

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

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

ADDRESS (number and street)

409 12TH STREET, SW

Check if different
than previously
reported. (ACC)

WASHINGTON

DC

20024

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00364158

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

April 15
Quarterly Report(Q1)July 15
Quarterly Report(Q2)October 15
Quarterly Report(Q3)January 31
Quarterly Report(YE)July 31 Mid-Year
Report(Non-election
Year Only) (MY)Termination Report
(TER)(b) Monthly
Report
Due On:

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)
(Non-Election
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)
(Non-Election
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12G)

Election on

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

General (30G)



Runoff (30R)



Special (30S)

Election on

in the
State of

5. Covering Period

07

01

2009

through

07

31

2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

STACIE MISCIKOWSKI

Signature of Treasurer

Electronically Filed by STACIE MISCIKOWSKI

Date

08

11

2009

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

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

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

2 / 25

Write or Type Committee Name

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

Report Covering the Period:

From:

M M
0 7D D
0 1Y Y Y Y
2 0 0 9

To:

M M
0 7D D
3 1Y Y Y Y
2 0 0 9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2009		19853.06
(b) Cash on Hand at Beginning of Reporting Period	46176.16	
(c) Total Receipts (from Line 19)	25300.00	232275.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	71476.16	252128.06
7. Total Disbursements (from Line 31)	18490.24	199142.14
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	52985.92	52985.92
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	14317.50	

☒ 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)

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Write or Type Committee Name

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

Report Covering the Period:

From:

M	M	D	D	Y	Y	W	Y
0	7	0	1	2	0	0	9

To:

M	M	D	D	Y	Y	W	Y
0	7	3	1	2	0	0	9

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
(d) Total Contributions (add Lines 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
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	25300.00	232275.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	25300.00	232275.00

DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	3490.24	54892.14	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	3490.24	54892.14	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	15000.00	141500.00	
24. Independent Expenditure (use Schedule E)	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees	0.00	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 (add Lines 28(a), (b), and (c))	0.00	1750.00	
29. Other Disbursements.....	0.00	1000.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	18490.24	199142.14	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	18490.24	199142.14	

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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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

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)

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

KOFI S. AMANKWAH

Mailing Address 98 KENNEDY COURT

City

LANCASTER

State

NY

Zip Code

14086

FEC ID number of contributing
federal political committee.

C

Name of Employer
STATE UNIVERSITY OF NEW
YORK

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.16851

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

MARK P. BROOKS

Mailing Address 9 SOUTH MEDICAL PARK DRIVE

City

FISHERSVILLE

State

VA

Zip Code

22939

FEC ID number of contributing
federal political committee.

C

Name of Employer
WOMEN'S CENTER

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 9 / 2 0 0 9

Transaction ID: SA11AI.16886

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

RAYDEEN M. BUSSE

Mailing Address 1319 PUNAHOU STREET

City

HONOLULU

State

HI

Zip Code

96826

FEC ID number of contributing
federal political committee.

C

Name of Employer
UNIVERSITY OF HAWAII

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 2 / 2 0 0 9

Transaction ID: SA11AI.16932

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 25

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

JOSEPH C. CANTERINO

Mailing Address 416 WASHINGTON BOULEVARD

City

SEA GIRT

State

NJ

Zip Code

08750

FEC ID number of contributing
federal political committee.

C

Name of Employer
JERSEY SHORE PERINATALOccupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	0	9

Transaction ID: SA11AI.16854

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

DIVYA B. CANTOR

Mailing Address 309 PEPPERBUSH ROAD

City

LOUISVILLE

State

KY

Zip Code

40207

FEC ID number of contributing
federal political committee.

C

Name of Employer
LOUISVILLE OB/GYNOccupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	7		2	0	0	9

Transaction ID: SA11AI.16951

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

JUNE S. CHUN

Mailing Address 1428 MAIN STREET

City

WALPOLE

State

MA

Zip Code

02081

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYEDOccupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	2		2	0	0	9

Transaction ID: SA11AI.16934

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 25

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

JOSEPH P. CONNOR

Mailing Address 600 HIGHLAND AVENUE

City

MADISON

State

WI

Zip Code

53792

FEC ID number of contributing
federal political committee.

C

Name of Employer
UNIVERSITY OF WISCONSIN

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.16856

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

JONATHAN W.R. DAVIES

Mailing Address 5106 HILL ROAD EAST

City

LAKEPORT

State

CA

Zip Code

95453

FEC ID number of contributing
federal political committee.

C

Name of Employer
FAMILY MEDICINE CLINIC

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 4 / 2 0 0 9

Transaction ID: SA11AI.16907

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

LAWRENCE A. DOLKART

Mailing Address 600 FITCH STREET

City

ELMIRA

State

NY

Zip Code

14905

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.16952

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 25

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

CHRISTOPHER C. DOTSON

Mailing Address 10150 NATIONAL BOULEVARD

City

LOS ANGELES

State

CA

Zip Code

90034

FEC ID number of contributing
federal political committee.

C

Name of Employer
EVE SURGICAL CENTER

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.16953

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

MICHAEL ESEDEBE

Mailing Address 9661 AUDELIA ROAD

City

DALLAS

State

TX

Zip Code

75238

FEC ID number of contributing
federal political committee.

C

Name of Employer
AUDELIA MEDICAL CENTER

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 8 / 2 0 0 9

Transaction ID: SA11AI.16876

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

KAREN L. FEHR-DELA SANDRO

Mailing Address 5354 REYNOLDS STREET

City

SAVANNAH

State

GA

Zip Code

31405

FEC ID number of contributing
federal political committee.

C

Name of Employer
WOMEN TO WOMEN OB/GYN

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 0 / 2 0 0 9

Transaction ID: SA11AI.16917

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1550.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 25

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

BRENT P. FLETCHER

Mailing Address 420 DEWEY STREET

City

WISCONSIN RAPIDS

State

WI

Zip Code

54494

FEC ID number of contributing
federal political committee.

C

Name of Employer
ASPIRUS DOCTOR'S CLINIC

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.16954

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

KENNETH GARRETT

Mailing Address 59 SPRING HILL CIRCLE

City

WAYNE

State

NJ

Zip Code

07470

FEC ID number of contributing
federal political committee.

C

Name of Employer
PHYSICIANS FOR WOMEN

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.16857

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

LISA C. GENNARI

Mailing Address 8231 CORNELL ROAD

City

CINCINNATI

State

OH

Zip Code

45249

FEC ID number of contributing
federal political committee.

C

Name of Employer
ASSOCIATES IN WOMEN'S HEALTH

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.16955

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 25

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

GEORGE V. JIRAK

Mailing Address 2115 CHAPLINE STREET

City

WHEELING

State

WV

Zip Code

26003

FEC ID number of contributing
federal political committee.

C

Name of Employer

OHIO VALLEY WOMEN'S HEALTH

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	0	8	/	2	0	0	9

Transaction ID: SA11AI.16878

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

EDWARD C. KELLEY

Mailing Address 700 CONGRESS STREET

City

QUINCY

State

MA

Zip Code

02169

FEC ID number of contributing
federal political committee.

C

Name of Employer

ST. ELIZABETH'S MEDICAL
CENTER

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	2	/	2	0	0	9

Transaction ID: SA11AI.16936

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

DOLORES R. KENT

Mailing Address 9201 SUNSET BOULEVARD

City

LOS ANGELES

State

CA

Zip Code

90069

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	7	/	2	0	0	9

Transaction ID: SA11AI.16959

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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)

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

MARTHA B. KIM

Mailing Address 3377 RIVERBEND

City

SPRINGFIELD

State

OR

Zip Code

97477

FEC ID number of contributing
federal political committee.

C

Name of Employer

PEACE HEALTH MEDICAL GROUP

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 9 / 2 0 0 9

Transaction ID: SA11AI.16974

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

GEORGE D. KOFINAS

Mailing Address 100 WINSTON DRIVE

City

CLIFFSIDE PARK

State

NJ

Zip Code

07010

FEC ID number of contributing
federal political committee.

C

Name of Employer

KOFINAS FERTILITY SERVICES

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 9 / 2 0 0 9

Transaction ID: SA11AI.16976

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

MARY W. MARTIN

Mailing Address 608 NORTHWEST 9TH STREET

City

OKLAHOMA CITY

State

OK

Zip Code

73102

FEC ID number of contributing
federal political committee.

C

Name of Employer

ST. ANTHONY HOSPITAL

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 8 / 2 0 0 9

Transaction ID: SA11AI.16880

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 25

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

GLENN A. MCCOY

Mailing Address 1700 BLUEGRASS AVENUE

City

LOUISVILLE

State

KY

Zip Code

40215

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	8		2	0	0	9

Transaction ID: SA11AI.16882

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

EFRAT MEIER-GINSBERG

Mailing Address 297 SOUTH WASHINGTON AVENUE

City

BERGENFIELD

State

NJ

Zip Code

07621

FEC ID number of contributing
federal political committee.

C

Name of Employer
BERGENFIELD WOMEN'S HEALTH

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	7		2	0	0	9

Transaction ID: SA11AI.16960

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

MILOSLAVA A. MERVART

Mailing Address 13410 LAKE AVENUE

City

LAKEWOOD

State

OH

Zip Code

44107

FEC ID number of contributing
federal political committee.

C

Name of Employer
FAIRVIEW OB/GYN WEST

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	0		2	0	0	9

Transaction ID: SA11AI.16919

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 25

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

EDWARD E. MOORE

Mailing Address 1410 BLANDING STREET

City

COLUMBIA

State

SC

Zip Code

29201

FEC ID number of contributing
federal political committee.

C

Name of Employer
CAROLINA CENTER FOR FERTI-
LITY

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	4	/	2	0	0	9

Transaction ID: SA11AI.16909

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

IMAD S. MUFARRIJ

Mailing Address 4000 MITCHELLVILLE ROAD

City

BOWIE

State

MD

Zip Code

20716

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	0	9	/	2	0	0	9

Transaction ID: SA11AI.16890

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

JOSE R. NIEVES

Mailing Address 17 SHADOW BROOK

City

BROWNSVILLE

State

TX

Zip Code

78520

FEC ID number of contributing
federal political committee.

C

Name of Employer
BROWNSVILLE OB/GYN ASSOCI-
ATES

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	4	/	2	0	0	9

Transaction ID: SA11AI.16913

Amount of Each Receipt this Period

2000.00

SUBTOTAL of Receipts This Page (optional)

2750.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 25

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

JAY L. PADRATZIK

Mailing Address 20 NORTH WALLING DRIVE

City

ST. LOUIS

State

MO

Zip Code

63141

FEC ID number of contributing
federal political committee.

C

Name of Employer
MERCY MEDICAL GROUP

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.16924

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

FRANK T. PATRICK

Mailing Address 14220 MANDERLEIGH WOODS DRIVE

City

TOWN AND COUNTRY

State

MO

Zip Code

63017

FEC ID number of contributing
federal political committee.

C

Name of Employer
STORK OB/GYN

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.16858

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

MARK D. PEACOCK

Mailing Address 16623 BIRKDALE COMMONS PARKWAY

City

HUNTERSVILLE

State

NC

Zip Code

28078

FEC ID number of contributing
federal political committee.

C

Name of Employer
CAROLINAS WOMEN'S CENTER

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.16962

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2250.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 25

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

JOSEPH RAMIERI

Mailing Address 100 MADISON AVENUE

City

MORRISTOWN

State

NJ

Zip Code

07960

FEC ID number of contributing
federal political committee.

C

Name of Employer
ATLANTIC HEALTH

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 01 / 2009

Transaction ID: SA11AI.16860

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

JOHN P. SAUTER

Mailing Address 47 MORRISON HILL DRIVE

City

LITTLETON

State

NH

Zip Code

03561

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 08 / 2009

Transaction ID: SA11AI.16884

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

MIRIAM J. SIVKIN

Mailing Address 247 BROAD STREET

City

MILFORD

State

CT

Zip Code

06525

FEC ID number of contributing
federal political committee.

C

Name of Employer
MILFORD OB/GYN

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 01 / 2009

Transaction ID: SA11AI.16864

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 25

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

DAVID B. SMOTRICH

Mailing Address 9850 GENESEE AVENUE

City

LA JOLLA

State

CA

Zip Code

92073

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 2 / 2 0 0 9

Transaction ID: SA11AI.16938

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

GINTER SOTREL

Mailing Address 50 THOREAU ROAD

City

CANTON

State

MA

Zip Code

02021

FEC ID number of contributing
federal political committee.

C

Name of Employer
HARVARD VANGUARD MEDICAL

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.16964

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

NICHOLAS J. TARRICONE

Mailing Address 2000 NORTH VILLAGE AVENUE

City

ROCKVILLE CENTER

State

NY

Zip Code

11570

FEC ID number of contributing
federal political committee.

C

Name of Employer
ISLAND OB/GYN ASSOCIATES

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 2 / 2 0 0 9

Transaction ID: SA11AI.16940

Amount of Each Receipt this Period

2000.00

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 25

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

KIMBERLY R. WALTON

Mailing Address 1294 WEST 6TH

City

SAN PEDRO

State

CA

Zip Code

90732

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.16967

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

J. ROY WATSON

Mailing Address 6905 WYTHE HILL CIRCLE

City

PROSPECT

State

KY

Zip Code

40059

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 9 / 2 0 0 9

Transaction ID: SA11AI.16891

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

CHRISTINE M. WHITWORTH

Mailing Address 4426 EAST BROOKFIELD DRIVE

City

NASHVILLE

State

TN

Zip Code

37205

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.16926

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

**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)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

MOLLY YARDLEY

Mailing Address 80 HEALTH PARK DRIVE

City

LOUISVILLE

State

CO

Zip Code

80027

FEC ID number of contributing
federal political committee.

C

Name of Employer

BOULDER MEDICAL CENTER

Occupation

PHYSICIAN

Receipt For:

☐
☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	4		2	0	9	

Transaction ID: SA11Al.16915

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)

23300.00

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

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

FEC Schedule B (Form 3X) (Revised 02/2003)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 21 / 25

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

SUSANNE HAESSLER

Mailing Address 3700 MASSACHUSETTS AVENUE, NW

City
WASHINGTON

State
DC

Zip Code
20016

Purpose of Disbursement
DELIVERY

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.16873

Date of Disbursement

/ /

Amount of Each Disbursement this Period

196.46

SUBTOTAL of Disbursements This Page (optional)

196.46

TOTAL This Period (last page this line number only)

3490.24

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 22 / 25

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

BECERRA FOR CONGRESS

Mailing Address P.O. BOX 261060

City
LOS ANGELES

State
CA

Zip Code
90026

Purpose of Disbursement
CONTRIBUTION

Candidate Name
XAVIER BECERRA

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: CA District: 31

Transaction ID: SB23.16894

Date of Disbursement

/ /

Amount of Each Disbursement this Period

B.

Full Name (Last, First, Middle Initial)

CHARLES A. GONZALEZ CONGRESSIONAL CAMPAIGN

Mailing Address P.O. BOX 12612

City
SAN ANTONIO

State
TX

Zip Code
78212

Purpose of Disbursement
CONTRIBUTION

Candidate Name
CHARLES A. GONZALEZ

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: TX District: 20

Transaction ID: SB23.16931

Date of Disbursement

/ /

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

EARL POMEROY FOR CONGRESS

Mailing Address P.O. BOX 9336

City
FARGO

State
ND

Zip Code
58106

Purpose of Disbursement
CONTRIBUTION

Candidate Name
EARL R. POMEROY

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: ND District: 00

Transaction ID: SB23.16900

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial)
FRIENDS OF JOHN BARROW

Mailing Address P.O. BOX 8166

City SAVANNAH State GA Zip Code 31412

Purpose of Disbursement
CONTRIBUTION

Candidate Name
JOHN J. BARROW

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: GA District: 12

Transaction ID: SB23.16928

Date of Disbursement

/ /

Amount of Each Disbursement this Period

B. Full Name (Last, First, Middle Initial)
JOHN D. DINGELL FOR CONGRESS COMMITTEE

Mailing Address 607 14TH STREET, NW

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
CONTRIBUTION

Candidate Name
JOHN D. DINGELL

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: MI District: 15

Transaction ID: SB23.16849

Date of Disbursement

/ /

Amount of Each Disbursement this Period

C. Full Name (Last, First, Middle Initial)
MOUNTAINEER PAC

Mailing Address 607 14TH STREET, NW

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB23.16903

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 24 / 25

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

A.Full Name (Last, First, Middle Initial)
PASCRELL FOR CONGRESS

Mailing Address P.O. BOX 640

City State Zip Code
TOTOWA NJ 07511Purpose of Disbursement
CONTRIBUTIONCandidate Name
WILLIAM J. PASCRELL, JR.Category/
TypeOffice Sought: ☒ House ☐ Senate ☐ President
Disbursement For: 2010 ☒ Primary ☐ General
☐ Other (specify) ▼

State: NJ District: 08

Transaction ID: SB23.16897

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	4		2	0	0	9

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

B.Full Name (Last, First, Middle Initial)
PETE STARK RE-ELECTION COMMITTEE

Mailing Address P.O. BOX 8331

City State Zip Code
FREMONT CA 94537Purpose of Disbursement
CONTRIBUTIONCandidate Name
FORTNEY H. 'PETE' STARKCategory/
TypeOffice Sought: ☒ House ☐ Senate ☐ President
Disbursement For: 2010 ☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 13

Transaction ID: SB23.16901

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	4		2	0	0	9

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

C.Full Name (Last, First, Middle Initial)
STABENOW FOR U.S. SENATE

Mailing Address P.O. BOX 4945

City State Zip Code
EAST LANSING MI 48826Purpose of Disbursement
CONTRIBUTIONCandidate Name
DEBBIE STABENOWCategory/
TypeOffice Sought: ☐ House ☒ Senate ☐ President
Disbursement For: 2012 ☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 00

Transaction ID: SB23.16850

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	6		2	0	0	9

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

SUBTOTAL of Disbursements This Page (optional)

7000.00

TOTAL This Period (last page this line number only)

15000.00

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

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

NAME OF COMMITTEE (In Full)

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

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

Mailing Address 3700 MASSACHUSETTS AVENUE, NW

City State ZIP Code
WASHINGTON DC 20016

Outstanding Balance Beginning This Period

2610.00

Transaction ID: SD10.16846

Amount Incurred This Period

0.00

Payment This Period

2610.00

Outstanding Balance at Close of This Period

0.00

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

Mailing Address 3700 MASSACHUSETTS AVENUE, NW

City State ZIP Code
WASHINGTON DC 20016

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.16979

Amount Incurred This Period

1740.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1740.00

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

Mailing Address 300 FIFTH STREET, NE

City State ZIP Code
WASHINGTON DC 20002

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.16980

Amount Incurred This Period

12577.50

Payment This Period

0.00

Outstanding Balance at Close of This Period

12577.50

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

14317.50

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

14317.50

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

0.00

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

14317.50