08/11/2009 16:24

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FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

				Office Use Only	
NAME OF COMMITTEE (in full)	USE FEC MAILING LABEL OR TYPE OR PRINT	Example:If typin over the lines	g, type		
OB-GYNS FOR WOMEN'S	HEALTH AND THE AMERICA	AN CONGRESS OF C	DB-GYNS PAC (OB-GY	N PAC)	
<u></u>					
ADDRESS (number and street)	409 12TH STREET, SW				
Check if different than previously reported. (ACC)	WASHINGTON		DC	20024	
2. FEC IDENTIFICATION NUM	IBER ♥ CI	TY 🛦	STATE	ZIPCODE	A
C00364158		IS THIS X	NEW (N) OR	AMENDED (A)	
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports:	Due On:	b 20 (M2)	May 20 (M5) X Jun 20 (M6)	D D	ov 20 (M11) Non-Election ear Only) ec 20 (M12) Non-Election ear Only)
April 15 Quarterly Report(Q July 15 Quarterly Report(Q October 15 Quarterly Report(Q January 31 Quarterly Report(Y) July 31 Mid-Year Report(Non-election Year Only) (MY) Termination Report (TER)	(c) 12-Day PRE-Election Report for the: (d) 30-Day Post -Election Report for the:	Primary (12 Convention ion on General (30	(12C) Spec	Oct 20 (M10) Francisco (M10) Grad (12G) In the State of	unoff (12R)
5. Covering Period 0 7		through	07 31	2009	
I certify that I have examined this I Type or Print Name of Treasurer	Report and to the best of my kr STACIE MISCIKOWSKI	•	s true, correct and comp	lete.	
	nically Filed by STACIE MIS		Date		0 0 9 437g.
Office Use Only				FEC FORM (Rev. 12/2004)	3X

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) 2 / 25

Write or Type Committee Name

OB-GYNS FOR WOMEN'S HEALTH AND THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

D D 0 1 3 1 07 2009 07 2009 Report Covering the Period: From: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 2009° 19853.06 January 1 (b) Cash on Hand at 46176.16 Begining of Reporting Period 25300.00 232275.00 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 71476.16 252128.06 6(a) and 6(c) for Column B) 18490.24 199142.14 Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 52985.92 52985.92 (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 14317.50 Schedule C and/or Schedule D) 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) 3 / 25

Write or Type Committee Name

OB-GYNS FOR WOMEN'S HEALTH AND THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

	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)	23300.00	204800.00
	(ii) Unitemized	2000.00	27475.00
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	25300.00	232275.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	25300.00	232275.00
12.	Transfers From Affiliated/Other Party Committees	0.00	0.00
13.	All Loans Received	0.00	0.00
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
16.	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
	to Federal candidates and Other Political Committees	0.00	0.00
17.	Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18.	Transfers from Non-Federal and Levin Funds (a) Non-Federal Account		
	(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))	25300.00	232275.00
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)	25300.00	232275.00

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

of Disbursements

4 / 25

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 Expenditures	3490.24	54892.14
(c) Total Operating Expenditures		
(add 21(a)(i), (a)(ii) and (b))	3490.24	54892.14
Transfers to Affiliated/Other Party Committees	0.00	0.00
Contributions to Federal Candidates/Committees and Other Political Committees	15000.00	141500.00
Independent Expenditure		
(use Schedule E)	0.00	0.00
Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
Loans Made	0.00	0.00
Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees	0.00	1750.00
(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	1750.00
(add Lines 28(a), (b), and (c))	0.00	1750.00
Other Disbursements	0.00	1000.00
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
. Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	18490.24	199142.14
. Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii)	18490.24	199142.14
from Line 31)	10430.24	133142.14

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) 5 / 25

	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)	25300.00	232275.00
34.	Total Contribution Refunds (from Line 28(d))	0.00	1750.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	25300.00	230525.00
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	3490.24	54892.14
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	3490.24	54892.14

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SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 25 (check only one) X 11a 11b 11c 12 13 14 15 16
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any pers the name and address of any political committee to H AND THE AMERICAN CONGRESS OF	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) KOFI S. AMANKWAH Mailing Address 98 KENNEDY COU City LANCASTER FEC ID number of contributing federal political committee. Name of Employer STATE UNIVERSITY OF NEW YORK Receipt For: Primary General Other (specify)	State Zip Code NY 14086 C Occupation PHYSICIAN Aggregate Year-to-Date ▼	Date of Receipt M M D D Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) MARK P. BROOKS Mailing Address 9 SOUTH MEDICAL City FISHERSVILLE FEC ID number of contributing federal political committee. Name of Employer WOMEN'S CENTER Receipt For: Primary General Other (specify)	State Zip Code VA 22939 C Occupation PHYSICIAN Aggregate Year-to-Date 1000.00	Date of Receipt M M M
Full Name (Last, First, Middle Initial) RAYDEEN M. BUSSE Mailing Address 1319 PUNAHOU ST City HONOLULU FEC ID number of contributing federal political committee. Name of Employer UNIVERSITY OF HAWAII Receipt For: Primary General Other (specify)	State Zip Code HI 96826 C Occupation PHYSICIAN Aggregate Year-to-Date 500.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	2500.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 25 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) OB-GYNS FOR WOMEN'S HEALTH	AND THE A	MERICAN CONGRESS OF	OB-GYNS PAC (OB-GYN PAC)
Α.	Full Name (Last, First, Middle Initial) JOSEPH C. CANTERINO			Date of Receipt
	Mailing Address 416 WASHINGTON B	OULEVARL)	07 01 2009
	City	State	Zip Code	Transaction ID: SA11Al.16854
	SEA GIRT	NJ	08750	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer JERSEY SHORE PERINATAL	Occupation PHYSIC		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
Б.	Full Name (Last, First, Middle Initial) DIVYA B. CANTOR			Date of Receipt
	Mailing Address 309 PEPPERBUSH R	OAD		07 27 Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.16951
	LOUISVILLE	KY	40207	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer LOUISVILLE OB/GYN	Occupation PHYSIC		
	Receipt For:	Aggregate	e Year-to-Date ▼	_
	Primary General Other (specify) ▼		250.00	
С. С.	Full Name (Last, First, Middle Initial) JUNE S. CHUN			Date of Receipt
	Mailing Address 1428 MAIN STREET			07 22 2009
	City	State	Zip Code	Transaction ID: SA11AI.16934
	WALPOLE	MA	02081	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer SELF-EMPLOYED	Occupation PHYSIC		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	500.00	
	SUBTOTAL of Receipts This Page (optional)			1000.00
	TOTAL This Period (last page this line number			

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 25 (check only one) X
or for commercial purposes, other than us NAME OF COMMITTEE (In Full)	s and Statements may not be sold or used by any posing the name and address of any political committee	e to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) JOSEPH P. CONNOR Mailing Address 600 HIGHI AND	AVENUE	Date of Receipt
City	State Zip Code	0 7 0 1 2 0 0 9 Transaction ID: SA11AI.16856
MADISON FEC ID number of contributing federal political committee.	WI 53792	Amount of Each Receipt this Period 500.00
Name of Employer UNIVERSITY OF WISCONSIN	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) JONATHAN W.R. DAVIES Mailing Address 5106 HILL ROA	D EAST	Date of Receipt 0 7 1 4 2 0 0 9
City	State Zip Code	Transaction ID: SA11AI.16907
LAKEPORT	CA 95453	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer FAMILY MEDICINE CLINIC	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) LAWRENCE A. DOLKART		Date of Receipt
Mailing Address 600 FITCH STR	EET	$\begin{bmatrix} & M & M & M & M & D & D & D & M & Y & Y & Y & Y \\ 0 & 7 & & 2 & 7 & & 2 & 0 & 0 & 9 \end{bmatrix}$
City	State Zip Code	Transaction ID: SA11AI.16952
ELMIRA FEC ID number of contributing federal political committee.	NY 14905	Amount of Each Receipt this Period 500.00
Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SURTOTAL of Receipts This Page (and	ional)	1250.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 25 (check only one) X 11a 11b 11c 12
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may the name and add	y not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) OB-GYNS FOR WOMEN'S HEALTI	H AND THE AN	MERICAN CONGRESS OF	OB-GYNS PAC (OB-GYN PAC)
Full Name (Last, First, Middle Initial) CHRISTOPHER C. DOTSON			Date of Receipt
Mailing Address 10150 NATIONAL E		7: 0 !	07 27 2009
City	State	Zip Code	Transaction ID: SA11AI.16953
LOS ANGELES FEC ID number of contributing federal political committee.	CA	90034	Amount of Each Receipt this Period 300.00
Name of Employer EVE SURGICAL CENTER	Occupation		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) MICHAEL ESEDEBE Mailing Address 9661 AUDELIA ROA	AD		Date of Receipt
City	State	Zip Code	07 08 2009 Transaction ID: SA11Al.16876
DALLAS	TX	75238	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer AUDELIA MEDICAL CENTER	Occupation PHYSICI		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) KAREN L. FEHR-DELASSANDRO			Date of Receipt
Mailing Address 5354 REYNOLDS S	STREET		$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
City	State	Zip Code	Transaction ID: SA11AI.16917
SAVANNAH	GA	31405	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer WOMEN TO WOMEN OB/GYN	Occupation PHYSICI		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional	l)		1550.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 25 (check only one) X
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any pers the name and address of any political committee to TH AND THE AMERICAN CONGRESS OF	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) BRENT P. FLETCHER Mailing Address 420 DEWEY STRE City WISCONSIN RAPIDS FEC ID number of contributing federal political committee. Name of Employer ASPIRUS DOCTOR'S CLINIC Receipt For:	State Zip Code WI 54494 C Occupation PHYSICIAN Aggregate Year-to-Date	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) KENNETH GARRETT Mailing Address 59 SPRING HILL C	500.00	Date of Receipt
City WAYNE FEC ID number of contributing federal political committee. Name of Employer PHYSICIANS FOR WOMEN	State Zip Code NJ 07470 C Occupation PHYSICIAN	Transaction ID: SA11AI.16857 Amount of Each Receipt this Period 500.00
Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	Aggregate Year-to-Date ▼ 500.00	
LISA C. GENNARI Mailing Address 8231 CORNELL RO City CINCINNATI FEC ID number of contributing federal political committee.	State Zip Code OH 45249	Date of Receipt 0 7 2 7 2 0 0 9 Transaction ID: SA11Al.16955 Amount of Each Receipt this Period
Name of Employer ASSOCIATES IN WOMEN'S HEA- LTH Receipt For: Primary General Other (specify) ▼	Occupation PHYSICIAN Aggregate Year-to-Date 1000.00	
SUBTOTAL of Receipts This Page (optional	l)	2000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 25 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) OB-GYNS FOR WOMEN'S HEALTH	Statements may not be sold or used by any pename and address of any political committee. AND THE AMERICAN CONGRESS (person for the purpose of soliciting contributions ee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) GEORGE V. JIRAK Mailing Address 2115 CHAPLINE STF City WHEELING FEC ID number of contributing federal political committee. Name of Employer OHIO VALLEY WOMEN'S HEALTH Receipt For: Primary General Other (specify)		Date of Receipt M M M / D D D / Y Y Y Y Y O 7 0 8 2 0 0 9 Transaction ID: SA11AI.16878 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) EDWARD C. KELLEY Mailing Address 700 CONGRESS STR City QUINCY FEC ID number of contributing federal political committee. Name of Employer ST. ELIZABETH'S MEDICAL CENTER Receipt For: Primary General Other (specify)	State Zip Code MA 02169 C Occupation PHYSICIAN Aggregate Year-to-Date 500.00	Date of Receipt M M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) DOLORES R. KENT Mailing Address 9201 SUNSET BOUL City LOS ANGELES FEC ID number of contributing federal political committee. Name of Employer SELF-EMPLOYED Receipt For: Primary General Other (specify)	State Zip Code CA 90069 C Occupation PHYSICIAN Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional) . TOTAL This Period (last page this line numbe		1000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 25 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) OB-GYNS FOR WOMEN'S HEALTH	ne name and add	dress of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) MARTHA B. KIM Mailing Address 3377 RIVERBEND			Date of Receipt M M D D / Y Y Y Y Y Y Y Y Y
City SPRINGFIELD FEC ID number of contributing	State OR	Zip Code 97477	Transaction ID: SA11AI.16974 Amount of Each Receipt this Period 500.00
Receipt For: Primary Other (specify)	Occupation PHYSICI		
Full Name (Last, First, Middle Initial) GEORGE D. KOFINAS Mailing Address 100 WINSTON DRIV	/E		Date of Receipt 0 7
City CLIFFSIDE PARK	State NJ	Zip Code 07010	Transaction ID: SA11AI.16976 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer KOFINAS FERTILITY SERVICES Receipt For: Primary General Other (specify)	Occupation PHYSICI Aggregate		1000.00
Full Name (Last, First, Middle Initial) MARY W. MARTIN Mailing Address 608 NORTHWEST 9	TH STREET		Date of Receipt
City OKLAHOMA CITY	State OK	Zip Code	07 08 2009 Transaction ID: SA11AI.16880
FEC ID number of contributing federal political committee.	C	73102	Amount of Each Receipt this Period 250.00
Name of Employer ST. ANTHONY HOSPITAL	Occupation PHYSICI		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)	_ I		1750.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 25 (check only one) X 11a 11b 11c 12 13 14 15 16
_	y information copied from such Reports and for commercial purposes, other than using th NAME OF COMMITTEE (In Full)	Statements manage name and add	y not be sold or used by any person dress of any political committee to	
	OB-GYNS FOR WOMEN'S HEALTH	AND THE AN	MERICAN CONGRESS OF (OB-GYNS PAC (OB-GYN PAC)
	Full Name (Last, First, Middle Initial) GLENN A. MCCOY	\		Date of Receipt
	Mailing Address 1700 BLUEGRASS A City	VENUE State	Zip Code	0 7 0 8 2 0 0 9 Transaction ID: SA11AI.16882
	LOUISVILLE	KY	40215	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer SELF-EMPLOYED	Occupatio PHYSICI		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) EFRAT MEIER-GINSBERG			Date of Receipt
	Mailing Address 297 SOUTH WASHIN	NGTON AVEN	NUE	07 27 2009
	City	State	Zip Code	Transaction ID: SA11AI.16960
	BERGENFIELD	NJ	07621	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer BERGENFIELD WOMEN'S HEALTH	Occupatio PHYSICI		
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
	Full Name (Last, First, Middle Initial) MILOSLAVA A. MERVART			Date of Receipt
	Mailing Address 13410 LAKE AVENUI	E		07 10 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.16919
	LAKEWOOD	ОН	44107	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer FAIRVIEW OB/GYN WEST	Occupatio PHYSICI		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
	UBTOTAL of Receipts This Page (optional)			1250.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 25 (check only one) X
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any pers the name and address of any political committee to H AND THE AMERICAN CONGRESS OF	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) EDWARD E. MOORE Mailing Address 1410 BLANDING S City COLUMBIA FEC ID number of contributing federal political committee. Name of Employer CAROLINA CENTER FOR FERTILITY Receipt For: Primary General	State Zip Code SC 29201 C Occupation PHYSICIAN Aggregate Year-to-Date	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) IMAD S. MUFARRIJ Mailing Address 4000 MITCHELLVII City BOWIE FEC ID number of contributing	State Zip Code MD 20716	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary Other (specify)	Occupation PHYSICIAN Aggregate Year-to-Date 250.00	
Full Name (Last, First, Middle Initial) JOSE R. NIEVES Mailing Address 17 SHADOW BROG City BROWNSVILLE FEC ID number of contributing federal political committee.	State Zip Code TX 78520	Date of Receipt 0 7 1 4 2 0 0 9 Transaction ID: SA11AI.16913 Amount of Each Receipt this Period 2000.00
Name of Employer BROWNSVILLE OB/GYN ASSOCI- ATES Receipt For: Primary General Other (specify) ▼	Occupation PHYSICIAN Aggregate Year-to-Date 2000.00	
SUBTOTAL of Receipts This Page (optional	l)	2750.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 25 (check only one) X 11a 11b 11c 12 13 14 15 16
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any pe the name and address of any political committee	to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) JAY L. PADRATZIK Mailing Address 20 NORTH WALLIN City ST. LOUIS FEC ID number of contributing federal political committee. Name of Employer MERCY MEDICAL GROUP Receipt For: Primary General Other (specify)	State Zip Code MO 63141 C Occupation PHYSICIAN Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) FRANK T. PATRICK Mailing Address 14220 MANDERLE City TOWN AND COUNTRY FEC ID number of contributing federal political committee. Name of Employer STORK OBGYN	IGH WOODS DRIVE State Zip Code MO 63017 C	Date of Receipt M M
Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) MARK D. PEACOCK Mailing Address 16623 BIRKDALE (PHYSICIAN Aggregate Year-to-Date 1000.00 COMMONS PARKWAY	Date of Receipt
City HUNTERSVILLE FEC ID number of contributing federal political committee.	State Zip Code NC 28078	0 7 2 7 2 0 0 9 Transaction ID: SA11AI.16962 Amount of Each Receipt this Period 1000.00
Name of Employer CAROLINAS WOMEN'S CENTER Receipt For: Primary General Other (specify) ▼	Occupation PHYSICIAN Aggregate Year-to-Date 1000.00	
SUBTOTAL of Receipts This Page (optional	l)	2250.00

SCHEDULE A (FEC ITEMIZED RECEIPT		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 25 (check only one) X
Any information copied from su or for commercial purposes, oth		ay not be sold or used by any perso ddress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\	<i>'</i>	AMERICAN CONGRESS OF	OB-GYNS PAC (OB-GYN PAC)
Full Name (Last, First, Midd JOSEPH RAMIERI			Date of Receipt
Mailing Address 100 MA City	DISON AVENUE State	Zip Code	0 7 0 1 2 0 0 9 Transaction ID: SA11AI.16860
MORRISTOWN	NJ	07960	Amount of Each Receipt this Period
FEC ID number of contribut federal political committee.			1000.00
Name of Employer ATLANTIC HEALTH	Occupati PHYSIC		
Receipt For: Primary Ger Other (specify) ▼		te Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) JOHN P. SAUTER			Date of Receipt
Mailing Address 47 MOF	RRISON HILL DRIVE		07
City	State	Zip Code	Transaction ID: SA11Al.16884
LITTLETON FEC ID number of contribut federal political committee.	ing NH	03561	Amount of Each Receipt this Period 250.00
Name of Employer SELF-EMPLOYED	Occupati PHYSIC		
Receipt For:		te Year-to-Date ▼	
Primary Ger Other (specify) ▼	peral	250.00]
Full Name (Last, First, Mido MIRIAM J. SIVKIN	lle Initial)		Date of Receipt
Mailing Address 247 BR	OAD STREET		07 01 2009
City	State	Zip Code	Transaction ID: SA11AI.16864
MILFORD	CT	06525	Amount of Each Receipt this Period
FEC ID number of contribut federal political committee.	ing		250.00
Name of Employer MILFORD OB/GYN	Occupati PHYSIC	CIAN	
Receipt For: Primary Ger Other (specify) ▼	55 5	te Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This	Page (optional)		1500.00

SCHEDULE A (FE	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17/25 (check only one)
Any information copied from or for commercial purposes,	such Reports and Statements may other than using the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE	(In Full)	•	OB-GYNS PAC (OB-GYN PAC)
Full Name (Last, First, Mi	ddle Initial)		Date of Receipt
Mailing Address 9850	GENESEE AVENUE		07 22 2009
City LA JOLLA	State CA	Zip Code	Transaction ID: SA11AI.16938
FEC ID number of contrib federal political committee	outing	92073	Amount of Each Receipt this Period 500.00
Name of Employer SELF-EMPLOYED	Occupation PHYSICI		
Receipt For: Primary Other (specify) ▼		Year-to-Date ▼ 500.00	
Full Name (Last, First, Mi	ddle Initial)		Date of Receipt
	IOREAU ROAD		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City CANTON	State MA	Zip Code 02021	Transaction ID: SA11AI.16964 Amount of Each Receipt this Period
FEC ID number of contrib federal political committee	outing	02021	500.00
Name of Employer HARVARD VANGUARD	MEDICAL Occupation PHYSICI		
Receipt For: Primary Other (specify) ▼		Year-to-Date ▼ 500.00	
Full Name (Last, First, Mi			Date of Receipt
	NORTH VILLAGE AVENUE		07 22 2009
City ROCKVILLE CENTE	State R NY	Zip Code 11570	Transaction ID: SA11AI.16940 Amount of Each Receipt this Period
FEC ID number of contrib federal political committee	outing	11070	2000.00
Name of Employer ISLAND OB/GYN ASSO	CIATES Occupation PHYSICI		
Receipt For: Primary Other (specify) ▼		Year-to-Date ▼ 2000.00	
SUBTOTAL of Receipts Th	I		3000.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 25 (check only one) X 11a 11b 11c 12
NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persone name and address of any political committee to AND THE AMERICAN CONGRESS OF	
Full Name (Last, First, Middle Initial) KIMBERLY R. WALTON Mailing Address 1294 WEST 6TH City SAN PEDRO FEC ID number of contributing federal political committee. Name of Employer SELF-EMPLOYED Receipt For:	State Zip Code CA 90732 C Occupation PHYSICIAN Aggregate Year-to-Date ▼	Date of Receipt M M M
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) J. ROY WATSON Mailing Address 6905 WYTHE HILL (Date of Receipt 0 7 0 9 2 0 0 9
City PROSPECT FEC ID number of contributing federal political committee.	State Zip Code KY 40059	Transaction ID: SA11AI.16891 Amount of Each Receipt this Period 500.00
Name of Employer RETIRED Receipt For: Primary General Other (specify) ▼	Occupation PHYSICIAN Aggregate Year-to-Date 500.00	
Full Name (Last, First, Middle Initial) CHRISTINE M. WHITWORTH Mailing Address 4426 EAST BROOK	FIELD DRIVE	Date of Receipt
City NASHVILLE FEC ID number of contributing federal political committee.	State Zip Code TN 37205	Transaction ID: SA11AI.16926 Amount of Each Receipt this Period 250.00
Name of Employer SELF-EMPLOYED Receipt For: Primary General Other (specify) ▼	Occupation PHYSICIAN Aggregate Year-to-Date 250.00	
SUBTOTAL of Receipts This Page (optional)	1	1000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 25 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Statements or for commercial purposes, other than using the name and		
NAME OF COMMITTEE (In Full) OB-GYNS FOR WOMEN'S HEALTH AND THE	AMERICAN CONGRESS OF C	DB-GYNS PAC (OB-GYN PAC)
Full Name (Last, First, Middle Initial) MOLLY YARDLEY Mailing Address 80 HEALTH PARK DRIVE City State	e Zip Code	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
LOUISVILLE CO FEC ID number of contributing federal political committee.	80027	Amount of Each Receipt this Period 500.00
	ation SICIAN	
Receipt For: Primary General Other (specify)	gate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	•	500.00
TOTAL This Period (last page this line number only)	•	23300.00

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COHEDINE B /EEC Form 2V)		1	
SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE (check only	
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	X 21b 27	22 23 24 25 26 28a 28b 28c 29 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full) OB-GYNS FOR WOMEN'S HEALTH AND	THE AMERICAN CONG	RESS OF OB	-GYNS PAC (OB-GYN PAC)
Full Name (Last, First, Middle Initial) AMERICAN EXPRESS			Transaction ID: SB21B.16875 Date of Disbursement
Mailing Address P.O. BOX 53852			$\begin{bmatrix} 0 & 7 & M \\ 0 & 7 & M \end{bmatrix}$ $\begin{bmatrix} 0 & 0 & 0 \\ 0 & 6 & 0 \end{bmatrix}$ $\begin{bmatrix} 0 & 0 & 0 \\ 0 & 2 & 0 & 0 \end{bmatrix}$
	State Zip Code AZ 85072		Amount of Each Disbursement this Period
Purpose of Disbursement CREDIT CARD TRANSACTION FEES			212.08
Candidate Name		Category/ Type	
Senate President	ment For: Primary General Other (specify) ▼		
State: District: Full Name (Last, First, Middle Initial) FIRST NATIONAL MERCHANT SOLUTIO	NS		Transaction ID: SB21B.16872 Date of Disbursement
Mailing Address 1620 DODGE STREET			$\begin{bmatrix} \begin{smallmatrix} M \\ O \end{smallmatrix}^M & \begin{smallmatrix} M \\ \end{smallmatrix} & \begin{bmatrix} \begin{smallmatrix} D \\ O \end{smallmatrix} & \begin{bmatrix} D \\ D \end{bmatrix} & \begin{bmatrix} Y \\ Z \end{smallmatrix} & \underbrace{Y} & $
•	State Zip Code NE 68197		Amount of Each Disbursement this Period
Purpose of Disbursement CREDIT CARD TRANSACTION FEES			471.70
Candidate Name		Category/ Type	
Office Sought: House Disburse Senate President	ment For: Primary General Other (specify)		
State: District:			
Full Name (Last, First, Middle Initial) SUSANNE HAESSLER			Transaction ID: SB21B.16870 Date of Disbursement
Mailing Address 3700 MASSACHUSETTS	S AVENUE, NW		$\begin{bmatrix} \begin{smallmatrix} M & 7 & M \\ 0 & 7 & M \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 0 & 6 \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 0 & 9 \end{smallmatrix} \end{bmatrix}$
	State Zip Code DC 20016		Amount of Each Disbursement this Period
Purpose of Disbursement ACCOUNTING			2610.00
Candidate Name		Category/ Type	
Office Sought: House Disburse Senate President	ment For: Primary General Other (specify)		
State: District:			
SURTOTAL of Dishursements This Page (ontional)			3293.78

TOTAL This Period (last page this line number only)

State:

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SCHEDULE B (FEC Form 3X)

District:

FOR LINE NUMBER: PAGE 21 / 25 Use separate schedule(s) (check only one) ITEMIZED DISBURSEMENTS for each category of the Detailed Summary Page 21b 22 23 24 26 27 28a 28b 28c 29 30b Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) OB-GYNS FOR WOMEN'S HEALTH AND THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC) Full Name (Last, First, Middle Initial) Transaction ID: SB21B.16873 SUSANNE HAESSLER Date of Disbursement 14 o[™] 7 2009 Mailing Address 3700 MASSACHUSETTS AVENUE, NW City State Zip Code Amount of Each Disbursement this Period WASHINGTON DC 20016 196.46 Purpose of Disbursement **DELIVERY** Candidate Name Category/ Type Office Sought: Disbursement For: House General Senate Primary President Other (specify)

SUBTOTAL of Disbursements This Page (optional)	•	196.46
TOTAL This Period (last page this line number only)	•	3490.24

Any Information copor for commercial poor for control for cont	curposes, other than using the MMITTEE (In Full) OR WOMEN'S HEALTH It, First, Middle Initial) OR CONGRESS SP.O. BOX 261060 ES CERRA	Detailed Statements may rename and addre	ess of any politica	I committee to so	22 X 23 24 25 28a 28b 28c 29 for the purpose of soliciting contributions plicit contributions from such committee 3-GYNS PAC (OB-GYN PAC) Transaction ID: SB23.16894 Date of Disbursement M 7 M / D D D Y 2 0 0 9
or for commercial property for for commerc	curposes, other than using the MMITTEE (In Full) OR WOMEN'S HEALTH It, First, Middle Initial) OR CONGRESS SP.O. BOX 261060 ES bursement DN IE CERRA	AND THE AME	ERICAN CONG	I committee to so	B-GYNS PAC (OB-GYN PAC) Transaction ID: SB23.16894 Date of Disbursement 0 7 1 4 2 0 0 9
NAME OF COMOB-GYNS FOR DB-GYNS	MMITTEE (In Full) OR WOMEN'S HEALTH t, First, Middle Initial) OR CONGRESS P.O. BOX 261060 ES bursement DN le CERRA	AND THE AME	ERICAN CONG		Transaction ID: SB23.16894 Date of Disbursement 0 7 1 4 2 0 0 9
Mailing Address City LOS ANGELI Purpose of Dist CONTRIBUTIO Candidate Nam XAVIER BEO Office Sought: State: CA Full Name (Last CHARLES A. Mailing Address City SAN ANTON Purpose of Dist CONTRIBUTIO Candidate Nam CHARLES A. Office Sought: State: TX Full Name (Last CHARLES A. City SAN ANTON Purpose of Dist CONTRIBUTIO Candidate Nam CHARLES A. Office Sought: State: TX Full Name (Last EARL POME Mailing Address City FARGO Purpose of Dist	P.O. BOX 261060 ES bursement DN DEERRA				Date of Disbursement
City LOS ANGELI Purpose of Disk CONTRIBUTIO Candidate Nam XAVIER BEC Office Sought: State: CA Full Name (Last CHARLES A. Mailing Address City SAN ANTON Purpose of Disk CONTRIBUTIO Candidate Nam CHARLES A. Office Sought: State: TX Full Name (Last EARL POME Mailing Address City FARGO Purpose of Disk	ES bursement DN le CERRA				07 14 2009
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CONTRIBUTION Candidate Name XAVIER BECONTRIBUTION Office Sought: State: CA Full Name (Last CHARLES A. Mailing Address City SAN ANTON Purpose of Dist CONTRIBUTION Candidate Name CHARLES A. Office Sought: State: TX Full Name (Last EARL POME Mailing Address City FARGO Purpose of Dist	ON ne CERRA				
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Full Name (Lass CHARLES A. Mailing Address City SAN ANTON Purpose of Dist CONTRIBUTIO Candidate Nam CHARLES A. Office Sought: State: TX Full Name (Lass EARL POME Mailing Address City FARGO Purpose of Dist CHARLES A. CITY CHARLES A. CITY CAN CHARLES CAN CHA	Senate President	sbursement For: X Primary Other (sp	2010 General ecify)		
CHARLES A. Mailing Address City SAN ANTON Purpose of Dist CONTRIBUTIO Candidate Nam CHARLES A. Office Sought: State: TX Full Name (Lass EARL POME Mailing Address City FARGO Purpose of Dist	District: 31				T
City SAN ANTON Purpose of Disk CONTRIBUTIO Candidate Nam CHARLES A. Office Sought: State: TX Full Name (Last EARL POME Mailing Address City FARGO Purpose of Disk	. GONZALEZ CONGRES	SSIONAL CAM	IPAIGN		Transaction ID: SB23.16931 Date of Disbursement
SÁN ANTON Purpose of Disk CONTRIBUTIO Candidate Nam CHARLES A. Office Sought: State: TX Full Name (Last EARL POME Mailing Address City FARGO Purpose of Disk	s P.O. BOX 12612				07 16 7 2009
CONTRIBUTIO Candidate Nam CHARLES A. Office Sought: State: TX Full Name (Last EARL POME Mailing Address City FARGO Purpose of Disk	IO	State TX	Zip Code 78212		Amount of Each Disbursement this Perio
CHARLES A. Office Sought: State: TX Full Name (Last EARL POME Mailing Address City FARGO Purpose of Disk					1000.00
State: TX Full Name (Last EARL POME Mailing Address City FARGO Purpose of Disk	ne . GONZALEZ			Category/ Type	
Full Name (Last EARL POME Mailing Address City FARGO Purpose of Disk	X House Dis Senate President District: 20	Sbursement For: X Primary Other (spe	2010 General ecify)		
City FARGO Purpose of Disk	t, First, Middle Initial)				Transaction ID: SB23.16900 Date of Disbursement
FARGO Purpose of Disk	s P.O. BOX 9336				$\begin{bmatrix} \begin{smallmatrix} M & 7 & M \\ 0 & 7 & M \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & 1 & 0 \\ 1 & 4 \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & 0 & 0 & 9 \\ 2 & 0 & 0 & 9 \end{bmatrix}$
		State ND	Zip Code 58106		Amount of Each Disbursement this Peric
CONTRIBUTIO					1000.00
Candidate Nam EARL R. POI				Category/ Type	
Office Sought:		sbursement For: Primary	2010 X General ecify) ▼		
State: ND	MEROY	Other (sp	- · · •		

TEMIZED DISBURSEMENTS for each category of the Obtailed Summary Page 21 to 22 to 23 28 28 28 28 28 28 28	SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE		PAGE 23 / 25
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 to reform the purpose of political committee to solicit contributions from such committee for solicit contributions from such committee for solicit c	TEMIZED DISBURSEMENTS	for each category of the	21b	22 X 23	
n for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee to solicit contributions in the such contribution in the such contribution in the such contribution in the such contributions from such contributions fro	Any Information copied from such Reports and Statem	lents may not be sold or used			
OB-GYNS FOR WOMEN'S HEALTH AND THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC) Full Name (Last, First, Middle Initial) FRIENDS OF JOHN BARROW Mailing Address P.O. BOX 8166 City SAVANNAH GA 31412 Purpose of Disbursement CONTRIBUTION Candidate Name JOHN D. DINGELL FOR CONGRESS COMMITTEE Mailing Address 607 14TH STREET, NW City Senate President State: MI District: 12 Full Name (Last, First, Middle Initial) MOUNTAINEER PAC Mailing Address 607 14TH STREET, NW City Senate President State: MI District: 15 Full Name (Last, First, Middle Initial) MOUNTAINEER PAC Mailing Address 607 14TH STREET, NW City Senate President State: MI District: 15 Full Name (Last, First, Middle Initial) MOUNTAINEER PAC Mailing Address 607 14TH STREET, NW City Senate President State: MI District: 15 Full Name (Last, First, Middle Initial) MOUNTAINEER PAC Mailing Address 607 14TH STREET, NW City State Zip Code Disbursement Contribution Candidate Name Office Sought: Y House Senate President State: Disbursement City State Zip Code Disbursement Contribution Candidate Name Disbursement For: 2010 X Primary General Disbursement Contribution Candidate Name Disbursement For: 2010 X Primary General Disbursement Contribution Candidate Name Disbursement Disbur					
FRIENDS OF JOHN BARROW Mailing Address P.O. BOX 8166 City SAVANNAH GA 31412 Purpose of Disbursement CONTRIBUTION Candidate Name JOHN J. BARROW Office Sought: Very Senate President State: GA District: 12 Full Name (Last, First, Middle Initial) JOHN D. DINGELL FOR CONGRESS COMMITTEE Mailing Address 607 14TH STREET, NW City Sanate President Senate Disbursement For: 2010 Condidate Name JOHN D. DINGELL Office Sought: President State: MI District: 15 Full Name (Last, First, Middle Initial) JOHN D. DINGELL FOR CONGRESS COMMITTEE Mailing Address 607 14TH STREET, NW Category/ Type Amount of Each Disbursement this Period Type Amount of Each Disbursement this Period Type Amount of Each Disbursement this Period Type Transaction ID: SB23.16849 Date of Disbursement this Period Type Amount of Each Disbursement this Period Type Transaction ID: SB23.16849 Date of Disbursement this Period Type Transaction ID: SB23.16849 Date of Disbursement this Period Type Transaction ID: SB23.16849 Date of Disbursement this Period Type Transaction ID: SB23.16849 Date of Disbursement this Period Type Transaction ID: SB23.16849 Date of Disbursement this Period Type Transaction ID: SB23.16849 Date of Disbursement this Period Type Transaction ID: SB23.16849 Amount of Each Disbursement this Period Type Transaction ID: SB23.16903 Date of Disbursement this Period Type Transaction ID: SB23.16903 Date of Disbursement this Period Type Transaction ID: SB23.16903 Date of Disbursement this Period Type Transaction ID: SB23.16903 Date of Disbursement this Period Type Transaction ID: SB23.16903 Date of Disbursement this Period Type Transaction ID: SB23.16903 Date of Disbursement this Period Type Transaction ID: SB23.16903 Date of Disbursement this Period Type Transaction ID: SB23.16903 Amount of Each Disbursement this Period Type Transaction ID: SB23.16903 Date of Disbursement this Period Type Transaction ID: SB23.16903 Amount of Each Disbursement this Period Type Transaction ID: SB23.16903 Date of Disburse	` '	THE AMERICAN CONG	RESS OF OB	-GYNS PAC (OB-C	GYN PAC)
Amount of Each Disbursement this Perio SAVANNAH State Zip Code GA 31412 Purpose of Disbursement CONTRIBUTION Candidate Name JOHN J. BARROW Office Sought: X House Senate President State: GA District: 12 Full Name (Last, First, Middle Initial) JOHN D. DINGELL FOR CONGRESS COMMITTEE Mailing Address 607 14TH STREET, NW City WASHINGTON Condidate Name JOHN D. DINGELL Office Sought: X Primary General Office Sought: Y Disbursement this Perio Office Sought: Y Disbursement CONTRIBUTION Candidate Name Office Sought: House Senate Primary General				Date of Disburseme	
SÁVANNAH GA 31412 Purpose of Disbursement CONTRIBUTION Candidate Name JOHN J. BARROW Office Sought:	Mailing Address P.O. BOX 8166			07 16	['] 2009 [']
CONTRIBUTION Candidate Name JOHN J. BARROW Office Sought:	SÁVANNAH			Amount of Each Dis	• • • • • •
Office Sought:	CONTRIBUTION		Oct.		2500.00
Senate President State: GA District: 12 Full Name (Last, First, Middle Initial) JOHN D. DINGELL FOR CONGRESS COMMITTEE Mailing Address 607 14TH STREET, NW City WASHINGTON DC 20005 Purpose of Disbursement CONTRIBUTION Candidate Name JOHN D. DISTRICt: 15 Full Name (Last, First, Middle Initial) JOHN D. DINGELL Office Sought: House Disbursement For: 2010 WASHINGTON District: 15 Full Name (Last, First, Middle Initial) MOUNTAINEER PAC Mailing Address 607 14TH STREET, NW City Senate President State Zip Code DC 20005 Furpose of Disbursement For: 2010 X Primary General Disbursement District: 15 Full Name (Last, First, Middle Initial) MOUNTAINEER PAC Mailing Address 607 14TH STREET, NW City WASHINGTON DC 20005 Cardidate Name Office Sought: House Disbursement For: 2000 Senate President DC 20005 Cardidate Name Disbursement For: 2000 Senate Primary General Other (specify) V 2 0 0 9 Y 2 0 0 9 Y 2 0 0 9 Y 2 0 0 9 Y 2 0 0 0 0	JOHN J. BARROW	ment Ferri 2010			
Full Name (Last, First, Middle Initial) JOHN D. DINGELL FOR CONGRESS COMMITTEE Mailing Address 607 14TH STREET, NW City WASHINGTON Purpose of Disbursement CONTRIBUTION Candidate Name JOHN D. DINGELL Office Sought: X House Senate President State: MI District: 15 Full Name (Last, First, Middle Initial) MOUNTAINEER PAC Mailing Address 607 14TH STREET, NW City WASHINGTON City WASHINGTON City WASHINGTON City WASHINGTON City WASHINGTON City City WASHINGTON DC DC Disbursement For: 2010 Disbursement City WASHINGTON DC Zo005 Purpose of Disbursement CONTRIBUTION Candidate Name Office Sought: House Senate Primary General Disbursement CONTRIBUTION Candidate Name Office Sought: House Senate Primary General Disbursement Contribution City Category/ Type Office Sought: House Senate Primary General Disbursement For: Category/ Type Office Sought: House Senate Primary General Disbursement For: Senate Primary General Other (specify) ▼ Other (specify) ▼ Category/ Type Office Sought: House Senate Primary General Disbursement For: Senate Primary Gener	Senate X President	Primary General			
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City WASHINGTON Purpose of Disbursement CONTRIBUTION Candidate Name JOHN D. DINGELL Office Sought: State: MI District: 15 Full Name (Last, First, Middle Initial) MOUNTAINEER PAC Mailing Address G07 14TH STREET, NW City WASHINGTON Candidate Name CONTRIBUTION Candidate Name Office Sought: Full Name (Last, First, Middle Initial) City WASHINGTON Candidate Name Office Sought: Full Name (Last, First, Middle Initial) City WASHINGTON Candidate Name Office Sought: Full Name (Last, First, Middle Initial) City WASHINGTON Candidate Name Office Sought: Full Name (Last, First, Middle Initial) Disbursement Contribution Candidate Name Office Sought: Full Name (Last, First, Middle Initial) Disbursement Contribution Candidate Name Office Sought: Full Name (Last, Disbursement this Perion Office Sough	,	MMITTEE		Date of Disburseme	ent
WASHINGTON DC 20005 Purpose of Disbursement CONTRIBUTION Candidate Name JOHN D. DINGELL Office Sought:					
CONTRIBUTION Candidate Name JOHN D. DINGELL Office Sought:	WASHINGTON			Amount of Each Dis	
JOHN D. DINGELL Office Sought: X House Senate President State: MI District: 15 Full Name (Last, First, Middle Initial) MOUNTAINEER PAC Mailing Address 607 14TH STREET, NW City State Zip Code WASHINGTON DC 20005 Purpose of Disbursement CONTRIBUTION Candidate Name Office Sought: House Senate Primary General Disbursement For: Senate Primary General Other (specify) ▼ State: District: District: Transaction ID: SB23.16903 Date of Disbursement M 7 M / P 1 A / Y 2 0 0 9 Y Amount of Each Disbursement this Perior Type Category/ Type Office Sought: House Primary General Other (specify) ▼ State: District:	CONTRIBUTION				1000.00
Senate	JOHN D. DINGELL				
MOUNTAINEER PAC Mailing Address 607 14TH STREET, NW City State Zip Code WASHINGTON DC 20005 Purpose of Disbursement CONTRIBUTION Candidate Name Candidate Name Disbursement For: Category/ Type Office Sought: House Primary General President Other (specify) ▼ State: District:	Senate X President	Primary General			
City State Zip Code WASHINGTON DC 20005 Purpose of Disbursement CONTRIBUTION Candidate Name Category/ Type Office Sought: House Primary General Other (specify) ▼ State: District: City State Zip Code DC 20005 Amount of Each Disbursement this Perio Category/ Type Amount of Each Disbursement this Perio Category/ Type Office Sought: Other (specify) ▼				Date of Disburseme	
WASHINGTON Purpose of Disbursement CONTRIBUTION Candidate Name Office Sought: House Senate Primary General President State: District: State: District: DC 20005 1500.00 1500.00	Mailing Address 607 14TH STREET, NW			07 14	y 2009
CONTRIBUTION Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) State: District:				Amount of Each Dis	• • • • • •
Office Sought: House Senate Primary General Other (specify) ▼ State: District:	CONTRIBUTION		0 0		1500.00
Senate					
5000.00	Senate President	Primary General			
SUBTOTAL of Dispursements This Page (optional)	<u>'</u>				5000.00
	SUBTOTAL of Disbursements This Page (optional)		<u> </u>		3000.00

5	SCHEDULE B (FEC Form 3X)	Use separate schedule(s)		FOR LINE (check only		NUMBER: PAGE 24				1 / 25
ľ	TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page			21b 27	22 28a	X 23 28b	24 28c	25 29	
	ny Information copied from such Reports and Statem r for commercial purposes, other than using the nam									
	NAME OF COMMITTEE (In Full) OB-GYNS FOR WOMEN'S HEALTH AND	THE AMERICAN CONC	GRE	SS C	OF OE	3-GYNS	PAC (O	B-GYN I	PAC)	
A .	Full Name (Last, First, Middle Initial) PASCRELL FOR CONGRESS					Date o	f Disburs			
	Mailing Address P.O. BOX 640					0 7	и / D 1	4	žod	5 9 [*]
	City TOTOWA	State Zip Code NJ 07511				Amour	nt of Each	Disburse		
	Purpose of Disbursement CONTRIBUTION								1000.	00
	Candidate Name WILLIAM J. PASCRELL, JR.		С	atego Type	-					
		ement For: 2010 Primary General Other (specify)								
В.	Full Name (Last, First, Middle Initial) PETE STARK RE-ELECTION COMMITTE	E					action ID f Disburs	: SB23.	16901	
	Mailing Address P.O. BOX 8331					0 ^M 7		4	žoč	Ó 9 [°]
	City FREMONT	State Zip Code CA 94537				Amour	nt of Each	Disburse	ement thi	s Period
	Purpose of Disbursement CONTRIBUTION			•					5000.	00
	Candidate Name FORTNEY H. 'PETE' STARK		С	atego Type	ry/					
		ement For: 2010 Primary General Other (specify)								
С.	Full Name (Last, First, Middle Initial) STABENOW FOR U.S. SENATE					Date o	f Disburs			
	Mailing Address P.O. BOX 4945					0 ^M 7	/ D	06	žod	5 9 [*]
	City EAST LANSING	State Zip Code MI 48826				Amour	nt of Each	Disburse		
	Purpose of Disbursement CONTRIBUTION								1000.	00
	Candidate Name DEBBIE STABENOW		С	atego Type						
		ement For: 2012 Primary General Other (specify)								
	SUBTOTAL of Disbursements This Page (optional)							•	7000.	00
r	TOTAL This Period (last page this line number only)				<u> </u>		• •		15000.	
L	, , , , , , , , , , , , , , , , , , ,									

SCHEDULE D (FEC Form 3X)

(Use separate schedule(s) for each numbered line)

PAGE 25 / 25 FOR LINE NUMBER: 9 (check only one) X 10

DEBTS AND OBLIGATIONS

Excluding Loans

IV WILL OF COMMINIT	1 LL (III I UII)				
OB-GYNS FOR V	NOMEN'S HEALTH	HAND THE AMERIC	CAN CONGRESS C	OF OB-GYNS PAC	(OB-GYN PAC

	E OF COMMITTEE (In F BYNS FOR WOMEN	•	E AMERICAN CONGRESS OF OB-	GYNS PAC (OB-GYN PAC)	
	Full Name (Last, First, JSANNE HAESSLEF	Middle Initial) of Debtor (Nature of Debt (Purpose): ACCOUNTING		
Ma	ailing Address 3700 M	MASSACHUSETTS A	VENUE, NW	_	
Cit W	ty ASHINGTON	State DC	ZIP Code 20016		
Ι,	Outstanding Balance Be	eginning This Period		Transaction ID: SD10.16846	
	<u> </u>	2610.00			
١.,	Amount Incurred This Period		Payment This Period Outstanding Balance at Close of This Pe		
	L	0.00	2610.00	0.00	
	B. Full Name (Last, First, Middle Initial) of Debtor or Creditor SUSANNE HAESSLER			Nature of Debt (Purpose): ACCOUNTING	
Ma	ailing Address 3700 M	MASSACHUSETTS A	VENUE, NW		
Cit W	ty 'ASHINGTON	State DC	ZIP Code 20016		
١,	Outstanding Balance Be	eginning This Period		Transaction ID: SD10.16979	
		0.00			
	Amount Incurred	This Period	Payment This Period	Outstanding Balance at Close of This Period	
		1740.00	0.00	1740.00	
	Full Name (Last, First, ATIONAL CAPITAL 1	Middle Initial) of Debtor		Nature of Debt (Purpose): GENERIC TELEPHONE SOLICIT- ATIONS	
N/		Middle Initial) of Debtor of		Nature of Debt (Purpose):	
Ma	ATIONAL CAPITAL Tailing Address 300 FIF	Middle Initial) of Debtor of		Nature of Debt (Purpose):	
Ma Cit W	ATIONAL CAPITAL Tailing Address 300 FIF	Middle Initial) of Debtor of TELESERVICES FTH STREET, NE State DC	or Creditor ZIP Code	Nature of Debt (Purpose):	
Ma Cit W	ATIONAL CAPITAL Tailing Address 300 FIF	Middle Initial) of Debtor of TELESERVICES FTH STREET, NE State DC	or Creditor ZIP Code	Nature of Debt (Purpose): GENERIC TELEPHONE SOLICIT- ATIONS	
Ma Cit W	ATIONAL CAPITAL Tailing Address 300 FIF	Middle Initial) of Debtor of FELESERVICES FTH STREET, NE State DC eginning This Period 0.00	or Creditor ZIP Code	Nature of Debt (Purpose): GENERIC TELEPHONE SOLICIT- ATIONS	
Ma Cit W	ATIONAL CAPITAL Tailing Address 300 FIF ty ASHINGTON Outstanding Balance Be	Middle Initial) of Debtor of FELESERVICES FTH STREET, NE State DC eginning This Period 0.00	ZIP Code 20002	Nature of Debt (Purpose): GENERIC TELEPHONE SOLICIT- ATIONS Transaction ID: SD10.16980	
Maa Citi W	ATIONAL CAPITAL Tailing Address 300 FIF ty ASHINGTON Outstanding Balance Be Amount Incurred	Middle Initial) of Debtor of FELESERVICES FTH STREET, NE State DC eginning This Period 0.00 This Period 12577.50	ZIP Code 20002	Nature of Debt (Purpose): GENERIC TELEPHONE SOLICIT- ATIONS Transaction ID: SD10.16980 Outstanding Balance at Close of This Period	
Ma Citi W	ATIONAL CAPITAL Tailing Address 300 FIFety ASHINGTON Outstanding Balance Be Amount Incurred	Middle Initial) of Debtor of FELESERVICES FTH STREET, NE State DC eginning This Period 0.00 This Period 12577.50 d This Page (optional)	ZIP Code 20002 Payment This Period 0.00	Nature of Debt (Purpose): GENERIC TELEPHONE SOLICIT- ATIONS Transaction ID: SD10.16980 Outstanding Balance at Close of This Period 12577.50	
Main Main Main Main Main Main Main Main	ATIONAL CAPITAL Tailing Address 300 FIFety ASHINGTON Outstanding Balance Be Amount Incurred	Middle Initial) of Debtor of TELESERVICES FTH STREET, NE State DC eginning This Period 0.00 I This Period 12577.50 d This Page (optional) t page this line number o	ZIP Code 20002 Payment This Period 0.00	Nature of Debt (Purpose): GENERIC TELEPHONE SOLICIT- ATIONS Transaction ID: SD10.16980 Outstanding Balance at Close of This Period 12577.50	