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

CITY STATE ZIPCODE

3. IS THIS REPORT [X] 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)	[X] 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 08 01 2010 through 08 31 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 09 08 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

FEC FORM 3X (Rev. 12/2004)

FE6AN026

FEC **Form 3X** (Rev. 02/2003)

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: MM 08 DD 01 YYYY 2010 To: MM 08 DD 31 YYYY 2010

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2010		49181.92
(b) Cash on Hand at Begining of Reporting Period	276722.70	
(c) Total Receipts (from Line 19)	25990.00	480084.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	302712.70	529265.92
7. Total Disbursements (from Line 31)	5119.81	231673.03
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	297592.89	297592.89
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	

[X] 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)

Write or Type Committee Name

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

Report Covering the Period: From: MM 08 DD 01 YYYY 2010 To: MM 08 DD 31 YYYY 2010

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)	15550.00	413080.00
(ii) Unitemized	8440.00	65004.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ▶	23990.00	478084.00
(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) ..... ▶	23990.00	478084.00
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	2000.00	2000.00
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))	25990.00	480084.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	25990.00	480084.00

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	619.81	21173.03
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))	619.81	21173.03
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	4500.00	209500.00
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))	5119.81	231673.03
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	5119.81	231673.03

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)	23990.00	478084.00
34. Total Contribution Refunds (from Line 28(d))	0.00	1000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	23990.00	477084.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	619.81	21173.03
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	619.81	21173.03

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 / 23

[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 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)
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

A.
Full Name (Last, First, Middle Initial): DAVID L. ADLER
Mailing Address: 12959 PALMS WEST DRIVE
City: LOXAHATCHEE State: FL Zip Code: 33470
FEC ID number of contributing federal political committee: C
Name of Employer: COMPREHENSIVE OB/GYN
Occupation: PHYSICIAN
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 08 / 23 / 2010
Transaction ID: SA11AI.19582
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial): JACQUELINE A. AMMIRATA
Mailing Address: 70 MEADOW FARM ROAD
City: EAST ISLIP State: NY Zip Code: 11730
FEC ID number of contributing federal political committee: C
Name of Employer: SOUTH BAY OB/GYN
Occupation: PHYSICIAN
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 08 / 31 / 2010
Transaction ID: SA11AI.19631
Amount of Each Receipt this Period: 100.00

C.
Full Name (Last, First, Middle Initial): STANLEY L. ANDERSON
Mailing Address: 2701 WEST 50TH TERRACE
City: WESTWOOD State: KS Zip Code: 66205
FEC ID number of contributing federal political committee: C
Name of Employer: RESEARCH MEDICAL CENTER
Occupation: PHYSICIAN
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 08 / 23 / 2010
Transaction ID: SA11AI.19586
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **850.00**

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)
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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 E. BLEDSOE, JR.
Mailing Address: 1537 CRESTWAY DRIVE
City: ATHENS State: TN Zip Code: 37303
FEC ID number of contributing federal political committee: C
Name of Employer: ATHENS WOMEN'S CLINIC
Occupation: PHYSICIAN
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1100.00
Date of Receipt: 08 / 27 / 2010
Transaction ID: SA11AI.19518
Amount of Each Receipt this Period: 100.00

B.
Full Name (Last, First, Middle Initial): KAREN BOHEEN
Mailing Address: 2471 WOODLAND DRIVE
City: OGDEN State: UT Zip Code: 84403
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: 08 / 02 / 2010
Transaction ID: SA11AI.19481
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial): SANDRA Z. BROTHERS
Mailing Address: 5647 SWISS AVENUE
City: DALLAS State: TX Zip Code: 75214
FEC ID number of contributing federal political committee: C
Name of Employer: BROTHERS & CROCHET
Occupation: PHYSICIAN
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 08 / 27 / 2010
Transaction ID: SA11AI.19519
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **850.00**

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

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ITEMIZED RECEIPTS

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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): THOMAS A. CARNEVALE
Mailing Address: 807 TURNPIKE AVENUE
City: CLEARFIELD State: PA Zip Code: 16830
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: 08 / 17 / 2010
Transaction ID: SA11AI.19542
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial): HELEN Y. CHANG
Mailing Address: 15525 POMERADO ROAD
City: POWAY State: CA Zip Code: 92064
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: 08 / 02 / 2010
Transaction ID: SA11AI.19483
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial): PAUL A. DUBRICK
Mailing Address: 633 CRAYTON CIRCLE NORTH
City: DEKALB State: IL Zip Code: 60115
FEC ID number of contributing federal political committee: C
Name of Employer: PRAIRIE POINT OBSTETRICS
Occupation: PHYSICIAN
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1100.00
Date of Receipt: 08 / 27 / 2010
Transaction ID: SA11AI.19610
Amount of Each Receipt this Period: 100.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **850.00**

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

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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 F. ELLENBERG
Mailing Address: 104 PENINSULA DRIVE
City: ST. SIMON'S ISLAND State: GA Zip Code: 31522
FEC ID number of contributing federal political committee: C
Name of Employer: WOMEN'S HEALTH GROUP
Occupation: PHYSICIAN
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 08 / 02 / 2010
Transaction ID: SA11AI.19489
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial): LINDA FONSECA
Mailing Address: 250 EAST SUPERIOR STREET
City: CHICAGO State: IL Zip Code: 60611
FEC ID number of contributing federal political committee: C
Name of Employer: NORTHWESTERN UNIVERSITY
Occupation: PHYSICIAN
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 08 / 17 / 2010
Transaction ID: SA11AI.19547
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial): ERIC M. GANZ
Mailing Address: 406 WEST 45TH STREET
City: NEW YORK State: NY Zip Code: 10036
FEC ID number of contributing federal political committee: C
Name of Employer: ST. LUKE'S ROOSEVELT HOSPITAL
Occupation: PHYSICIAN
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 08 / 04 / 2010
Transaction ID: SA11AI.19470
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) .....

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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): GABRIEL G. HAKIM
Mailing Address: 18 MERRILL STREET
City: WATERBURY State: CT Zip Code: 06708
FEC ID number of contributing federal political committee: C
Name of Employer: LAKESIDE WOMEN'S HEALTH
Occupation: PHYSICIAN
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 700.00
Date of Receipt: 08 / 27 / 2010
Transaction ID: SA11AI.19614
Amount of Each Receipt this Period: 100.00

B.
Full Name (Last, First, Middle Initial): FRANK N. HARRISON, JR.
Mailing Address: 3741 HEARTHSTONE COURT
City: CHARLOTTE State: NC Zip Code: 28211
FEC ID number of contributing federal political committee: C
Name of Employer: CAROLINAS MEDICAL CENTER
Occupation: PHYSICIAN
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1200.00
Date of Receipt: 08 / 27 / 2010
Transaction ID: SA11AI.19526
Amount of Each Receipt this Period: 100.00

C.
Full Name (Last, First, Middle Initial): CLYDE A. HENKE
Mailing Address: 3501 KNICKERBOCKER ROAD
City: SAN ANGELO State: TX Zip Code: 76904
FEC ID number of contributing federal political committee: C
Name of Employer: COMMUNITY MEDICAL ASSOCIA-TES
Occupation: PHYSICIAN
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 08 / 17 / 2010
Transaction ID: SA11AI.19552
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **450.00**

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

SCHEDULE A (FEC Form 3X)
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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): GREGORY D. HIRSCH
Mailing Address: 15 MILL LANE
City: BRANCHBURG State: NJ Zip Code: 08876
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: 350.00
Date of Receipt: 08 / 31 / 2010
Transaction ID: SA11AI.19642
Amount of Each Receipt this Period: 100.00

B.
Full Name (Last, First, Middle Initial): SHELLY W. HOLMSTROM
Mailing Address: 633 BOSPHOROUS AVENUE
City: TAMPA State: FL Zip Code: 33606
FEC ID number of contributing federal political committee: C
Name of Employer: UNIVERSITY OF SOUTH FLORIDA
Occupation: PHYSICIAN
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 400.00
Date of Receipt: 08 / 31 / 2010
Transaction ID: SA11AI.19645
Amount of Each Receipt this Period: 100.00

C.
Full Name (Last, First, Middle Initial): JOHN C. JENNINGS
Mailing Address: 800 WEST 4TH STREET
City: ODESSA State: TX Zip Code: 79763
FEC ID number of contributing federal political committee: C
Name of Employer: TEXAS TECH UNIVERSITY
Occupation: PHYSICIAN
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1800.00
Date of Receipt: 08 / 27 / 2010
Transaction ID: SA11AI.19617
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **700.00**

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

SCHEDULE A (FEC Form 3X)
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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): DIANNE D. JOHNSON
Mailing Address: 1001 EAST FAIRVIEW
City: ESPANOLA State: NM Zip Code: 87532
FEC ID number of contributing federal political committee: C
Name of Employer: PRESBYTERIAN MEDICAL GROUP
Occupation: PHYSICIAN
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 08 / 31 / 2010
Transaction ID: SA11AI.19650
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial): CECIL R. JONAS
Mailing Address: 4272 SOUTHWEST 186TH AVENUE
City: MIRAMAR State: FL Zip Code: 33029
FEC ID number of contributing federal political committee: C
Name of Employer: RETIRED
Occupation: PHYSICIAN
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 350.00
Date of Receipt: 08 / 31 / 2010
Transaction ID: SA11AI.19652
Amount of Each Receipt this Period: 100.00

C.
Full Name (Last, First, Middle Initial): HAROLD A. KAMINETZKY
Mailing Address: 26 YARMOUTH COURT
City: SCOTCH PLAINS State: NJ Zip Code: 07076
FEC ID number of contributing federal political committee: C
Name of Employer: RETIRED
Occupation: PHYSICIAN
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 2000.00
Date of Receipt: 08 / 31 / 2010
Transaction ID: SA11AI.19653
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

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[X] 11a [ ] 11b [ ] 11c [ ] 12
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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): STEPHEN M. KRANZ
Mailing Address: 9422 NORTH 115TH STREET
City: SCOTTSDALE State: AZ Zip Code: 85259
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: 08 / 02 / 2010
Transaction ID: SA11AI.19494
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial): BRUCE A. LESSEY
Mailing Address: 890 WEST FARIS ROAD
City: GREENVILLE State: SC Zip Code: 29605
FEC ID number of contributing federal political committee: C
Name of Employer: GREENVILLE HOSPITAL
Occupation: PHYSICIAN
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 08 / 02 / 2010
Transaction ID: SA11AI.19495
Amount of Each Receipt this Period: 300.00

C.
Full Name (Last, First, Middle Initial): LUIS P. LEYVA, JR.
Mailing Address: 9595 NORTH KENDALL DRIVE
City: MIAMI State: FL Zip Code: 33176
FEC ID number of contributing federal political committee: C
Name of Employer: OB/GYN ASSOCIATES OF KEND-ALL
Occupation: PHYSICIAN
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 08 / 27 / 2010
Transaction ID: SA11AI.19618
Amount of Each Receipt this Period: 100.00

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: (check only one)
[X] 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): SELINA LIN
Mailing Address: 1331 WEST GRAND PARKWAY NORTH
City: KATY State: TX Zip Code: 77493
FEC ID number of contributing federal political committee: C
Name of Employer: OB/GYN AFFILIATES OF KATY
Occupation: PHYSICIAN
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 08 / 05 / 2010
Transaction ID: SA11AI.19456
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial): ROBERT P. LORENZ
Mailing Address: 554 FAIRFAX
City: BIRMINGHAM State: MI Zip Code: 48009
FEC ID number of contributing federal political committee: C
Name of Employer: WILLIAM BEAUMONT HOSPITAL
Occupation: PHYSICIAN
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 08 / 06 / 2010
Transaction ID: SA11AI.19449
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial): MARC A. LUCKETT
Mailing Address: 3710 21ST STREET
City: LEAVENWORTH State: KS Zip Code: 66048
FEC ID number of contributing federal political committee: C
Name of Employer: ST. JOHN HOSPITAL
Occupation: PHYSICIAN
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 08 / 17 / 2010
Transaction ID: SA11AI.19557
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: (check only one) PAGE 15 / 23

[X] 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): ANDREA S. LUKES
Mailing Address: 2715 CREEKRUN COURT
City: CHAPEL HILL State: NC Zip Code: 27514
FEC ID number of contributing federal political committee: C
Name of Employer: CAROLINA'S WOMEN'S CENTER
Occupation: PHYSICIAN
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 08 / 17 / 2010
Transaction ID: SA11AI.19559
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial): PETER G. MCGOVERN
Mailing Address: 321 ST. JOHNS PLACE
City: WESTFIELD State: NJ Zip Code: 07090
FEC ID number of contributing federal political committee: C
Name of Employer: UNIVERSITY REPRODUCTIVE
Occupation: PHYSICIAN
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 600.00
Date of Receipt: 08 / 31 / 2010
Transaction ID: SA11AI.19663
Amount of Each Receipt this Period: 100.00

C.
Full Name (Last, First, Middle Initial): GUY M. MIDDLETON
Mailing Address: 1118 ROSS CLARK CIRCLE
City: DOTHAN State: AL Zip Code: 36301
FEC ID number of contributing federal political committee: C
Name of Employer: DOTHAN OB/GYN
Occupation: PHYSICIAN
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 700.00
Date of Receipt: 08 / 19 / 2010
Transaction ID: SA11AI.19580
Amount of Each Receipt this Period: 200.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ 550.00

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)
[X] 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): MARGARET B. NICKELL
Mailing Address: 4500 ROCKHILL TERRACE
City: KANSAS CITY State: MO Zip Code: 64110
FEC ID number of contributing federal political committee: C
Name of Employer: LINTECUM & NICKELL
Occupation: PHYSICIAN
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 08 / 31 / 2010
Transaction ID: SA11AI.19666
Amount of Each Receipt this Period: 100.00

B.
Full Name (Last, First, Middle Initial): JAMES A. O'BRIEN
Mailing Address: 7 JASON DRIVE
City: LINCOLN State: RI Zip Code: 02865
FEC ID number of contributing federal political committee: C
Name of Employer: WOMEN & INFANTS HOSPITAL
Occupation: PHYSICIAN
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 08 / 06 / 2010
Transaction ID: SA11AI.19451
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial): OKEY OKOLI
Mailing Address: P.O. BOX 691546
City: SAN ANTONIO State: TX Zip Code: 78269
FEC ID number of contributing federal political committee: C
Name of Employer: ADVANCED WOMEN'S CENTER
Occupation: PHYSICIAN
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 08 / 05 / 2010
Transaction ID: SA11AI.19460
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ 600.00

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)
[X] 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): MAYUR V. PATEL
Mailing Address: 111 WILLOW GROVE DRIVE
City: LINCROFT State: NJ Zip Code: 07738
FEC ID number of contributing federal political committee: C
Name of Employer: PLAINFIELD HEALTH CENTER
Occupation: PHYSICIAN
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 350.00
Date of Receipt: 08 / 31 / 2010
Transaction ID: SA11AI.19668
Amount of Each Receipt this Period: 100.00

B.
Full Name (Last, First, Middle Initial): PERI PETRAS
Mailing Address: 170 PROSPECT
City: HACKENSACK State: NJ Zip Code: 07601
FEC ID number of contributing federal political committee: C
Name of Employer: EXCELSIOR WOMEN'S CARE
Occupation: PHYSICIAN
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 08 / 02 / 2010
Transaction ID: SA11AI.19501
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial): BALA K.B. RAVI
Mailing Address: 413 GRAND STREET
City: NEW YORK State: NY Zip Code: 10002
FEC ID number of contributing federal political committee: C
Name of Employer: WYCKOFF HEIGHTS MEDICAL
Occupation: PHYSICIAN
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 08 / 17 / 2010
Transaction ID: SA11AI.19567
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **850.00**

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 / 23

[X] 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): NEIL W. RAWLINS
Mailing Address: 945 GOETHALS
City: RICHLAND State: WA Zip Code: 99352
FEC ID number of contributing federal political committee: C
Name of Employer: KADLEC CLINIC
Occupation: PHYSICIAN
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 08 / 04 / 2010
Transaction ID: SA11AI.19476
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial): CHRISTOPHER J. ROBINSON
Mailing Address: 1716 WEST CANNING DRIVE
City: MT. PLEASANT State: SC Zip Code: 29466
FEC ID number of contributing federal political committee: C
Name of Employer: MEDICAL UNIVERSITY OF SC
Occupation: PHYSICIAN
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 08 / 02 / 2010
Transaction ID: SA11AI.19502
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial): MARY E. SCHLEGEL
Mailing Address: 3601 BLUESTONE COURT
City: CHAPEL HILL State: NC Zip Code: 27514
FEC ID number of contributing federal political committee: C
Name of Employer: UNIVERSITY OF NORTH CAROLINA
Occupation: PHYSICIAN
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 350.00
Date of Receipt: 08 / 31 / 2010
Transaction ID: SA11AI.19674
Amount of Each Receipt this Period: 100.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1100.00**

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)
[X] 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): SHEO P. SHARMA
Mailing Address: 66 PAINTR MILL ROAD
City: OWINGS MILLS State: MD Zip Code: 21117
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: 08 / 23 / 2010
Transaction ID: SA11AI.19597
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial): RENI A. SOON
Mailing Address: 2931 ROBERT PLACE
City: HONOLULU State: HI Zip Code: 96816
FEC ID number of contributing federal political committee: C
Name of Employer: UNIVERSITY CLINICAL
Occupation: PHYSICIAN
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 08 / 17 / 2010
Transaction ID: SA11AI.19575
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial): RHONDA S. TRIPPEL
Mailing Address: 2920 MCINTYRE DRIVE
City: BLOOMINGTON State: IN Zip Code: 47403
FEC ID number of contributing federal political committee: C
Name of Employer: AEGIS WOMEN'S HEALTHCARE
Occupation: PHYSICIAN
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 08 / 27 / 2010
Transaction ID: SA11AI.19623
Amount of Each Receipt this Period: 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: (check only one)
[X] 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): D'NYCE L. WILLIAMS
Mailing Address: 300 HIDDEN OAK COURT
City: ATLANTA State: GA Zip Code: 30331
FEC ID number of contributing federal political committee: C
Name of Employer: MOREHOUSE SCHOOL OF MEDICINE
Occupation: PHYSICIAN
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 08 / 17 / 2010
Transaction ID: SA11AI.19577
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial): KEVIN W. WINDOM
Mailing Address: 72 PLAZA WAY
City: MARIETTA State: GA Zip Code: 30060
FEC ID number of contributing federal political committee: C
Name of Employer: OB/GYN ASSOCIATES
Occupation: PHYSICIAN
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 08 / 23 / 2010
Transaction ID: SA11AI.19599
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial): LYDIA N. WRIGHT
Mailing Address: 2212 DELANEY ROAD
City: WILMINGTON State: NC Zip Code: 28403
FEC ID number of contributing federal political committee: C
Name of Employer: WILMINGTON MATERNAL MEDICINE
Occupation: PHYSICIAN
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 2000.00
Date of Receipt: 08 / 02 / 2010
Transaction ID: SA11AI.19510
Amount of Each Receipt this Period: 2000.00

SUBTOTAL of Receipts This Page (optional) 3000.00

TOTAL This Period (last page this line number only) 15550.00

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)
[ ] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [X] 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)
CITIZENS FOR ARLEN SPECTER

Mailing Address 255 SOUTH 17TH STREET
.

City PHILADELPHIA State PA Zip Code 19103

FEC ID number of contributing federal political committee. C C00280206

Name of Employer

Occupation

Receipt For: 2010
[ ] Primary [X] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y
0 8 / 0 6 / 2 0 1 0

Transaction ID: SA16.19447

Amount of Each Receipt this Period
2000.00

REFUND OF 02/17/2009 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ..... ▶ **2000.00**

TOTAL This Period (last page this line number only) ..... ▶ **2000.00**

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)

X 21b	22	23	24	25	26
27	28a	28b	28c	29	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:

Category/Type:

Office Sought: House / Senate / President

State: District:

Disbursement For: Primary / General / Other (specify)

Transaction ID: SB21B.19514

Date of Disbursement: 08 / 05 / 2010

Amount of Each Disbursement this Period: 106.63

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:

Category/Type:

Office Sought: House / Senate / President

State: District:

Disbursement For: Primary / General / Other (specify)

Transaction ID: SB21B.19515

Date of Disbursement: 08 / 03 / 2010

Amount of Each Disbursement this Period: 513.18

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **619.81**

TOTAL This Period (last page this line number only) ..... ▶ **619.81**

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)
[ ] 21b [ ] 22 [X] 23 [ ] 24 [ ] 25 [ ] 26
[ ] 27 [ ] 28a [ ] 28b [ ] 28c [ ] 29 [ ] 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)
RUDY MOISE FOR CONGRESS

Mailing Address P.O. BOX 680417

City NORTH MIAMI State FL Zip Code 33168

Purpose of Disbursement
CONTRIBUTION

Candidate Name
RUDOLPH MOISE

Category/Type

Office Sought: [X] House [ ] Senate [ ] President
State: FL District: 17

Disbursement For: 2010
[X] Primary [ ] General
[ ] Other (specify) ▼

Transaction ID: SB23.19605
Date of Disbursement
MM 08 / DD 20 / YYYY 2010

Amount of Each Disbursement this Period
2000.00

B.

Full Name (Last, First, Middle Initial)
WYDEN FOR SENATE

Mailing Address 232 NORTHEAST 9TH AVENUE

City PORTLAND State OR Zip Code 97232

Purpose of Disbursement
CONTRIBUTION

Candidate Name
RONALD L. WYDEN

Category/Type

Office Sought: [ ] House [X] Senate [ ] President
State: OR District: 00

Disbursement For: 2010
[ ] Primary [X] General
[ ] Other (specify) ▼

Transaction ID: SB23.19602
Date of Disbursement
MM 08 / DD 27 / YYYY 2010

Amount of Each Disbursement this Period
2500.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **4500.00**

TOTAL This Period (last page this line number only) ..... ▶ **4500.00**