

State

OH

Zip Code

44691

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WOOSTER GYN

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  
0 6 / 0 5 / 2 0 0 8

Transaction ID: SA11AI.14468

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

ROBERT L. CAMERON

Mailing Address 1320 OAKLAWN

City

UNION CITY

State

TN

Zip Code

38261

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

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

Transaction ID: SA11AI.14499

Amount of Each Receipt this Period

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)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

OB-GYNS FOR WOMEN'S HEALTH PAC

**A.**

Full Name (Last, First, Middle Initial)

BETTINA M. ELLSWORTH

Mailing Address 455 SOUTH WASHINGTON STREET

City

GETTYSBURG

State

PA

Zip Code

17325

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WELLSPAN

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 5 / 2 0 0 8

Transaction ID: SA11AI.14470

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

JOHN A. HAMILTON

Mailing Address 3027 ISLEVIEW KEY COURT

City

LAKE ST. LOUIS

State

MO

Zip Code

63367

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SSM HEALTHCARE

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 0 8

Transaction ID: SA11AI.14463

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

DAVID D. HERNANDEZ

Mailing Address 2000 SILVERBELL DRIVE

City

MISSION

State

TX

Zip Code

78573

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 ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.14488

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) .....

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 8 / 19

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

OB-GYNS FOR WOMEN'S HEALTH PAC

**A.**

Full Name (Last, First, Middle Initial)

DANIELLE J. JIMENEZ-FLORES

Mailing Address 4324 MCCOLL

City

MCALLEN

State

TX

Zip Code

78504

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 ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.14509

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

ANN J. KELLY

Mailing Address 853 NORTH CHURCH STREET

City

SPARTANBURG

State

SC

Zip Code

29303

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SPARTANBURG OB/GYN

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  
0 6 / 1 6 / 2 0 0 8

Transaction ID: SA11AI.14501

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

OK S. KIM

Mailing Address 6753 CANYON HILL DRIVE

City

RIVERSIDE

State

CA

Zip Code

92506

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MAGNOLIA WOMEN'S CENTER

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  
0 6 / 0 9 / 2 0 0 8

Transaction ID: SA11AI.14482

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1300.00

**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 / 19

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

OB-GYNS FOR WOMEN'S HEALTH PAC

**A.**

Full Name (Last, First, Middle Initial)

STEPHEN A. KULL

Mailing Address 9 PAGE HILL ROAD

City

BERLIN

State

NH

Zip Code

03570

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SCOGGIN VALLEY HOSPITAL

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  
0 6 / 1 1 / 2 0 0 8

Transaction ID: SA11AI.14493

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

ERIC J. LEFEBVRE

Mailing Address 1107 HART BOULEVARD

City

MONTICELLO

State

MN

Zip Code

55362

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MONTICELLO CLINIC

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  
0 6 / 1 1 / 2 0 0 8

Transaction ID: SA11AI.14495

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

MARTHA H. LUND

Mailing Address 6140 WEST CURTISIAN AVENUE

City

BOISE

State

ID

Zip Code

83704

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ST. ALPHONSUS

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 Y  
0 6 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.14465

Amount of Each Receipt this Period

1000.00

**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 10 / 19

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

OB-GYNS FOR WOMEN'S HEALTH PAC

**A.**

Full Name (Last, First, Middle Initial)

JONATHAN REHBERG

Mailing Address 645 RUMSON ROAD

City

BIRMINGHAM

State

AL

Zip Code

35209

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SYLACAUGA OB/GYN

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.14490

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

M. DAVID RHEE

Mailing Address 838 WEST NORTH STREET

City

SIDNEY

State

OH

Zip Code

45365

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 ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.14497

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

ERIK P. SHULTZ

Mailing Address 628 HOSPITAL DRIVE

City

MOUNTAIN HOME

State

AR

Zip Code

72653

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
THE CENTER FOR WOMEN

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.14524

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

900.00

**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 / 19

(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)

OB-GYNS FOR WOMEN'S HEALTH PAC

**A.**

Full Name (Last, First, Middle Initial)

JAMES E. YOUNG

Mailing Address 5975 TREEHILL LANE

City

ADA

State

MI

Zip Code

49301

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MICHIGAN REPRODUCTIVE CEN-  
TER

Occupation

PHYSICIAN

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.14503

Amount of Each Receipt this Period

250.00

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

250.00

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

6750.00

# **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)

PAGE 12 / 19

<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)

OB-GYNS FOR WOMEN'S HEALTH 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

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B.14453

Date of Disbursement

06 / 05 / 2008

Amount of Each Disbursement this Period

202.32

**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  
BANK CHARGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B.14454

Date of Disbursement

06 / 03 / 2008

Amount of Each Disbursement this Period

276.15

**C.**

Full Name (Last, First, Middle Initial)

SUSANNE HAESSLER

Mailing Address 3700 MASSACHUSETTS AVENUE, NW

City  
WASHINGTON

State  
DC

Zip Code  
20016

Purpose of Disbursement  
ACCOUNTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B.14447

Date of Disbursement

06 / 09 / 2008

Amount of Each Disbursement this Period

2137.50

**SUBTOTAL** of Disbursements This Page (optional) .....

2615.97

**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 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)

OB-GYNS FOR WOMEN'S HEALTH PAC

A.

Full Name (Last, First, Middle Initial)

SUSANNE HAESSLER

Mailing Address 3700 MASSACHUSETTS AVENUE, NW

City  
WASHINGTON

State  
DC

Zip Code  
20016

Purpose of Disbursement  
POSTAGE & DELIVERY

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.14472

Date of Disbursement

06 / 16 / 2008

Amount of Each Disbursement this Period

215.81

B.

Full Name (Last, First, Middle Initial)

NATIONAL CAPITAL TELESERVICES

Mailing Address 300 FIFTH STREET, NE

City  
WASHINGTON

State  
DC

Zip Code  
20002

Purpose of Disbursement  
GENERIC TELEPHONE SOLICITATIONS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.14446

Date of Disbursement

06 / 09 / 2008

Amount of Each Disbursement this Period

2085.50

C.

Full Name (Last, First, Middle Initial)

NATIONAL CAPITAL TELESERVICES

Mailing Address 300 FIFTH STREET, NE

City  
WASHINGTON

State  
DC

Zip Code  
20002

Purpose of Disbursement  
GENERIC TELEPHONE SOLICITATIONS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.14506

Date of Disbursement

06 / 23 / 2008

Amount of Each Disbursement this Period

4547.25

SUBTOTAL of Disbursements This Page (optional) .....

6848.56

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

9464.53

# **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)  
OB-GYNS FOR WOMEN'S HEALTH 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: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: SB23.14473

Date of Disbursement

06 / 16 / 2008

Amount of Each Disbursement this Period

5000.00

**B.** Full Name (Last, First, Middle Initial)  
COLEMAN FOR SENATE '08

Mailing Address 680 TRANSFER ROAD

City ST. PAUL State MN Zip Code 55114

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
NORM COLEMAN

Office Sought: ☐ House  
☒ Senate  
☐ President

State: MN District: 00

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB23.14448

Date of Disbursement

06 / 09 / 2008

Amount of Each Disbursement this Period

1000.00

**C.** Full Name (Last, First, Middle Initial)  
GRIFFITH FOR CONGRESS

Mailing Address P.O. BOX 2619

City HUNTSVILLE State AL Zip Code 35804

Purpose of Disbursement  
VOID 05/19/2008 CONTRIBUTION

Candidate Name  
R. PARKER GRIFFITH

Office Sought: ☒ House  
☐ Senate  
☐ President

State: AL District: 05

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB23.14444

Date of Disbursement

06 / 02 / 2008

Amount of Each Disbursement this Period

-1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

5000.00

**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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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

OB-GYNS FOR WOMEN'S HEALTH PAC

**A.**

Full Name (Last, First, Middle Initial)

GRIFFITH FOR CONGRESS

Mailing Address P.O. BOX 2619

City  
HUNTSVILLE

State  
AL

Zip Code  
35804

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
R. PARKER GRIFFITH

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: AL District: 05

Transaction ID: SB23.14445

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

INSLEE FOR CONGRESS

Mailing Address P.O. BOX 33027

City  
SEATTLE

State  
WA

Zip Code  
98133

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: WA District: 01

Transaction ID: SB23.14451

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1500.00

**C.**

Full Name (Last, First, Middle Initial)

JESSE JACKSON, JR. FOR CONGRESS

Mailing Address P.O. BOX 490286

City  
CHICAGO

State  
IL

Zip Code  
60649

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
JESSE L. JACKSON, JR.

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: IL District: 02

Transaction ID: SB23.14452

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

3500.00

**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)

PAGE 16 / 19

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

OB-GYNS FOR WOMEN'S HEALTH PAC

**A.** Full Name (Last, First, Middle Initial)  
LISA MURKOWSKI FOR U.S. SENATE

Mailing Address P.O. BOX 100847

City ANCHORAGE State AK Zip Code 99510

Purpose of Disbursement  
VOID 05/26/2008 CONTRIBUTION

Candidate Name  
LISA MURKOWSKI

Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: AK District: 00

Transaction ID: SB23.14519

Date of Disbursement

06 / 27 / 2008

Amount of Each Disbursement this Period

-1000.00

**B.** Full Name (Last, First, Middle Initial)  
PALLONE FOR CONGRESS

Mailing Address P.O. BOX 3176

City LONG BRANCH State NJ Zip Code 07740

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
FRANK PALLONE, JR.

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NJ District: 06

Transaction ID: SB23.14505

Date of Disbursement

06 / 18 / 2008

Amount of Each Disbursement this Period

1000.00

**C.** Full Name (Last, First, Middle Initial)  
PRICE FOR CONGRESS

Mailing Address P.O. BOX 425

City ROSWELL State GA Zip Code 30077

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
THOMAS E. PRICE

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: GA District: 06

Transaction ID: SB23.14520

Date of Disbursement

06 / 27 / 2008

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

1000.00

**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)

OB-GYNS FOR WOMEN'S HEALTH PAC

A.

Full Name (Last, First, Middle Initial)

SCHAKOWSKY FOR CONGRESS

Mailing Address P.O. BOX 5130

City  
EVANSTON

State  
IL

Zip Code  
60204

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
JANICE D. SCHAKOWSKY

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: IL District: 09

Transaction ID: SB23.14521

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1500.00

SUBTOTAL of Disbursements This Page (optional) .....

1500.00

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

11000.00

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 18 / 19

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

OB-GYNS FOR WOMEN'S HEALTH PAC

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
SUSANNE HAESSLERNature of Debt (Purpose):  
ACCOUNTING

Mailing Address 3700 MASSACHUSETTS AVENUE, NW

City State ZIP Code  
WASHINGTON DC 20016

Outstanding Balance Beginning This Period

2137.50

Transaction ID: SD10.14438

Amount Incurred This Period

0.00

Payment This Period

2137.50

Outstanding Balance at Close of This Period

0.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
SUSANNE HAESSLERNature of Debt (Purpose):  
ACCOUNTING

Mailing Address 3700 MASSACHUSETTS AVENUE, NW

City State ZIP Code  
WASHINGTON DC 20016

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.14530

Amount Incurred This Period

2100.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2100.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
NATIONAL CAPITAL TELESERVICESNature of Debt (Purpose):  
GENERIC TELEPHONE SOLICIT-  
ATIONS

Mailing Address 300 FIFTH STREET, NE

City State ZIP Code  
WASHINGTON DC 20002

Outstanding Balance Beginning This Period

2085.50

Transaction ID: SD10.14439

Amount Incurred This Period

0.00

Payment This Period

2085.50

Outstanding Balance at Close of This Period

0.00

**1) SUBTOTALS** This Period This Page (optional).....

2100.00

**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)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 19 / 19

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

OB-GYNS FOR WOMEN'S HEALTH PAC

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor

NATIONAL CAPITAL TELESERVICES

Nature of Debt (Purpose):

GENERIC TELEPHONE SOLICIT-  
ATIONS

Mailing Address 300 FIFTH STREET, NE

City

State

ZIP Code

WASHINGTON

DC

20002

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.14531

Amount Incurred This Period

4418.25

Payment This Period

0.00

Outstanding Balance at Close of This Period

4418.25

1) **SUBTOTALS** This Period This Page (optional)..... ▶

4418.25

2) **TOTALS** This Period (last page this line number only)..... ▶

6518.25

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

0.00

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

6518.25