

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 PAC

ADDRESS (number and street) 409 12TH STREET SW
 Check if different than previously reported. (ACC)
WASHINGTON DC 20024

2. **FEC IDENTIFICATION NUMBER** C00364158
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) 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 02 01 2009 through 02 28 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 03 07 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)

Page 2

Write or Type Committee Name
OB-GYNS FOR WOMEN'S HEALTH PAC

Report Covering the Period: From:

M	M
0	2

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	2

D	D
2	8

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		19853.06
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	30244.84									
(c) Total Receipts (from Line 19)	40450.00	61965.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	70694.84	81818.06								
7. Total Disbursements (from Line 31)	29401.97	40525.19								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	41292.87	41292.87								
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)	9085.25									

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**

Write or Type Committee Name
OB-GYNS FOR WOMEN'S HEALTH PAC

Report Covering the Period: From:

M	M
0	2

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	2

D	D
2	8

Y	Y	Y	Y
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	36100.00	52650.00
(i) Itemized (use Schedule A)	4350.00	9315.00
(ii) Unitemized	40450.00	61965.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(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)	40450.00	61965.00
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))	40450.00	61965.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	40450.00	61965.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
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.....	22401.97	23525.19
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	22401.97	23525.19
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	7000.00	17000.00
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	0.00
(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	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	29401.97	40525.19
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	29401.97	40525.19

DETAILED SUMMARY PAGE
of Disbursements

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)	40450.00	61965.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	40450.00	61965.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	22401.97	23525.19
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	22401.97	23525.19

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 32
(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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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A.

Full Name (Last, First, Middle Initial)
BRUCE D. AKRIGHT

Mailing Address P.O. BOX 792213

City State Zip Code
SAN ANTONIO TX 78279

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
NORTHEAST OB/GYN ASSOCIATES PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 04 / 2009

Transaction ID: SA11AI.16013

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
GARLAND D. ANDERSON

Mailing Address 301 UNIVERSITY BOULEVARD

City State Zip Code
GALVESTON TX 77555

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
UNIVERSITY OF TEXAS PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
02 / 17 / 2009

Transaction ID: SA11AI.16049

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
MARGARET ANDRIN

Mailing Address 70 OLD MOUNTAIN ROAD

City State Zip Code
LEBANON NJ 08833

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 20 / 2009

Transaction ID: SA11AI.16081

Amount of Each Receipt this Period
500.00

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 7 / 32
(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 PAC

A. Full Name (Last, First, Middle Initial)
ARTHUR A. ARENA

Mailing Address **3267 SOUTH 16TH STREET**

City **MILWAUKEE** State **WI** Zip Code **53215**

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 **02 / 24 / 2009**
Transaction ID: SA11AI.16075
 Amount of Each Receipt this Period **500.00**

B. Full Name (Last, First, Middle Initial)
SCOTT B. ARMSTRONG

Mailing Address **3520 EAST LOUISE DRIVE**

City **MERIDIAN** State **ID** Zip Code **83642**

FEC ID number of contributing federal political committee. **C**

Name of Employer **OB/GYN ASSOCIATES** Occupation **PHYSICIAN**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **02 / 02 / 2009**
Transaction ID: SA11AI.16002
 Amount of Each Receipt this Period **250.00**

C. Full Name (Last, First, Middle Initial)
OWEN R. BELL

Mailing Address **2501 EAST 42ND STREET**

City **ANCHORAGE** State **AK** Zip Code **99508**

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 ▼ **2000.00**

Date of Receipt **02 / 24 / 2009**
Transaction ID: SA11AI.16076
 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 8 / 32
(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 PAC

A. Full Name (Last, First, Middle Initial)
DONALD M. BERRY

Mailing Address **109 MELTON CIRCLE**

City **JONESBORO** State **AR** Zip Code **72401**

FEC ID number of contributing federal political committee. **C**

Name of Employer **OB/GYN ASSOCIATES** Occupation **PHYSICIAN**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **02 / 06 / 2009**
Transaction ID: SA11AI.15954
 Amount of Each Receipt this Period **250.00**

B. Full Name (Last, First, Middle Initial)
STANLEY M. BERRY

Mailing Address **621 JAMES CIRCLE**

City **ROYAL OAK** State **MI** Zip Code **48067**

FEC ID number of contributing federal political committee. **C**

Name of Employer **WILLIAM BEAUMONT HOSPITAL** Occupation **PHYSICIAN**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **02 / 20 / 2009**
Transaction ID: SA11AI.16045
 Amount of Each Receipt this Period **500.00**

C. Full Name (Last, First, Middle Initial)
MAURICIO Y. BITRAN

Mailing Address **4308 ALTON ROAD**

City **MIAMI BEACH** State **FL** Zip Code **33140**

FEC ID number of contributing federal political committee. **C**

Name of Employer **BITRAN & RIVERA** Occupation **PHYSICIAN**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt **02 / 24 / 2009**
Transaction ID: SA11AI.16077
 Amount of Each Receipt this Period **1000.00**

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: (check only one)	PAGE 9 / 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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 PAC

A.	Full Name (Last, First, Middle Initial) ROBERT E. BOYETT	Date of Receipt MM / DD / YYYY 02 / 02 / 2009
	Mailing Address 8955 SOUTHWEST 87TH CIRCLE	Transaction ID: SA11AI.16004
	City State Zip Code MIAMI FL 33176	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation FEMWELL PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) JOHN A. BURIGO	Date of Receipt MM / DD / YYYY 02 / 02 / 2009
	Mailing Address 1515 NORTH FLAGLER DRIVE	Transaction ID: SA11AI.16005
	City State Zip Code WEST PALM BEACH FL 33401	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation OB/GYN SPECIALISTS PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

C.	Full Name (Last, First, Middle Initial) DOMINIC J. CAMMARANO	Date of Receipt MM / DD / YYYY 02 / 24 / 2009
	Mailing Address 3701 PERKIOMEN AVENUE	Transaction ID: SA11AI.16073
	City State Zip Code READING PA 19606	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation READING OB/GYN PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

SUBTOTAL of Receipts This Page (optional)	5500.00
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 / 32
(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 PAC

A.

Full Name (Last, First, Middle Initial)
CHI-MIN J. CHANG

Mailing Address 600 SHADY VALLEY DRIVE

City NORTH LITTLE ROCK State AR Zip Code 72117

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
MM / DD / YYYY
02 / 02 / 2009

Transaction ID: SA11AI.16007

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
JEAN M. CHIN

Mailing Address 785 PARK AVENUE

City NEW YORK State NY Zip Code 10021

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
MM / DD / YYYY
02 / 24 / 2009

Transaction ID: SA11AI.16074

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
CAMILLE A. CLARE

Mailing Address 1376 MIDLAND AVENUE

City BRONXVILLE State NY Zip Code 10708

FEC ID number of contributing federal political committee. **C**

Name of Employer METROPOLITAN HOSPITAL Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
02 / 06 / 2009

Transaction ID: SA11AI.15959

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional) ► **1300.00**

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 / 32
(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 PAC

A.

Full Name (Last, First, Middle Initial)
JEANNE A. CONRY

Mailing Address 1600 EUREKA ROAD

City State Zip Code
ROSEVILLE CA 95661

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
KAISER PERMANENTE PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 02 / 2009

Transaction ID: SA11AI.16009

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
LEON D. DAVIS

Mailing Address 128 DOCKSIDE DRIVE

City State Zip Code
JACKSONVILLE NC 28546

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
WOMEN'S HEALTHCARE ASSOCIATES PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
02 / 24 / 2009

Transaction ID: SA11AI.16079

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
KATHERINE FARIAS

Mailing Address 5550 EAST HAMPTON

City State Zip Code
TUCSON AZ 85712

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
COPPER STATE OB/GYN PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 03 / 2009

Transaction ID: SA11AI.15973

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 12 / 32
(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 PAC

A. Full Name (Last, First, Middle Initial)
GERALD A. FEUER

Mailing Address 980 JOHNSON FERRY ROAD NORTHEAST

City ATLANTA State GA Zip Code 30342

FEC ID number of contributing federal political committee. **C**

Name of Employer SOUTHEASTERN GYNECOLOGIC Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 02 / 03 / 2009
Transaction ID: SA11AI.15975
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
DAVID M. FINK

Mailing Address 1082 OLD CHURCHMAN'S ROAD

City NEWARK State DE Zip Code 19713

FEC ID number of contributing federal political committee. **C**

Name of Employer CHRISTIANA CENTER Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 02 / 20 / 2009
Transaction ID: SA11AI.16082
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
MEGHAN M. FLANNERY

Mailing Address 85 235 OXFORD LANE

City NAPERVILLE State IL Zip Code 60540

FEC ID number of contributing federal political committee. **C**

Name of Employer NAPERVILLE OB/GYN Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 02 / 03 / 2009
Transaction ID: SA11AI.15977
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ▶ **750.00**

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 / 32
(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 PAC

A. Full Name (Last, First, Middle Initial)
LARRY R. GLAZERMAN

Mailing Address 12901 BRUCE B. DOWNS BOULEVARD

City State Zip Code
TAMPA FL 33612

FEC ID number of contributing federal political committee. **C**

Name of Employer UNIVERSITY OF SOUTH FLORIDA
Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 2 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.16051

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
WILLIAM L. GOLDEN

Mailing Address 121 NORTH 20TH STREET

City State Zip Code
OPELIKA AL 36801

FEC ID number of contributing federal political committee. **C**

Name of Employer LEE OB/GYN
Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 2 / 1 1 / 2 0 0 9

Transaction ID: SA11AI.16029

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
ANITA GROVER

Mailing Address 105 SOUTH BEDFORD ROAD

City State Zip Code
MT. KISCO NY 10549

FEC ID number of contributing federal political committee. **C**

Name of Employer WESTCHESTER 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 Y
 0 2 / 1 1 / 2 0 0 9

Transaction ID: SA11AI.16030

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **800.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 32
	<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 PAC

A.	Full Name (Last, First, Middle Initial) MICHAEL L. HALL	Date of Receipt MM / DD / YYYY 02 / 17 / 2009
	Mailing Address 6321 EAST RADCLIFFE AVENUE	Transaction ID: SA11AI.16021
	City State Zip Code ENGLEWOOD CO 80111	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation SELF-EMPLOYED PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) KATHERINE L. HILSINGER	Date of Receipt MM / DD / YYYY 02 / 11 / 2009
	Mailing Address 2580 DAGGETT AVENUE	Transaction ID: SA11AI.16031
	City State Zip Code KLAMATH FALLS OR 97601	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation WOMENCARE PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

C.	Full Name (Last, First, Middle Initial) DAVID A. HUTCHINS	Date of Receipt MM / DD / YYYY 02 / 27 / 2009
	Mailing Address 303 CAMBRIDGE PLACE DRIVE	Transaction ID: SA11AI.16097
	City State Zip Code LITTLE ROCK AR 72227	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation UNIVERSITY OF ARKANSAS ME-DICAL PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 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 15 / 32
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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

A.

Full Name (Last, First, Middle Initial)
GARY M. JOFFE

Mailing Address 201 CEDAR STREET

City State Zip Code
ALBUQUERQUE NM 87106

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
PERINATAL ASSOCIATES PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
02 / 03 / 2009

Transaction ID: SA11AI.15980

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
G.B. KALLAM

Mailing Address 809 WEST RANDOL MILL ROAD

City State Zip Code
ARLINGTON TX 76012

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDICAL CLINIC OF NORTH TEXAS PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 17 / 2009

Transaction ID: SA11AI.16054

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
J. JOSHUA KOPELMAN

Mailing Address 1550 SOUTH POTOMAC

City State Zip Code
AURORA CO 80012

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
GENERATIONS OB/GYN PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 03 / 2009

Transaction ID: SA11AI.15985

Amount of Each Receipt this Period
500.00

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 16 / 32
(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 PAC

A. Full Name (Last, First, Middle Initial)
PAMELA G. KRAHL

Mailing Address 1088 HIDDEN SPRINGS ROAD

City State Zip Code
SAN LUIS OBISPO CA 93401

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 ▼ 300.00

Date of Receipt
MM / DD / YYYY
02 / 17 / 2009

Transaction ID: SA11AI.16056

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
EDWARD C. LAMPLEY, SR.

Mailing Address 9925 INTERNATIONAL BOULEVARD

City State Zip Code
OAKLAND CA 94603

FEC ID number of contributing federal political committee. **C**

Name of Employer EAST OAKLAND OB/GYN Occupation PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 03 / 2009

Transaction ID: SA11AI.15986

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
CHARLES A. LIVELY

Mailing Address 608 NORTH MUSKINGHAM AVENUE

City State Zip Code
ODESSA TX 79761

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 ▼ 1000.00

Date of Receipt
MM / DD / YYYY
02 / 03 / 2009

Transaction ID: SA11AI.15987

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: (check only one)	PAGE 17 / 32
	<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 PAC

A.	Full Name (Last, First, Middle Initial) LILIA I. LIZANO		Date of Receipt MM / DD / YYYY 02 / 04 / 2009		
	Mailing Address 500 ALFRED NOBEL STREET		Transaction ID: SA11AI.16015		
	City HERCULES	State CA	Zip Code 94547	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer CONTRA COSTA MEDICAL GROUP	Occupation PHYSICIAN			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

B.	Full Name (Last, First, Middle Initial) ANN E. LUTICH		Date of Receipt MM / DD / YYYY 02 / 03 / 2009		
	Mailing Address 8160 WALNUT HILL LANE		Transaction ID: SA11AI.15988		
	City DALLAS	State TX	Zip Code 75231	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer WOMEN'S ASSOCIATES FOR OB- /GYN	Occupation PHYSICIAN			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

C.	Full Name (Last, First, Middle Initial) JOHN J. MAGGIO		Date of Receipt MM / DD / YYYY 02 / 17 / 2009		
	Mailing Address 321 WEST 24TH STREET		Transaction ID: SA11AI.16057		
	City NEW YORK	State NY	Zip Code 10011	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 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 18 / 32
(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 PAC

A.

Full Name (Last, First, Middle Initial) MICHELLE MARTIN		Date of Receipt MM / DD / YYYY 02 / 17 / 2009
Mailing Address 4414 LAKE BOON TRAIL		Transaction ID: SA11AI.16058
City RALEIGH	State NC	Zip Code 27612
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer WILKERSON OB/GYN	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.

Full Name (Last, First, Middle Initial) ALLAN G. MCLEOD		Date of Receipt MM / DD / YYYY 02 / 27 / 2009
Mailing Address 3251 MORRIS LANE		Transaction ID: SA11AI.16098
City COCONUT GROVE	State FL	Zip Code 33133
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer RETIRED	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.

Full Name (Last, First, Middle Initial) DAN-ANH T. NGUYEN		Date of Receipt MM / DD / YYYY 02 / 17 / 2009
Mailing Address 2100 FOREST AVENUE		Transaction ID: SA11AI.16061
City SAN JOSE	State CA	Zip Code 95128
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

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 19 / 32

(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 PAC

A.	Full Name (Last, First, Middle Initial) JENNIFER M. NIXON		Date of Receipt
	Mailing Address 416 MORNINGSIDE DRIVE		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 0 3 / 2 0 0 9
	City	State	Zip Code
	LAKELAND	FL	33803
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.15992
Name of Employer LAKELAND OB/GYN		Occupation PHYSICIAN	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00

B.	Full Name (Last, First, Middle Initial) STEVEN C. NORTH		Date of Receipt
	Mailing Address 1806 CAROLINA WAY		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 0 6 / 2 0 0 9
	City	State	Zip Code
	ROSWELL	NM	88201
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.15961
Name of Employer RIO-PECOS MEDICAL ASSOCIATES		Occupation PHYSICIAN	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 1000.00

C.	Full Name (Last, First, Middle Initial) KATHLEEN D. O'CONNOR		Date of Receipt
	Mailing Address 518F 115TH STREET		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 2 5 / 2 0 0 9
	City	State	Zip Code
	FLUSHING	NY	11356
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.16071
Name of Employer QUEENS MEDICAL GROUP		Occupation PHYSICIAN	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 1000.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 2500.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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 PAC

A.

Full Name (Last, First, Middle Initial) KELLY R. O'NEAL, JR.		Date of Receipt MM / DD / YYYY 02 / 17 / 2009
Mailing Address 56 J.C. BRYANT ROAD		Transaction ID: SA11AI.16063
City HATTIESBURG	State MS	Zip Code 39401
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer HATTIESBURG CLINIC	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.

Full Name (Last, First, Middle Initial) PERI PETRAS		Date of Receipt MM / DD / YYYY 02 / 03 / 2009
Mailing Address 170 PROSPECT		Transaction ID: SA11AI.15993
City HACKENSACK	State NJ	Zip Code 07601
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer EXCELSIOR WOMEN'S CARE	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.

Full Name (Last, First, Middle Initial) PATRICIA L. RICKETTS		Date of Receipt MM / DD / YYYY 02 / 20 / 2009
Mailing Address 230 MORGAN STREET		Transaction ID: SA11AI.16089
City VERSAILLES	State KY	Zip Code 40383
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	▶	1050.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 32
	<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 PAC

A.	Full Name (Last, First, Middle Initial) ANDREW W. ROBERTSON	Date of Receipt MM / DD / YYYY 02 / 03 / 2009
	Mailing Address 8303 DODGE STREET	Transaction ID: SA11AI.15996
	City State Zip Code OMAHA NE 68114	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation METHODIST PERINATAL CENTER PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) JAMES E. ROUKEMA	Date of Receipt MM / DD / YYYY 02 / 17 / 2009
	Mailing Address 72 IRONWEED DRIVE	Transaction ID: SA11AI.16023
	City State Zip Code PUEBLO CO 81001	Amount of Each Receipt this Period 400.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation SELF-EMPLOYED PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

C.	Full Name (Last, First, Middle Initial) HAMID SANJAGHAZ	Date of Receipt MM / DD / YYYY 02 / 11 / 2009
	Mailing Address 24346 WEST WARREN STREET	Transaction ID: SA11AI.16035
	City State Zip Code DEARBORN HEIGHTS MI 48127	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation SELF-EMPLOYED PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	▶	1150.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 32
	<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 PAC

A.	Full Name (Last, First, Middle Initial) JULIE D. SCHNEIDER	Date of Receipt MM / DD / YYYY 02 / 17 / 2009
	Mailing Address 335 CLYDE MORRIS BOULEVARD	Transaction ID: SA11AI.16064
	City State Zip Code ORMOND BEACH FL 32174	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation FLORIDA WOMEN'S HEALTH CENTER PHYSICIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 500.00	

B.	Full Name (Last, First, Middle Initial) HOWARD A. SHAW	Date of Receipt MM / DD / YYYY 02 / 17 / 2009
	Mailing Address 114 WOODLAND STREET	Transaction ID: SA11AI.16066
	City State Zip Code HARTFORD CT 06105	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation SAINT FRANCIS HOSPITAL PHYSICIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 250.00	

C.	Full Name (Last, First, Middle Initial) LAURA L. SIROTT	Date of Receipt MM / DD / YYYY 02 / 11 / 2009
	Mailing Address 10 CONGRESS STREET	Transaction ID: SA11AI.16036
	City State Zip Code PASADENA CA 91105	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MACER, MYERS, HENNEBERG PHYSICIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 1000.00	

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 23 / 32
(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 PAC

A.

Full Name (Last, First, Middle Initial)
JOHN S. SPANGLER

Mailing Address 713 ULUMAIIKA STREET

City State Zip Code
HONOLULU HI 96816

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
MM / DD / YYYY
02 / 11 / 2009

Transaction ID: SA11AI.16037

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
JANETTE H. STRATHY

Mailing Address 3209 GALLERIA

City State Zip Code
EDINA MN 55435

FEC ID number of contributing federal political committee. **C**

Name of Employer PARK NICOLLET HEALTH SERVICES Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
02 / 06 / 2009

Transaction ID: SA11AI.15963

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
JANICE E. TILDON-BURTON

Mailing Address 2600 SUMMIT BRIDGE ROAD

City State Zip Code
NEWARK DE 19702

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
MM / DD / YYYY
02 / 03 / 2009

Transaction ID: SA11AI.15998

Amount of Each Receipt this Period
500.00

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: (check only one)	PAGE 24 / 32
	<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 PAC

A.	Full Name (Last, First, Middle Initial) ANDREA M. TOMASSONI	Date of Receipt MM / DD / YYYY 02 / 17 / 2009
	Mailing Address 582 MILWAUKEE AVENUE	Transaction ID: SA11AI.16067
	City State Zip Code OLD FORGE PA 18518	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation PHYSICIAN HEALTH ALLIANCE PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) JOSE A. TREVINO-ZEPEDA	Date of Receipt MM / DD / YYYY 02 / 11 / 2009
	Mailing Address 622 CAMDEN STREET	Transaction ID: SA11AI.16038
	City State Zip Code SAN ANTONIO TX 78215	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation SELF-EMPLOYED PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) MARK VAJARANANT	Date of Receipt MM / DD / YYYY 02 / 17 / 2009
	Mailing Address 1839 NORTH HOYNE AVENUE	Transaction ID: SA11AI.16069
	City State Zip Code CHICAGO IL 60647	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation UNIVERSITY OF ILLINOIS PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 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 25 / 32
(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 PAC

A. Full Name (Last, First, Middle Initial)
DEBORAH C. WEBSTER-CLAIR

Mailing Address 6206 MAPLETON COURT

City State Zip Code
BRENTWOOD TN 37027

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
VANDERBILT UNIVERSITY PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 06 / 2009

Transaction ID: SA11AI.15964

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
JENNIFER L. WEINER-SMITH

Mailing Address 12 HIGH STREET

City State Zip Code
LEWISTON ME 04240

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
CENTRAL MAINE OB/GYN PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 03 / 2009

Transaction ID: SA11AI.15999

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
JOHANNA B. WHALEN

Mailing Address 1230 EAST RUSHOLME STREET

City State Zip Code
DAVENPORT IA 52803

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
GENESIS HEALTH GROUP PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 11 / 2009

Transaction ID: SA11AI.16041

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: (check only one)	PAGE 26 / 32
	<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 PAC

A.	Full Name (Last, First, Middle Initial) PAUL T. WILKES	Date of Receipt MM / DD / YYYY 02 / 03 / 2009
	Mailing Address 9280 WEST SUNSET ROAD	Transaction ID: SA11AI.16000
	City State Zip Code LAS VEGAS NV 89148	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
Name of Employer DESERT PERINATAL ASSOCIATES	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) LAURA D. WOLFSWINKEL	Date of Receipt MM / DD / YYYY 02 / 24 / 2009
	Mailing Address 2136 CANDELERO	Transaction ID: SA11AI.16080
	City State Zip Code SANTE FE NM 87505	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
Name of Employer GALISTEO OB/GYN	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) MIRIAM M. YUDKOFF	Date of Receipt MM / DD / YYYY 02 / 04 / 2009
	Mailing Address 2003 MEDICAL PARKWAY	Transaction ID: SA11AI.16018
	City State Zip Code ANNAPOLIS MD 21401	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer WOMEN OB/GYN GROUP	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	▶	1250.00
TOTAL This Period (last page this line number only)	▶	36100.00

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

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

FOR LINE NUMBER: (check only one)

<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 PAC

<p>A. Full Name (Last, First, Middle Initial) AMERICAN EXPRESS</p> <p>Mailing Address P.O. BOX 53852</p> <p>City PHOENIX State AZ Zip Code 85072</p> <p>Purpose of Disbursement CREDIT CARD TRANSACTION FEES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.15966 Date of Disbursement 02 / 05 / 2009</p> <p>Amount of Each Disbursement this Period 192.56</p>
<p>B. Full Name (Last, First, Middle Initial) FIRST NATIONAL MERCHANT SOLUTIONS</p> <p>Mailing Address 1620 DODGE STREET</p> <p>City OMAHA State NE Zip Code 68197</p> <p>Purpose of Disbursement CREDIT CARD TRANSACTION FEES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.15965 Date of Disbursement 02 / 03 / 2009</p> <p>Amount of Each Disbursement this Period 342.03</p>
<p>C. Full Name (Last, First, Middle Initial) SUSANNE HAESSLER</p> <p>Mailing Address 3700 MASSACHUSETTS AVENUE, NW</p> <p>City WASHINGTON State DC Zip Code 20016</p> <p>Purpose of Disbursement ACCOUNTING</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.15969 Date of Disbursement 02 / 09 / 2009</p> <p>Amount of Each Disbursement this Period 1921.25</p>

SUBTOTAL of Disbursements This Page (optional)	2455.84
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)

PAGE 28 / 32

<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 PAC

<p>A. Full Name (Last, First, Middle Initial) SUSANNE HAESSLER</p> <p>Mailing Address 3700 MASSACHUSETTS AVENUE, NW</p> <p>City WASHINGTON State DC Zip Code 20016</p> <p>Purpose of Disbursement POSTAGE, DELIVERY, SUPPLIES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.16042 Date of Disbursement 02 / 17 / 2009</p> <p>Amount of Each Disbursement this Period 231.88</p>
<p>B. Full Name (Last, First, Middle Initial) NATIONAL CAPITAL TELESERVICES</p> <p>Mailing Address 300 FIFTH STREET, NE</p> <p>City WASHINGTON State DC Zip Code 20002</p> <p>Purpose of Disbursement GENERIC TELEPHONE SOLICITATIONS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.15970 Date of Disbursement 02 / 09 / 2009</p> <p>Amount of Each Disbursement this Period 2762.75</p>
<p>C. Full Name (Last, First, Middle Initial) NATIONAL CAPITAL TELESERVICES</p> <p>Mailing Address 300 FIFTH STREET, NE</p> <p>City WASHINGTON State DC Zip Code 20002</p> <p>Purpose of Disbursement GENERIC TELEPHONE SOLICITATIONS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.15971 Date of Disbursement 02 / 09 / 2009</p> <p>Amount of Each Disbursement this Period 8340.75</p>

SUBTOTAL of Disbursements This Page (optional) ▶

11335.38

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)

PAGE 29 / 32

<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 PAC

A.

Full Name (Last, First, Middle Initial)
NATIONAL CAPITAL TELESERVICES

Transaction ID: SB21B.16044

Date of Disbursement

Mailing Address 300 FIFTH STREET, NE

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

City WASHINGTON State DC Zip Code 20002

Amount of Each Disbursement this Period

8610.75

Purpose of Disbursement
GENERIC TELEPHONE SOLICITATIONS

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

8610.75

TOTAL This Period (last page this line number only)

22401.97

**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 30 / 32

<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 PAC

A. Full Name (Last, First, Middle Initial)
CITIZENS FOR ARLEN SPECTER

Mailing Address 255 SOUTH 17TH STREET

City PHILADELPHIA State PA Zip Code 19103

Purpose of Disbursement
CONTRIBUTION

Candidate Name
ARLEN SPECTER

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: PA District: 00

Transaction ID: SB23.16043

Date of Disbursement

02 / 17 / 2009

Amount of Each Disbursement this Period

2000.00

B. Full Name (Last, First, Middle Initial)
MICHAEL BURGESS FOR CONGRESS

Mailing Address P.O. BOX 2334

City DENTON State TX Zip Code 76202

Purpose of Disbursement
CONTRIBUTION

Candidate Name
DR. MICHAEL C. BURGESS

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: TX District: 26

Transaction ID: SB23.15972

Date of Disbursement

02 / 09 / 2009

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

7000.00

TOTAL This Period (last page this line number only)

7000.00

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor SUSANNE HAESSLER			Nature of Debt (Purpose): ACCOUNTING
Mailing Address 3700 MASSACHUSETTS AVENUE, NW			
City WASHINGTON	State DC	ZIP Code 20016	

Outstanding Balance Beginning This Period 1921.25		Transaction ID: SD10.15967	
Amount Incurred This Period 0.00	Payment This Period 1921.25	Outstanding Balance at Close of This Period 0.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor SUSANNE HAESSLER			Nature of Debt (Purpose): ACCOUNTING
Mailing Address 3700 MASSACHUSETTS AVENUE, NW			
City WASHINGTON	State DC	ZIP Code 20016	

Outstanding Balance Beginning This Period 0.00		Transaction ID: SD10.16103	
Amount Incurred This Period 1377.50	Payment This Period 0.00	Outstanding Balance at Close of This Period 1377.50	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor NATIONAL CAPITAL TELESERVICES			Nature of Debt (Purpose): GENERIC TELEPHONE SOLICITATIONS
Mailing Address 300 FIFTH STREET, NE			
City WASHINGTON	State DC	ZIP Code 20002	

Outstanding Balance Beginning This Period 2762.75		Transaction ID: SD10.14924	
Amount Incurred This Period 0.00	Payment This Period 2762.75	Outstanding Balance at Close of This Period 0.00	

1) SUBTOTALS This Period This Page (optional).....	1377.50
2) TOTALS This Period (last page this line number only).....	[]
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	[]
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	[]

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor NATIONAL CAPITAL TELESERVICES			Nature of Debt (Purpose): GENERIC TELEPHONE SOLICITATIONS
Mailing Address 300 FIFTH STREET, NE			
City WASHINGTON	State DC	ZIP Code 20002	

Outstanding Balance Beginning This Period 8340.75		Transaction ID: SD10.15968	
Amount Incurred This Period 0.00	Payment This Period 8340.75	Outstanding Balance at Close of This Period 0.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor NATIONAL CAPITAL TELESERVICES			Nature of Debt (Purpose): GENERIC TELEPHONE SOLICITATIONS
Mailing Address 300 FIFTH STREET, NE			
City WASHINGTON	State DC	ZIP Code 20002	

Outstanding Balance Beginning This Period 0.00		Transaction ID: SD10.16104	
Amount Incurred This Period 7707.75	Payment This Period 0.00	Outstanding Balance at Close of This Period 7707.75	

1) SUBTOTALS This Period This Page (optional).....	7707.75
2) TOTALS This Period (last page this line number only).....	9085.25
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)	9085.25