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# **FEC**

Only

### REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3X For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines **OB-GYNS FOR WOMEN'S HEALTH PAC** 409 12TH STREET SW ADDRESS (number and street) Check if different than previously WASHINGTON DC 20024 reported. (ACC) FEC IDENTIFICATION NUMBER STATE. CITY A ZIPCODE A IS THIS **AMENDED** NEW C00364158 Х REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Х Runoff (30R) Post -Election General (30G) Special (30S) Report for the: **Termination Report** (TER) in the 07 2006 11 Election on State of 10 19 2006 27 2006 11 Covering Period through I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. ELIZABETH B. COIT Type or Print Name of Treasurer ELIZABETH B. COIT Electronically Filed by 12 02 2006 Signature of Treasurer Date 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 **FEC FORM 3X** Use (Rev. 02/2003)

### Image# 26950790225

FEC Form 3X (Rev. 02/2003)

### SUMMARY PAGE OF RECEIPTS AND DISRUBSEMENTS

OF RECEIPTS AND DISBURSEMENTS
Page 2

Write or Type Committee Name **OB-GYNS FOR WOMEN'S HEALTH PAC** <sup>®</sup> D <sup>b</sup> D 1 9 27 1.0 2006 1,1 2006 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 78839.62 <sup>°</sup>2006 January 1 (b) Cash on Hand at 89834.21 Begining of Reporting Period ..... 24515.00 328085.00 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 114349.21 406924.62 6(a) and 6(c) for Column B) ..... 34278.64 326854.05 7. Total Disbursements (from Line 31) ...... Cash on Hand at Close of Reporting Period 80070.57 80070.57 (subtract Line 7 from Line 6(d)) ..... 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... This Committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact: Federal Election Commission

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. 02/2003) Page 3

2006

м м 1 1

2006

0.00

328085.00

328085.00

1 9

Write or Type Committee Name

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

(c) Total Transfer (add 18(a) and 18(b)).

12, 13, 14, 15, 16, 17, and 18(c)) .....

(subtract Line 18(c) from Line 19) .....

19. Total Receipts (add Lines 11(d),

20. Total Federal Receipts

M N

2<sup>D</sup>7 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 21515.00 293185.00 (i) Itemized (use Schedule A) ...... 3000.00 34900.00 (ii) Unitemized ..... (iii) TOTAL (add 24515.00 328085.00 Lines 11(a)(i) and (ii) ...... 0.00 0.00 (b) Political Party Committees ..... Other Political Committees 0.00 0.00 (such as PACs) ..... Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 24515.00 328085.00 Totals to Line 33, page 5) ..... 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees ..... 0.00 0.00 13. All Loans Received ..... 0.00 0.00 14. Loan Repayments Received ..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) ..... 16. Refunds of Contributions Made to Federal candidates and Other 0.00 0.00 Political Committees ..... 17. Other Federal Receipts 0.00 0.00 (Dividends, Interest, etc.) ..... 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

24515.00

24515.00

### **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
. 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	2005 17	1,100,10,10
Expenditures	20285.47	146619.12
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))	20285.47	146619.12
. Transfers to Affiliated/Other Party		
Committees	0.00	0.00
Contributions to Federal Candidates/Committeesand Other Political Committees	10293.17	145293.17
. Independent Expenditure	2700.00	0111170
(use Schedule E)	3700.00	31141.76
Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
	0.00	0.00
Loan Repayments Made	0.00	0.00
Lagra Mada	0.00	0.00
Loans Made  Refunds of Contributions To:	0.00	0.00
(a) Individuals/Persons Other	0.00	3800.00
Than Political Committees	5.55	George
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees		
(such as PACs)	0.00	0.00
(d) Total Contribution Refunds	0.00	2000.00
(add Lines 28(a), (b), and (c))	0.00	3800.00
. Other Disbursements	0.00	0.00
Fodoval Floation Astirity (O.H.C.O. 404 (OO))		
. Federal Election Activity (2 U.S.C 431(20)) (a) Shared Federal Election Activity		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(i) i ederal 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	0.00	0.00
Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	34278.64	326854.05
. Total Federal Disbursements		
(subtract Line 21(a)(ii) from Line 30(a)(ii)		
	34278.64	326854.05

### **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)	24515.00	328085.00
34.	Total Contribution Refunds (from Line 28(d))	0.00	3800.00
85.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	24515.00	324285.00
86.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	20285.47	146619.12
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	20285.47	146619.12

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER:	PAGE 6/28
ΙT	EMIZED RECEIPTS		or each category of the	(check only one)	<b>□</b> 445
			Detailed Summary Page	X 11a 11b 1	11c   12 15   16   17
An	by information copied from such Reports and Stat	ements may	not be sold or used by any perso	on for the purpose of solic	iting contributions
or	for commercial purposes, other than using the na	ame and add	dress of any political committee to	solicit contributions from	such committee.
	NAME OF COMMITTEE (In Full)				
/	OB-GYNS FOR WOMEN'S HEALTH PA	С			
۸.	Full Name (Last, First, Middle Initial) CHARLES D. ADAIR			Date of Receipt	
	Mailing Address 22 MOUNTAIN ORCHAF	RD PATH		M M / D D D D D D D D D D D D D D D D D	
	City	State	Zip Code	Transaction ID: S	
	SIGNAL MOUNTAIN	TN	37377	Amount of Each Re	
	FEC ID number of contributing		1 1 1 1 1 1	7 tillount of Edon He	· · · · · ·
	federal political committee.	C			250.00
	Name of Employer REGIONAL OBSTETRICAL	Occupation PHYSICI			
	Receipt For:		Year-to-Date <b>V</b>	$\dashv$	
	Primary General	7 igg. oga.c		1	
	Other (specify) ▼	0 0	250.00		
_	Full Name (Last, First, Middle Initial)			5. (5. ).	
3.	H. FRANK ANDERSON  Mailing Address 5114 23RD AVENUE WE	-cT		Date of Receipt	/ Y Y Y Y
	Walling Address STT4 Z3RD AVENUE WE	<b>-</b> 51		11 03	
	City	State Zip Code			A11A1.10869
	EVERETT	WA	98203	Amount of Each Re	eceipt this Period
	FEC ID number of contributing	C			250.00
	federal political committee.				
	Name of Employer PROVIDENCE EVERETT MEDICAL	Occupation PHYSICI			
	Receipt For:		Year-to-Date ▼	-	
	Primary General	7.99.094.0		1	
	Other (specify) ▼		250.00		
_	Full Name (Last, First, Middle Initial) GEORGE T. BARKER			Date of Receipt	
J.	Mailing Address 320 SOUTHEAST BAKE	D.		M M / D D	/ <b>Y Y Y Y</b>
				11 17	
	City	State	Zip Code	Transaction ID: S	
	MCMINNVILLE	OR	97128	Amount of Each Re	eceipt this Period
SELF-EMPLOYED PHYSIC		С			250.00
		Occupation PHYSICI			
			Year-to-Date ▼	7	
			500.00	1	
	Other (specify) ▼		500.00		
s	UBTOTAL of Receipts This Page (optional)				750.00
	,			-	
T	OTAL This Period (last page this line number on	ly)	<b>&gt;</b>		

S	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 7 / 28
ITEMIZED RECEIPTS		or each category of the	(check only one)	
••	LIMIZED REGEN 10		Detailed Summary Page	X   11a   11b   11c   12   13   14   15   16   17
Ar	ry information copied from such Reports and Statem	nents may	not be sold or used by any perso	
or	for commercial purposes, other than using the nam	e and add	dress of any political committee to	solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
$ \rangle$	OB-GYNS FOR WOMEN'S HEALTH PAC			
$\angle$				
Α.	Full Name (Last, First, Middle Initial) DEBORAH A. BARTHOLOMEW			Date of Receipt
۸.	Mailing Address 8010 BALMORAL COURT			M M / D D / Y Y Y Y
	The state of the s			10 24 2006
	City	State	Zip Code	Transaction ID: SA11A1.10904
	DUBLIN	OH	43017	Amount of Each Receipt this Period
	FEC ID number of contributing	C		750.00
	federal political committee.	<u> </u>		730.00
	Name of Employer OHIO STATE UNIVERSITY	ccupation	1	7
	OHIO STATE UNIVERSITY P	HYSICI	AN	
		Aggregate	Year-to-Date ▼	
	Primary General	-	750.00	
	Other (specify) ▼	1 1	100.00	
_	Full Name (Last, First, Middle Initial)			
В.	KENT R. BRADLEY			Date of Receipt
	Mailing Address 6505 EAST CENTRAL AVE	ENUE		10 20 Y Y Y Y Y Y Y
	City	State	Zip Code	
	•	KS	67206	Transaction ID: SA11A1.10885
		NO	07200	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	A C C C C I A T E C I I I I I I I I I I I I I I I I I I	ccupation		
	LTH I	HYSICI		_
	Receipt For:  Primary General	Aggregate	Year-to-Date ▼	,
	Other (specify)		250.00	
	and (epony) (	0 0		1
_	Full Name (Last, First, Middle Initial)			Parts of Parts in
C.	ROBERT J. BURNETT			Date of Receipt
	Mailing Address 375 CODDINGTON ROAD			10 20 2006
	City	State	Zip Code	Transaction ID: SA11A1.10886
	COUPEVILLE	WA	98239	Amount of Each Receipt this Period
	FEC ID number of contributing	С		250.00
	federal political committee.	<u> </u>		
SELF-EMPLOYED PHYSIC		ccupation	1	7
		HYSICI		
		Aggregate	Year-to-Date ▼	. [
	Primary General		250.00	
	Other (specify) ▼	0 0		
Г				
s	UBTOTAL of Receipts This Page (optional)			1250.00
			<u>`</u>	
T	OTAL This Period (last page this line number only)			

SCHEDULE A (FEC Form 3X)		[		FOR LINE NUMBER: PAGE 8 / 28		
•			Use separate schedule(s)	(check only one)		
ITEMIZED RECEIPTS		or each category of the Detailed Summary Page		X 11a 11b 11c 12		
			Detailed Suffilliary Fage	13 14 15 16 17		
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may	not be sold or used by any perse	on for the purpose of soliciting contributions		
<u>~</u>	NAME OF COMMITTEE (In Full)	Tarro ara ade	arood or arry pointed committee to	o constructions from each committee.		
$ \rangle$	OB-GYNS FOR WOMEN'S HEALTH PA	AC				
<u>/_</u> А.	Full Name (Last, First, Middle Initial) ANTHONY P. CAGGIANO, JR.			Date of Receipt		
	Mailing Address P.O. BOX 43609			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: SA11A1.10874		
	UPPER MONTCLAIR	NJ	07043	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		250.00		
	Name of Employer UMDWJ-NJMS	Occupation PHYSICI.				
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00			
— В.	Full Name (Last, First, Middle Initial) MYLES D. DAVIS			Date of Receipt		
	Mailing Address 433 SALUDA AVENUE	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: SA11A1.10925		
	COLUMBIA	SC	29205	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		1000.00		
	Name of Employer COLUMBIA WOMEN'S HEALTHCA- RE	Occupation PHYSICI.	AN			
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General Other (specify) ▼	0 0	1000.00			
<u> </u>	Full Name (Last, First, Middle Initial) ROBERT H. DEBBS			Date of Receipt		
	Mailing Address 2 SASSAFRAS COURT	-		10 DD / YYYYY 10 20 2006		
	City	State	Zip Code	Transaction ID: SA11A1.10887		
	VOORHEES	NJ	08043	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С		1000.00		
	Name of Employer UNIVERSITY OF PENNSYLVANIA	Occupation PHYSICIA				
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General Other (specify) ▼	0 0	2000.00	]		
s	LUBTOTAL of Receipts This Page (optional)			2250.00		
$\vdash$			<u> </u>			

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

PAGE 9/28 FOR LINE NUMBER: Use separate schedule(s) (check only one) or each category of the ITEMIZED RECEIPTS 11a 11b 11c **Detailed Summary Page** 13 l 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) CARL R. DELLA BADIA Date of Receipt Mailing Address 30 ASHTON DRIVE 17 2006 1.1 City State Zip Code Transaction ID: SA11A1.10915 **VOORHEES** 08043 NJ Amount of Each Receipt this Period FEC ID number of contributing 500.00 C federal political committee. Name of Employer DREXEL UNIVERSITY Occupation **PHYSICIAN** Aggregate Year-to-Date ▼ Receipt For: Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** JULIE DROLET Date of Receipt Mailing Address 1010 PLYMOUTH ROAD 20 2006 City Zip Code State Transaction ID: SA11A1.10888 **YORK** PA 17402 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer WOMANCARE Occupation **PHYSICIAN** Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) C. KAY E. ELLEDGE Date of Receipt Mailing Address 28809 CEDARBLUFF DRIVE 10 20 2006 Citv State Zip Code Transaction ID: SA11A1.10889 **RANCHO PALOS VERDE** CA 90275 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 C federal political committee. Name of Employer SELF-EMPLOYED Occupation PHYSICIAN Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 1750.00 SUBTOTAL of Receipts This Page (optional) .....

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

SC	HEDULE A (FEC Form 3X)		Han amount out of the A	FOR LINE N	UMBER:	PAGE 10/28
ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the	(check only o	one)	
	IMIZED RECEIPTS		Detailed Summary Page	X 11a	11b	11c 12
				13	14	15 16 17
Any or fo	information copied from such Reports and State or commercial purposes, other than using the na	ements may me and add	onot be sold or used by any perso dress of any political committee to	on for the purpo solicit contribu	se of solicitions from s	ting contributions such committee.
<u></u>	NAME OF COMMITTEE (In Full)					
$\rangle$	OB-GYNS FOR WOMEN'S HEALTH PAG	0				
	ull Name (Last, First, Middle Initial) FREDERICK FRIEDMAN, JR.			Date of F	eceipt	
N	Mailing Address 1 LAKE ROAD SOUTH			м м 1 1	09	2006
	Dity	State	Zip Code	Transact	on ID: SA	A11A1.10941
<u>(</u>	GREAT NECK	NY	11020	Amount o	of Each Re	ceipt this Period
f	FEC ID number of contributing ederal political committee.	C				250.00
<u> </u>	lame of Employer GYN/OB ASSOCIATES OF MANH- ATTAN	Occupation PHYSICI.				
	Receipt For:		Year-to-Date ▼			
	Primary General		050.00	1		
	Other (specify) ▼		250.00	J		
_	Full Name (Last, First, Middle Initial) PAMELA G. GALLUP			Date of F	eceipt	
N	Mailing Address 113 GRAYS CREEK COURT				20	2006
C	City	State	Zip Code	Transact	on ID: SA	\11A1.10890
5	SAVANNAH	GA	31410	Amount of	of Each Re	ceipt this Period
	FEC ID number of contributing ederal political committee.	C				500.00
1	SELE EMBL'OVED	Occupation PHYSICI.				
F	Receipt For:		Year-to-Date ▼			
	Primary General		500.00	1		
	Other (specify)		500.00			
	Full Name (Last, First, Middle Initial) PAUL A. GLUCK			Date of F	eceipt	
N	Mailing Address 8950 NORTH KENDALL	DRIVE		1 O	20	2006
C	Dity	State	Zip Code	Transact	on ID: SA	A11A1.10891
1	MIAMI	FL	33176	Amount o	of Each Re	ceipt this Period
	EC ID number of contributing ederal political committee.	C				500.00
Ņ	SVERING & GLUCK	Occupation PHYSICI.		7		
F	Receipt For:		Year-to-Date ▼	7		
	Primary General		1000.00	1		
	Other (specify)		1000.00			
SU	BTOTAL of Receipts This Page (optional)					1250.00
			<u>`</u>	-		
TO	TAL This Period (last page this line number only	y)	<b>&gt;</b>			

S	CHEDULE A (FEC Form 3X)		Lles concrete cobodulo(s)	FOR LINE NUMBER: PAGE 11 / 28
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)
•	EWIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
$\rangle$	OB-GYNS FOR WOMEN'S HEALTH PA	AC .		
۹.	Full Name (Last, First, Middle Initial) SONIA M. GOF			Date of Receipt
	Mailing Address 510 HAMBURG TURNP			111 02 2006
	City	State	Zip Code	Transaction ID: SA11A1.10926
	WAYNE	NJ	07470	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer SELF-EMPLOYED	Occupation PHYSICI		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		250.00	1
	Other (specify) ▼	0 0	250.00	
3.	Full Name (Last, First, Middle Initial) ROBERT A. GROVER			Date of Receipt
	Mailing Address 417 STATE STREET			11 7 7 2006
	City	State	Zip Code	Transaction ID: SA11A1.10965
	BANGOR	ME	04401	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer SELF-EMPLOYED	Occupation PHYSICI		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
 C.	Full Name (Last, First, Middle Initial) COLETTE HAAG-RICKERT			Date of Receipt
	Mailing Address 299 CAREW STREET			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: SA11A1.10927
	SPRINGFIELD	MA	01104	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer BAYSTATE OB/GYN GROUP	Occupation PHYSICI		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		365.00	
	Other (specify)		0 0 0 0 0 0 0	
s	UBTOTAL of Receipts This Page (optional)			865.00
т.	OTAL This Period (last page this line number or	alv)		
•		,,	······································	

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 12 / 28		
ITEMIZED RECEIPTS		or each category of the Detailed Summary Page	(check only one)    X   11a	<b></b> 17	
Ar	by information copied from such Reports and St for commercial purposes, other than using the	atements may	/ not be sold or used by any perso	on for the purpose of soliciting contributions	
V.	NAME OF COMMITTEE (In Full)	name and add	diess of any political committee to	Solicit Contributions from Such Committee.	
$\rangle$	OB-GYNS FOR WOMEN'S HEALTH P	AC			
Α.	Full Name (Last, First, Middle Initial) SUSAN T. HAAS			Date of Receipt	
	Mailing Address 85 EAST CONCORD S	TREET		1 1 1 7 2 0 0 6	
	City	State	Zip Code	Transaction ID: SA11A1.10967	
	BOSTON	MA	02118	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		250.00	
	Name of Employer BOSTON MEDICAL CENTER	Occupation PHYSICI			
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼	0 0	250.00		
В.	Full Name (Last, First, Middle Initial) EDWARD R. HILLS			Date of Receipt	
	Mailing Address 156 LELAWOOD CIRC	LE		11 1 17 17 2006	
	City State		Zip Code	Transaction ID: SA11A1.10968	
	NASHVILLE	TN	37209	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		250.00	
	Name of Employer MEHARRY MEDICAL COLLEGE	Occupation PHYSICI			
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		250.00	1	
	Other (specify) ▼	0 0	0 0 0 0 0 0		
C.	Full Name (Last, First, Middle Initial) KRISTI M. HORLANDER			Date of Receipt	
C.	Mailing Address 9910 FRINGE TREE C	OURT		M M / D D / Y Y Y Y Y	-
				11 17 2006	
	City	State	Zip Code	Transaction ID: SA11A1.10969	
	LOUISVILLE	KY	40241	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.  Name of Employer SELF-EMPLOYED  Receipt For:  Primary General Other (specify) ▼  C  Occupation PHYSIC  Aggregat				250.00	
			e Year-to-Date ▼		
			250.00		
s	UBTOTAL of Receipts This Page (optional)	750.00			
Т	OTAL This Period (last page this line number of	only)			

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 13 / 28
ITEMIZED RECEIPTS		or each category of the	(check only one)
TEMIZED RECEIL TO		Detailed Summary Page	X   11a     11b     11c     12     15     16     17
Any information copied from such Reports and Sta	atements may	∟ v not be sold or used by any perso	
or for commercial purposes, other than using the n	name and add	dress of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
OB-GYNS FOR WOMEN'S HEALTH PA	AC		
Full Name (Last, First, Middle Initial)  A. DIANNE D. HOTMER			Date of Receipt
Mailing Address 817 KIMBERLY LANE			1 1 1 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11A1.10970
WEST CHESTER	PA	19382	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer CHESTER COUNTY OB-GYN	Occupation PHYSICI		
Receipt For:		e Year-to-Date ▼	
Primary General		050.00	1
Other (specify) ▼	0 0	250.00	
Full Name (Last, First, Middle Initial)  3. AMY M. HUIBONHOA			Date of Receipt
Mailing Address 2999 REGENT STREET	1 1 1 3 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City	State	Zip Code	Transaction ID: SA11A1.10939
BERKELEY	CA	94705	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer SELF-EMPLOYED	Occupation PHYSICI		
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	500.00	
Full Name (Last, First, Middle Initial)			
PETER V. KUHL			Date of Receipt
Mailing Address 2314 PARK FARM			111 / 17 / 2006
City SAN ANTONIO	State TX	Zip Code 78259	Transaction ID: SA11A1.10917  Amount of Each Receipt this Period
FEC ID number of contributing		70233	
federal political committee.	С		250.00
Name of Employer LONE STAR OB/GYN	Occupation PHYSICI		
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General	' '	250.00	] [
Other (specify) ▼	0 0		
SUBTOTAL of Receipts This Page (optional)			1000.00
TOTAL This Period (last page this line number or	nly)		

S	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 14 / 28		
	ITEMIZED RECEIPTS		or each category of the	(check only one)		
••	EMIZED REGEN 10		Detailed Summary Page	X 11a 11b 11c 12		
Δ,	y information copied from such Reports and Sta	stamanta mai	rnot he cold or used by any norse	13 14 15 16 17		
or	for commercial purposes, other than using the r	dress of any political committee to	o solicit contributions from such committee.			
$\setminus$	NAME OF COMMITTEE (In Full)					
$  \rangle$	OB-GYNS FOR WOMEN'S HEALTH PA	AC				
$\angle$						
Δ.	Full Name (Last, First, Middle Initial) AMELIA E. LAING			Date of Receipt		
	Mailing Address 424 MEADOW LANE			M M / D D / Y Y Y Y		
				10 20 2006		
	City	State	Zip Code	Transaction ID: SA11A1.10892		
	WOOSTER	OH	44691	Amount of Each Receipt this Period		
	FEC ID number of contributing	С		250.00		
	federal political committee.					
	Name of Employer SELF-EMPLOYED	Occupation	า			
	SELF-EMPLOYED	PHYSICI	AN			
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General Other (specify) ▼		250.00			
	Other (specify)	0 0	0 0 0 0 0 0 0	1		
_	Full Name (Last, First, Middle Initial)					
В.				Date of Receipt		
	Mailing Address 26 JUNIPER POINT RC	DAD		M M / D D / Y Y Y Y		
	City.	Ctata	7in Code	11 24 2006		
	City BRANFORD	State CT	Zip Code 06405	Transaction ID: SA11A1.10958		
		<u> </u>	00403	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.			250.00		
				_		
	Name of Employer SELF-EMPLOYED	Occupation PHYSICI				
	Receipt For:		Year-to-Date ▼	_		
	Primary General	Aggregate	Teal to Bate V	1		
	Other (specify)	1	250.00			
_	Full Name (Last, First, Middle Initial)			Data of Daggint		
C.	SCOTT N. MACGREGOR  Mailing Address 2650 RIDGE AVENUE			Date of Receipt		
	Walling Address 2000 NIDGE AVENUE			10 20 2006		
	City	State	Zip Code	Transaction ID: SA11A1.10893		
	EVANSTON	IL	60201	Amount of Each Receipt this Period		
	FEC ID number of contributing	С		500.00		
	federal political committee.					
	Name of Employer EVANSTON HEALTHCARE	Occupation	<u> </u>			
EVANSTON HEALTHCARE		PHYSICI	AN			
	Receipt For:	Aggregate	Year-to-Date ▼			
Primary General			500.00	1		
	Other (specify)			1		
Г						
S	UBTOTAL of Receipts This Page (optional)		<b>.</b>	1000.00		
$\vdash$	ago (optional)					
Ιт	OTAL This Period (last page this line number o	nlv)				

PAGE 15/28 FOR LINE NUMBER: Use separate schedule(s) (check only one) or each category of the ITEMIZED RECEIPTS 11a 11b 11c **Detailed Summary Page** 13 l 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) KAILASH R. MAKHIJA Date of Receipt Mailing Address 281 NORTH 12TH STREET 10 2006 24 City Zip Code Transaction ID: SA11A1.10906 State **LEHIGHTON** PA 18235 Amount of Each Receipt this Period FEC ID number of contributing 500.00 C federal political committee. Name of Employer SELF-EMPLOYED Occupation **PHYSICIAN** Aggregate Year-to-Date ▼ Receipt For: Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** JOYCE M. MCKENNEY Date of Receipt Mailing Address 1349 EAST 3RD STREET 09 2006 City Zip Code Transaction ID: SA11A1.10942 State **DELTA** CO 81416 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Name of Employer SELF-EMPLOYED Occupation **PHYSICIAN** Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) C. PRASANNA MENON Date of Receipt Mailing Address 2204 GRANT ROAD 10 20 2006 Zip Code Citv State Transaction ID: SA11A1.10896 MOUNTAIN VIEW CA 94040 Amount of Each Receipt this Period FEC ID number of contributing 500.00 C federal political committee. Name of Employer SELF-EMPLOYED Occupation PHYSICIAN Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 1500.00 SUBTOTAL of Receipts This Page (optional) .....

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

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER:	PAGE 16/28
ITEMIZED RECEIPTS			or each category of the	(check only one)	. —
			Detailed Summary Page	X 11a 11b	11c   12
Λ	we information conicd from such Departs and Ct	atamanta ma	, not be cold or used by any never	13 14	15 16 17
or	y information copied from such Reports and St for commercial purposes, other than using the	solicit contributions from s	such committee.		
	NAME OF COMMITTEE (In Full)				
$ \rangle$	OB-GYNS FOR WOMEN'S HEALTH P	AC			
$\angle$					
	Full Name (Last, First, Middle Initial)			D	
Α.	ALFRED H. MOFFETT, JR.			Date of Receipt	
	Mailing Address 601 EAST DIXIE AVEN	IUE		M M / D D D 17	2006
	City	State	Zip Code	Transaction ID: SA	
	LEESBURG	FL	34748	Amount of Each Red	
	FEC ID number of contributing	- 1		7 111104111 01 24011 110	· · · · · ·
	federal political committee.	C			1000.00
	Name of European	10			
	Name of Employer OB/GYN ASSOCIATES OF MID-	Occupation PHYSICI			
	FLORIDA Receipt For:		Year-to-Date <b>V</b>	$\dashv$	
	Primary General	riggregate	Tour to Bute V	1	
	Other (specify) ▼		1250.00		
				·	
	Full Name (Last, First, Middle Initial)				
В.				Date of Receipt	
	Mailing Address 150 EAST 85TH STRE	ET		10 20	2006
	City State Zip Code				
	NEW YORK	NY	10028	Transaction ID: SA  Amount of Each Rec	
		INI	10020	Alliount of Each Net	eipi iriis Feriod
	FEC ID number of contributing federal political committee.				250.00
	Name of Employer JACOBI MEDICAL CENTER	Occupation			
	Receipt For:	PHYSICI		_	
	Primary General	Aggregate	e Year-to-Date ▼	,	
	Other (specify)		250.00		
				1	
	Full Name (Last, First, Middle Initial)				
C.	INKYU NOH			Date of Receipt	
	Mailing Address 8735 MEMORIAL			M M / D D D 17	2006
	City	State	Zip Code	Transaction ID: SA	
	HOUSTON	TX	77024	Amount of Each Red	
			17021	Amount of Each flee	<del></del>
	FEC ID number of contributing federal political committee.	C			250.00
	<u> </u>				
Name of Employer SELF-EMLOYED		Occupation			
		PHYSICI	AIN e Year-to-Date ▼	_	
Receipt For:  Primary  General  Other (specify)			real-lo-Dale ▼	,	
			250.00		
				'	
s	UBTOTAL of Receipts This Page (optional)	. L	1500.00		
$\vdash$			•	-	
T	OTAL This Period (last page this line number of	only)	<b>)</b>		

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER	: PAGE 17/28
			Use separate schedule(s) or each category of the	(check only one)	
IT	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b	11c   12
			Detailed Guillinary Fage	13 14	15   16   17
Ar	ny information copied from such Reports and State	ements may	not be sold or used by any perso	on for the purpose of soli	citing contributions
or	for commercial purposes, other than using the na	me and add	dress of any political committee to	solicit contributions fron	n such committee.
\	NAME OF COMMITTEE (In Full)				
$\rangle$	OB-GYNS FOR WOMEN'S HEALTH PAGE	С			
_					
	Full Name (Last, First, Middle Initial)			5. (5. ).	
٩.	R. BRUCE PARKER			Date of Receipt	
	Mailing Address 1407 NORTH PORTER A	AVENUE		10 24	
	City	State	Zip Code		
	City	OK	·	Transaction ID: S	
	NORMAN	UK	73071	Amount of Each F	Receipt this Period
	FEC ID number of contributing	C			500.00
	federal political committee.				
	Name of Employer SELF-EMPLOYED	Occupation	1		
	SELF-EMPL'OYED	PHYSICI.			
	Receipt For:		Year-to-Date ▼		
	Primary General	33 -3		1	
	Other (specify) ▼	l	500.00		
	Full Name (Last, First, Middle Initial)				
3.	STEPHEN G. PORTERA			Date of Receipt	
	Mailing Address 6215 HUMPHREYS BOU	ILEVARD		M M / D D	
					7 2006
	City State Zip Code			Transaction ID: S	SA11A1.10971
	MEMPHIS	TN	38120	Amount of Each F	Receipt this Period
	FEC ID number of contributing			1 1 1	250.00
	federal political committee.	C			250.00
	Name of Familian	0		_	
	Name of Employer BAPTIST MEMORIAL HOSPITAL	Occupation PHYSICI.			
	Descipt For:				
	Receipt For: Primary General	Aygregate	Year-to-Date ▼		
	Other (specify)	' '	250.00		
	Cirici (Specify)	0 0		l l	
	Full Name (Last, First, Middle Initial)			+	
Э.	PATRICIA L. RICKETTS			Date of Receipt	
	Mailing Address 230 MORGAN STREET			M M / D D	) / Y Y Y Y
	200 11101101111 2111221			11 11	
	City	State	Zip Code	Transaction ID: S	SA11A1.10973
	VERSAILLES	KY	40383	Amount of Each F	
	FEC ID number of contributing			1 1 1 1	1 1 1 1
	federal political committee.	C			250.00
SELF-EMPLOYED PHY Receipt For: Agg				_	
		Occupation			
		PHYSICI			
		Aggregate	Year-to-Date ▼	. 1	
	Primary General		250.00		
	Other (specify)			1	
_					1000.00
S	UBTOTAL of Receipts This Page (optional)		······		10000
T	OTAL This Period (last page this line number onl	y)	<b>&gt;</b>		

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

PAGE 18 / 28 FOR LINE NUMBER: Use separate schedule(s) (check only one) or each category of the 11a 11b 11c **Detailed Summary Page** 17 13 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) GERARD M. ROY Date of Receipt Mailing Address 40 HART STREET 20 2006 10 City State Zip Code Transaction ID: SA11A1.10900 **NEW BRITAIN** CT 06052 Amount of Each Receipt this Period FEC ID number of contributing 250.00 C federal political committee. Name of Employer NEW BRITAIN OB/GYN Occupation **PHYSICIAN** Aggregate Year-to-Date ▼ Receipt For: Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. CAMILLE A. RUSSELL-MCKESEY Date of Receipt Mailing Address 1915 LAKELAND DRIVE 03 2006 City Zip Code State Transaction ID: SA11A1.10881 **EL DORADO** KS 67042 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer SELF-EMPLOYED Occupation **PHYSICIAN** Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) C. DEBRAL SCHLOSSBERG Date of Receipt Mailing Address 9977 WOODS 1.1 09 2006 City State Zip Code Transaction ID: SA11A1.10944 **SKOKIE** Ш 60077 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Name of Employer SELF-EMPLOYED Occupation PHYSICIAN Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 1000.00 SUBTOTAL of Receipts This Page (optional) ..... TOTAL This Period (last page this line number only) ......

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 19 / 28
	EMIZED RECEIPTS		or each category of the	(check only one)
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				13 14 15 16 17
Ar or	ly information copied from such Reports and St for commercial purposes, other than using the	atements may name and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
	OB-GYNS FOR WOMEN'S HEALTH P	AC		
Α.	Full Name (Last, First, Middle Initial) MATTIE M. SCOTT			Date of Receipt
	Mailing Address 8220 SOUTH SAGINAN	W STREET		10 24 2006
	City	State	Zip Code	Transaction ID: SA11A1.10908
	GRAND BLANC	MI	48439	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer SELF-EMPLOYED PI			n AN	
Receipt For: Aggi		Aggregate	Year-to-Date ▼	7
Primary General Other (specify) ▼			1000.00	
			1000.00	
В.	Full Name (Last, First, Middle Initial) F. MICHAEL SHAW			Date of Receipt
	Mailing Address 15 NORTH BROADWA	Y		1 1 1 1 7 2 0 0 6
	City	State	Zip Code	Transaction ID: SA11A1.10975
	WHITE PLAINS	NY	10601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer SELF-EMPLOYED	Occupation PHYSICI.		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
<u> </u>	Full Name (Last, First, Middle Initial) JOHN J. STANGEL			Date of Receipt
	Mailing Address 70 MAPLE AVENUE			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: SA11A1.10932
	RYE	NY	10580	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer SELF-EMPLOYED	Occupation PHYSICI.		
	Receipt For:	Aggregate	Year-to-Date ▼	7
	Primary General		050.00	1
	Other (specify) ▼		250.00	
Γ				1750.00
S	UBTOTAL of Receipts This Page (optional)		<u> </u>	1700.00

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

SCHEDULE A (FEC Form 3X)  Use separate schedule(s)				FOR LINE NUMBER:	PAGE 20 / 28
	EMIZED RECEIPTS		or each category of the  Detailed Summary Page	(check only one)  X 11a 11b	11c
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or	ny information copied from such Reports and St for commercial purposes, other than using the	atements may name and add	rnot be sold or used by any person dress of any political committee to	on for the purpose of solicit solicit contributions from s	such committee.
$\setminus$	NAME OF COMMITTEE (In Full) OB-GYNS FOR WOMEN'S HEALTH P	AC			
Α.	Full Name (Last, First, Middle Initial) JANET L. STEIN			Date of Receipt	
	Mailing Address 33 RIVERSIDE DRIVE			M M / D D D D D D D D D D D D D D D D D	2006
	City	State	Zip Code	Transaction ID: SA	11A1.10883
	NEW YORK	NY	10023	Amount of Each Red	ceipt this Period
	FEC ID number of contributing federal political committee.	C			250.00
	Name of Employer BETH ISRAEL MEDICAL CENTER	Occupation PHYSICI			
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼		250.00	]	
В.	Full Name (Last, First, Middle Initial) DALE A. SUNDWALL			Date of Receipt	
	Mailing Address 301 2ND STREET			11 / 09	2006
	City	State	Zip Code	Transaction ID: SA	11A1.10945
	NEW PRAGUE	MN	56071	Amount of Each Red	ceipt this Period
	FEC ID number of contributing federal political committee.	С			300.00
	Name of Employer MAYO CLINIC	Occupation PHYSICI			
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼		300.00		
<u> </u>	Full Name (Last, First, Middle Initial) LINDA T. SWAN			Date of Receipt	
	Mailing Address 945 BETHESDA DRIVE			M M / D D D D D D D D D D D D D D D D D	2006
	City	State	Zip Code	Transaction ID: SA	11A1.10933
	ZANESVILLE	OH	43701	Amount of Each Red	ceipt this Period
	FEC ID number of contributing federal political committee.	C			250.00
	Name of Employer PRIMECARE	Occupation PHYSICI			
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼		250.00	]	
s	UBTOTAL of Receipts This Page (optional)				800.00
Т	OTAL This Period (last page this line number of	only)			

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 21 / 28
	EMIZED RECEIPTS		or each category of the	(check only one)
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or	ny information copied from such Reports and St for commercial purposes, other than using the	atements may name and add	not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
	OB-GYNS FOR WOMEN'S HEALTH P	AC		
Α.	Full Name (Last, First, Middle Initial) ANDREW A. TOLEDO			Date of Receipt
	Mailing Address P.O. BOX 28618			11 02 2006
	City	State	Zip Code	Transaction ID: SA11A1.10935
	ATLANTA	GA	30358	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer SELF-EMPLOYED	Occupation PHYSICI		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		500.00	7
	Other (specify) ▼	0 0	300.00	
В.	Full Name (Last, First, Middle Initial) GEORGE G. TRIM			Date of Receipt
	Mailing Address 434 ROUTE 72 WEST			M M / D D / Y Y Y Y Y 1 1 0 2 0 2 0 0 6
	City	State	Zip Code	Transaction ID: SA11A1.10903
	MANAHAWKIN	NJ	08050	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		500.00
	Name of Employer	Occupation	2	_
	Name of Employer OCEAN WOMEN'S HEALTH GROUP	PHYSICI		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		500.00	7
	Other (specify)		300.00	
<u>С.</u>	Full Name (Last, First, Middle Initial) SHELBY L. WILBOURN			Date of Receipt
Ο.	Mailing Address 108 CONGRESS STRE	FT		M M / D D / Y Y Y Y
				11 02 2006
	City	State	Zip Code	Transaction ID: SA11A1.10936
	BELFAST	ME	04915	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		350.00
	Name of Employer WALDO COUNTY HOSPITAL	Occupation PHYSICI		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		250.00	7
Other (specify) ▼			350.00	
	LIPTOTAL of Possints This Page (anti-u-1)		_	1350.00
L	UBTOTAL of Receipts This Page (optional)			
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S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 22 / 28
	EMIZED RECEIPTS		or each category of the	(check only one)
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An	y information copied from such Reports and Sta	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the r	ame and add	dress of any political committee to	solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
	OB-GYNS FOR WOMEN'S HEALTH PA	AC		
Α.	Full Name (Last, First, Middle Initial) DAVID J. WILLIAMS			Date of Receipt
	Mailing Address 460 WEST BANKHEAD	ı		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: SA11A1.10909
	NEW ALBANY	MS	38652	Amount of Each Receipt this Period
	FEC ID number of contributing		1 1 1 1 1	1000.00
	federal political committee.	C		1000.00
	Name of Employer SELF-EMPLOYED	Occupation PHYSICI.		
	Receipt For:		Year-to-Date ▼	-
	Primary General	7.99.094.0		1
	Other (specify) ▼		1000.00	
	Full Name (Last, First, Middle Initial)			
В.	,			Date of Receipt
	Mailing Address P.O. BOX 1000			1 1 0 2 2 0 0 6
	City	State	Zip Code	Transaction ID: SA11A1.10937
	CODY	WY	82414	Amount of Each Receipt this Period
	FEC ID number of contributing			250.00
	federal political committee.	C		250.00
	Name of Employer SELF-EMPLOYED	Occupation		7
		PHYSICI		_
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	1
	Other (specify) ▼		250.00	
C.	Full Name (Last, First, Middle Initial) DONALD C. WILLIS			Date of Receipt
	Mailing Address 1365 OLD VILLAGE RO	DAD		1 1 0 2 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11A1.10938
	TALLAHASSEE	FL	32312	Amount of Each Receipt this Period
	FEC ID number of contributing	<u> </u>		500.00
	federal political committee.	C		300.00
	Name of Employer SELF-EMPLOYED	Occupation		7
	Receipt For:	PHYSICI. Aggregate	AN e Year-to-Date ▼	$\dashv$
	Primary General	, iggi ogale		1
	Other (specify) ▼		500.00	
Г	<u>l</u>			
s	UBTOTAL of Receipts This Page (optional)			1750.00
				21515.00

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IT	EMIZED DISBURSEMENTS	for each	category of the Summary Page		(check of 21b) 27	22 28	2 [		23 28b		24 28c		25 29	26
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$\vdash$	NAME OF COMMITTEE (In Full)													
$ \rangle$	OB-GYNS FOR WOMEN'S HEALTH PAC	;												
Α.	Full Name (Last, First, Middle Initial) AMERICAN EXPRESS					1			on II sbur	_		10913	3	
	Mailing Address P.O. BOX 53852						1	M /	D	06	/ [	ž o	ŏ 6	Y
	City PHOENIX	State AZ	Zip Code 85072			Ar	nour	nt of	Eac	h Dis	sburse	ment th		
	Purpose of Disbursement CREDIT CARD TRANSACTION FEES			Γ			_	_	_	_		2	27.6	80
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	D TRANSACTION FEES										-	-	
Candidate Nar	me			ategory Type									
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	st, First, Middle Initial)					Tuona		ID:	CD01D	100	CE.		
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SUSANNE H	HAESSLER							sburse		. 100			
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IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	y one) 22 23 24 25 26 28a 28b 28c 29 30b
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$\vdash$	NAME OF COMMITTEE (In Full)			
	OB-GYNS FOR WOMEN'S HEALTH PAC			
_	Full Name (Last, First, Middle Initial)			Transaction ID: SB21B.10864
Α.	NATIONAL CAPITAL TELESERVICES			Date of Disbursement
	Mailing Address 300 FIFTH STREET, NE			1 1 M
		State Zip Code		Amount of Each Disbursement this Period
		DC 20002		7915.63
	Purpose of Disbursement GENERIC TELEPHONE SOLICITATIONS			7913.03
	Candidate Name		Category/	
			Type	
	- H	ment For:		
	Senate President	Primary General Other (specify) ▼		
	State: District:	Other (specify)		
	Full Name (Last, First, Middle Initial)			Transaction ID: SB21B.10948
В.	NATIONAL CAPITAL TELESERVICES			Date of Disbursement
	Mailing Address 300 FIFTH STREET, NE			117 / 2006
		State Zip Code DC 20002		Amount of Each Disbursement this Period
	Purpose of Disbursement	20002		6151.91
	GENERIC TELEPHONE SOLICITATIONS			
	Candidate Name		Category/ Type	
	- H	ment For:		
	Senate	Primary General		
	President	Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional)	<u> </u>	14067.54
TOTAL This Period (last page this line number only)	•	20285.47

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NAME OF COMMITTEE (In Full) OB-GYNS FOR WOMEN'S HEALTH PAC											
Full Name (Last, First, Middle Initial)					ranca	ction ID	). SR2	3 100	52		
A. ATC PRINT CONSULTANTS						Disburs	sement		.,	Υ	
Mailing Address 20604 GORDON PARK S	SQUARE				11		1 7 <sup>/</sup>		ž 0 Ď 6	5	
,	State Zip Code VA 20147			,	Amoun	of Eac	h Disbu	ırseme	-	-	ŀ
Purpose of Disbursement IN-KIND: FUNDRAISING MAIL SOLICITATIONS	i								744.	17	_
Candidate Name J. PHILLIP GINGREY			egory/ ype								
Office Sought:  X House Senate President State: GA District: 11	ment For: 2008 Primary General Other (specify)										
Full Name (Last, First, Middle Initial)				+	ranca	ction ID	). SR2	3 1009	20 20		
3. ATC PRINT CONSULTANTS				- 1		Disburs	sement			Υ	
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Candidate Name J. PHILLIP GINGREY			egory/ ype								
President	ment For: 2008 Primary General Other (specify)										
State: GA District: 11  Full Name (Last, First, Middle Initial)				ļ.,	•	-4' ID		0.400	- 4		
CHAFEE FOR SENATE						ction ID Disburs	sement			V	
Mailing Address P.O. BOX 7329					1"0 "	, ,	2 3 ′		ž 0 ŏ 6	5	
,	State Zip Code RI 02887			,	Amoun	t of Eac	h Disbu	urseme	nt this F	Period	Ŀ
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Candidate Name LINCOLN D. CHAFEE			egory/ ype								
χ Senate President	ment For: 2006 Primary X General Other (specify)										
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OB-GYNS FOR WOMEN'S HEALTH PAC										
Full Name (Last, First, Middle Initial)  A. HOYER FOR CONGRESS				Date	of Disl	burser		0856		
Mailing Address 7905 MALCOLM ROAD				1 <sup>M</sup> 0	M /	2 (	6 /	ž	o ŏ 6	
	State Zip Code MD 20735			Amou	ınt of E	Each [	Disburse	-		-
Purpose of Disbursement CONTRIBUTION								20	00.00	)
Candidate Name STENY H. HOYER		Cateo Typ								
Office Sought:  X House Senate President State: MD District: 05	ment For: 2006 Primary X General Other (specify) ▼									
Full Name (Last, First, Middle Initial)				Trans	actio	n ID: S	SB23.1	0848		
3. SOLIS FOR CONGRESS				Date		burser				7
Mailing Address 6380 WILSHIRE BOULE	/ARD			1 0	IVI /	1 !	9 ′	20	) Ď 6	
•	State Zip Code CA 90048			Amou	ınt of E	Each [	Disburse			-
Purpose of Disbursement CONTRIBUTION				L.				20	00.00	)
Candidate Name HILDA SOLIS		Cateo Typ								
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State: CA District: 32  Full Name (Last, First, Middle Initial)				<b>T</b>		- ID (	2000 4	0055		
STEELE FOR MARYLAND				Date		burser			V	7
Mailing Address 1350 DORSEY ROAD				1 0	/	<sup>D</sup> 2:	3 ′	2 (	) Ó 6 `	
•	State Zip Code MD 21076			Amou	ınt of E	Each [	Disburse	-		-
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Candidate Name MICHAEL STEELE		Cateo Typ								
Office Sought:    House   Disbursel     X Senate   President     State: MD District:	nent For: 2006 Primary X General Other (specify) ▼									
SUBTOTAL of Disbursements This Page (optional)			<b>•</b>					55	00.00	) .
TOTAL This Period (last page this line number only)								102	93.17	7

## SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

Check if 24-hour notice 48-hour notice  Full Name (Last, First, Middle, Initial) of Payee  JAMESTOWN ASSOCIATES  Mailing Address 5 MAPLETON ROAD  City State Zip Code PRINCETON  NJ 08540  Office Sought:	PAGE 28 / 28 FOR LINE 24 OF FORM 3X
Check if 24-hour notice 48-hour notice  Full Name (Last, First, Middle, Initial) of Payee  JAMESTOWN ASSOCIATES  Mailing Address 5 MAPLETON ROAD  City State Zip Code PRINCETON NJ 08540  Purpose of Expenditure  RADIO SPOTS  Tansaction ID: State Zip Code Office Sought: X	C00364158
JAMESTOWN ASSOCIATES  Mailing Address 5 MAPLETON ROAD  City State Zip Code PRINCETON NJ 08540  Purpose of Expenditure  RADIO SPOTS  M 1 0 2 0  Amount  Transaction ID: State S	
City State Zip Code PRINCETON NJ 08540  Purpose of Expenditure  RADIO SPOTS  Category/	2006
City State Zip Code PRINCETON NJ 08540  Purpose of Expenditure RADIO SPOTS  Category/	3700.00
Purpose of Expenditure  RADIO SPOTS  Category/	House State: MD_
"	Senate District: Presidential
Name of Federal Candidate supported or Opposed by expenditure:  MICHAEL STEELE  Check One: X  Disbursement For:	Support Oppose  Primary X General 200
Calendar Year-To-Date Per Election 14065.31 for Office Sought	ify) :

(a) SUBTOTAL of Itemized Independent Expenditures	3700.00
(b) SUBTOTAL of Unitemized Independent Expenditures	0.00
(c) TOTAL Independent Expenditures	3700.00
	reported herein were not made in cooperation, consultation, or concert with, mittee or agent of either, or (if the reporting entity is not a political party
ELIZABETH B. COIT Signature	Date 12 02 2006