

**24 / 48 HOUR NOTICE OF INDEPENDENT EXPENDITURE, on :**  
OB-GYNS FOR WOMEN'S HEALTH PAC

10/15/2008 11 : 58

409 12TH STREET SW

WASHINGTON

DC

20024

**FEC ID No.** C00364158☒ 24-Hour Notice ☐ 48-Hour Notice**SCHEDULE E (FEC Form 3X)****ITEMIZED INDEPENDENT EXPENDITURES**PAGE OF 1 / 2  
FOR LINE 24 OF FORM 3XNAME OF COMMITTEE (In Full)  
OB-GYNS FOR WOMEN'S HEALTH PAC**FEC IDENTIFICATION NUMBER****C** C00364158Check if ☒ 24-hour notice ☐ 48-hour notice

Full Name (Last, First, Middle, Initial) of Payee

THE STRATEGY GROUP

Date

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 0 8

Amount

16500.48

Mailing Address

1606 20TH STREET, NW

City

WASHINGTON

State

DC

Zip Code

20009

Purpose of Expenditure

POSTAGE

Category/  
Type

Office Sought:

☐ House

State: CO

☒ Senate

District: 00

☐ Presidential

Check One:

☒ Support☐ Oppose

Disbursement For:

☐ Primary☒ General 2008☐ Other (specify) : \_\_\_\_\_**Transaction ID:** SE.15411

Calendar Year-To-Date Per Election

34950.72

for Office Sought

Full Name (Last, First, Middle, Initial) of Payee

THE STRATEGY GROUP

Date

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 0 8

Amount

18450.24

Mailing Address

1606 20TH STREET, NW

City

WASHINGTON

State

DC

Zip Code

20009

Purpose of Expenditure

MAILING

Category/  
Type

Office Sought:

☐ House

State: CO

☒ Senate

District: 00

☐ Presidential

Check One:

☒ Support☐ Oppose

Disbursement For:

☐ Primary☒ General 2008☐ Other (specify) : \_\_\_\_\_**Transaction ID:** SE.15412

Calendar Year-To-Date Per Election

34950.72

for Office Sought

(a) SUBTOTAL of Itemized Independent Expenditures .....

34950.72

(b) SUBTOTAL of Unitemized Independent Expenditures .....

(c) TOTAL Independent Expenditures .....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

STACIE MISCIKOWSKI

Signature

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 0 8

## 24 / 48 HOUR NOTICE OF INDEPENDENT EXPENDITURE, on :

FEC ID No.

☐ 24-Hour Notice ☐ 48-Hour Notice

## SCHEDULE E (FEC Form 3X)

## ITEMIZED INDEPENDENT EXPENDITURES

PAGE OF 2 / 2

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full)  
OB-GYNS FOR WOMEN'S HEALTH PAC

FEC IDENTIFICATION NUMBER

C C00364158

Check if ☒ 24-hour notice ☐ 48-hour notice

Full Name (Last, First, Middle, Initial) of Payee

THE STRATEGY GROUP

Date

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 0 8

Amount

6663.30

Mailing Address

1606 20TH STREET, NW

City

WASHINGTON

State

DC

Zip Code

20009

Purpose of Expenditure

POSTAGE

Category/  
TypeOffice Sought: ☒ House

State: OH

☐ Senate

District: 02

☐ PresidentialCheck One: ☒ Support☐ Oppose

Name of Federal Candidate supported or Opposed by expenditure:

VICTORIA WULSIN

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

Transaction ID: SE.15413

Calendar Year-To-Date Per Election

18210.35

for Office Sought

Full Name (Last, First, Middle, Initial) of Payee

THE STRATEGY GROUP

Date

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 0 8

Amount

11547.05

Mailing Address

1606 20TH STREET, NW

City

WASHINGTON

State

DC

Zip Code

20009

Purpose of Expenditure

MAILING

Category/  
TypeOffice Sought: ☒ House

State: OH

☐ Senate

District: 02

☐ PresidentialCheck One: ☒ Support☐ Oppose

Name of Federal Candidate supported or Opposed by expenditure:

VICTORIA WULSIN

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

Transaction ID: SE.15414

Calendar Year-To-Date Per Election

18210.35

for Office Sought

(a) SUBTOTAL of Itemized Independent Expenditures .....

18210.35

(b) SUBTOTAL of Unitemized Independent Expenditures .....

(c) TOTAL Independent Expenditures .....

53161.07

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

STACIE MISCIKOWSKI

Signature

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 0 8