

**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	3

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	3

D	D
3	1

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	41292.87									
(c) Total Receipts (from Line 19)	60225.00	122190.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	101517.87	142043.06								
7. Total Disbursements (from Line 31)	54900.62	95425.81								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	46617.25	46617.25								
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)	2428.75									

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	3

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	3

D	D
3	1

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	55950.00	108600.00
(i) Itemized (use Schedule A)	4275.00	13590.00
(ii) Unitemized	60225.00	122190.00
(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)	60225.00	122190.00
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))	60225.00	122190.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	60225.00	122190.00

DETAILED SUMMARY PAGE

of Disbursements

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.....	19150.62	42675.81
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	19150.62	42675.81
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	35500.00	52500.00
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	250.00	250.00
(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))	250.00	250.00
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))..	54900.62	95425.81
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	54900.62	95425.81

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	60225.00	122190.00
34. Total Contribution Refunds (from Line 28(d))	250.00	250.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	59975.00	121940.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	19150.62	42675.81
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	19150.62	42675.81

**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 6 / 49
	<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	

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) MATTHEW T. ALLSWEDE	Date of Receipt MM / DD / YYYY 03 / 10 / 2009
	Mailing Address 640 OAKWOOD DRIVE	Transaction ID: SA11AI.16209
	City State Zip Code EAST LANSING MI 48823	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation SPARROW HEALTH SYSTEM PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

B.	Full Name (Last, First, Middle Initial) H. FRANK ANDERSON	Date of Receipt MM / DD / YYYY 03 / 10 / 2009
	Mailing Address 5114 23RD AVENUE WEST	Transaction ID: SA11AI.16210
	City State Zip Code EVERETT WA 98203	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation OBSTETRICS MEDICAL GROUP 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) THADDEUS L. ANDERSON	Date of Receipt MM / DD / YYYY 03 / 05 / 2009
	Mailing Address 1500 DELHI STREET	Transaction ID: SA11AI.16140
	City State Zip Code DUBUQUE IA 52001	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation DUBUQUE OB/GYN 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)	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 7 / 49
(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

<p>A. Full Name (Last, First, Middle Initial) GLENN R. AUCOIN</p> <p>Mailing Address 3311 PRESCOTT ROAD</p> <p>City State Zip Code ALEXANDRIA LA 71301</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation ALEXANDRIA WOMEN'S CENTER PHYSICIAN</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1000.00</p>	<p>Date of Receipt 03 / 05 / 2009</p> <p>Transaction ID: SA11AI.16141</p> <p>Amount of Each Receipt this Period 1000.00</p>
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<p>B. Full Name (Last, First, Middle Initial) JANICE L. BIRD</p> <p>Mailing Address 2003 MEDICAL PARKWAY</p> <p>City State Zip Code ANNAPOLIS MD 21401</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation WOMEN OB/GYN PHYSICIAN</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>	<p>Date of Receipt 03 / 05 / 2009</p> <p>Transaction ID: SA11AI.16143</p> <p>Amount of Each Receipt this Period 500.00</p>
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<p>C. Full Name (Last, First, Middle Initial) MAY H. BLANCHARD</p> <p>Mailing Address 1316 BELT STREET</p> <p>City State Zip Code BALTIMORE MD 21230</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation UNIVERSITY OF MARYLAND PHYSICIAN</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 600.00</p>	<p>Date of Receipt 03 / 05 / 2009</p> <p>Transaction ID: SA11AI.16144</p> <p>Amount of Each Receipt this Period 600.00</p>
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SUBTOTAL of Receipts This Page (optional)	2100.00
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 / 49
(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)
ANDREW N. BLECHMAN

Mailing Address 2410 SYCAMORE STREET

City State Zip Code
MANASQUAN NJ 08736

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

Name of Employer
JERSEY SHORE UNIVERSITY

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
03 / 09 / 2009

Transaction ID: SA11AI.16114

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)
MARYANNE C. BOMBAUGH

Mailing Address 81 CLOWES DRIVE

City State Zip Code
FALMOUTH MA 02540

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

Name of Employer
ATLANTIC WOMEN'S HEALTH

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
03 / 09 / 2009

Transaction ID: SA11AI.16180

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)
KENT R. BRADLEY

Mailing Address 700 MEDICAL CENTER DRIVE

City State Zip Code
NEWTON KS 67114

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 ▼
250.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 23 / 2009

Transaction ID: SA11AI.16298

Amount of Each Receipt this Period

250.00

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 9 / 49
	<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) JAMES T. BREEDEN	Date of Receipt MM / DD / YYYY 03 / 05 / 2009
	Mailing Address 1200 NORTH MOUNTAIN STREET	Transaction ID: SA11AI.16145
	City State Zip Code CARSON CITY NV 89703	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation CARSON MEDICAL GROUP PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

B.	Full Name (Last, First, Middle Initial) LAWRENCE E. BRUNEL	Date of Receipt MM / DD / YYYY 03 / 10 / 2009
	Mailing Address 900 GREENLEY ROAD	Transaction ID: SA11AI.16211
	City State Zip Code SONORA CA 95370	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) STEVE P. BUCHANAN	Date of Receipt MM / DD / YYYY 03 / 05 / 2009
	Mailing Address 1400 WALLIS ROAD	Transaction ID: SA11AI.16146
	City State Zip Code ALEDO TX 76008	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation UNIVERSITY OF NORTH TEXAS 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)	▶	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 10 / 49
(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)
RONALD T. BURKMAN
 Mailing Address 284 ARDSLEY ROAD
 City State Zip Code
LONGMEADOW MA 01106
 Date of Receipt
MM / DD / YYYY
03 / 09 / 2009
Transaction ID: SA11AI.16116
 Amount of Each Receipt this Period
500.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
BAYSTATE MEDICAL CENTER PHYSICIAN
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

B. Full Name (Last, First, Middle Initial)
ROBERT J. BURY
 Mailing Address 772 MUNICH DRIVE
 City State Zip Code
BISMARCK ND 58504
 Date of Receipt
MM / DD / YYYY
03 / 09 / 2009
Transaction ID: SA11AI.16117
 Amount of Each Receipt this Period
500.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
MID DAKOTA CLINIC PHYSICIAN
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

C. Full Name (Last, First, Middle Initial)
ERNEST K. BUSSINGER
 Mailing Address 3911 AVENUE B
 City State Zip Code
SCOTTSBLUFF NE 69361
 Date of Receipt
MM / DD / YYYY
03 / 10 / 2009
Transaction ID: SA11AI.16213
 Amount of Each Receipt this Period
250.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
WOMEN'S CENTER OF NEBRASKA PHYSICIAN
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

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: (check only one)	PAGE 11 / 49
	<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) PAUL BUZAD, JR.	Date of Receipt MM / DD / YYYY 03 / 23 / 2009
	Mailing Address 11727 LOIS COURT	Transaction ID: SA11AI.16261
	City State Zip Code GRANADA HILLS CA 91344	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation UCLA MEDICAL 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) MICHAEL J. CAIRE	Date of Receipt MM / DD / YYYY 03 / 23 / 2009
	Mailing Address 221 MCMILLAN ROAD	Transaction ID: SA11AI.16299
	City State Zip Code WEST MONROE LA 71291	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation WOMEN'S HEALTH SOURCE 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) PETER S. CARTWRIGHT	Date of Receipt MM / DD / YYYY 03 / 23 / 2009
	Mailing Address 1728 TISDALE STREET	Transaction ID: SA11AI.16301
	City State Zip Code DURHAM NC 27705	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation DUKE UNIVERSITY MEDICAL CENTER 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)	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: (check only one)	PAGE 12 / 49
	<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) ELIZABETH A. CASE		Date of Receipt
	Mailing Address 6846 JULIET 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
	City	State	Zip Code
	AVON	IN	46123
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.16147
Name of Employer INDIANA UNIVERSITY HEALTH-CARE		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"/>
		<input type="text"/> 500.00	<input type="text"/> 500.00

B.	Full Name (Last, First, Middle Initial) CHARLES A. CASTLE		Date of Receipt
	Mailing Address 645 OAKWOOD LANE		<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
	City	State	Zip Code
	LANCASTER	PA	17603
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.16181
Name of Employer LANCASTER GENERAL HOSPITAL		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"/>
		<input type="text"/> 300.00	<input type="text"/> 300.00

C.	Full Name (Last, First, Middle Initial) MARGUERITE P. COHEN		Date of Receipt
	Mailing Address 620 SOUTHEAST 55TH AVENUE		<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
	City	State	Zip Code
	PORTLAND	OR	97215
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.16119
Name of Employer SELF-EMPLOYED		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"/>
		<input type="text"/> 500.00	<input type="text"/> 500.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1300.00
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 13 / 49
	<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) LYNNE M. COSLETT-CHARLTON	Date of Receipt MM / DD / YYYY 03 / 09 / 2009
	Mailing Address 289 HARRIS HILL ROAD	Transaction ID: SA11AI.16121
	City State Zip Code SHAVERTOWN PA 18708	Amount of Each Receipt this Period 600.00
	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 ▼ 600.00	

B.	Full Name (Last, First, Middle Initial) ANNA M. D'AMICO	Date of Receipt MM / DD / YYYY 03 / 09 / 2009
	Mailing Address 1203 SHALLCROSS AVENUE	Transaction ID: SA11AI.16122
	City State Zip Code WILMINGTON DE 19806	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer PLANNED PARENTHOOD Occupation PHYSICIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	

C.	Full Name (Last, First, Middle Initial) LAURA J. DAVID	Date of Receipt MM / DD / YYYY 03 / 05 / 2009
	Mailing Address 5323 MEADOW WOOD BOULEVARD	Transaction ID: SA11AI.16148
	City State Zip Code LYNDHURST OH 44124	Amount of Each Receipt this Period 600.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer UNIVERSITY OB/GYN ASSOCIATES Occupation PHYSICIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00	

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: (check only one)	PAGE 14 / 49
	<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	

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) ROBERT H. DEBBS		Date of Receipt
	Mailing Address 2 SASSAFRAS COURT		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 03 / 05 / 2009
	City	State	Zip Code
	VOORHEES	NJ	08043
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.16149
Name of Employer UNIVERSITY OF PENNSYLVANIA		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

B.	Full Name (Last, First, Middle Initial) JANE ANN S. DIMER		Date of Receipt
	Mailing Address 4631 90TH AVENUE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 03 / 05 / 2009
	City	State	Zip Code
	MERCER ISLAND	WA	98040
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.16150
Name of Employer GROUP HEALTH PERMANENTE		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"/> 1200.00

C.	Full Name (Last, First, Middle Initial) PAUL A. DUBRICK		Date of Receipt
	Mailing Address 633 CRAYTON CIRCLE NORTH		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 03 / 23 / 2009
	City	State	Zip Code
	DEKALB	IL	60115
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.16302
Name of Employer PRAIRIE POINT OBSTETRICS		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

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 2700.00
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 15 / 49
	<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) JULIA F. EDELMAN		Date of Receipt
	Mailing Address 3 VIRGINIA DRIVE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 03 / 09 / 2009
	City	State	Zip Code
	LAKEVILLE	MA	02347
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.16182
Name of Employer SELF-EMPLOYED		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"/> 300.00

B.	Full Name (Last, First, Middle Initial) MARYGRACE ELSON		Date of Receipt
	Mailing Address 3661 FOXANA DRIVE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 03 / 09 / 2009
	City	State	Zip Code
	IOWA CITY	IA	52246
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.16124
Name of Employer UNIVERSITY OF IOWA HEALTH CARE		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

C.	Full Name (Last, First, Middle Initial) MARYGRACE ELSON		Date of Receipt
	Mailing Address 3661 FOXANA DRIVE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 03 / 09 / 2009
	City	State	Zip Code
	IOWA CITY	IA	52246
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.16139
Name of Employer UNIVERSITY OF IOWA HEALTH CARE		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"/> 800.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1100.00
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: PAGE 16 / 49
(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)
JAMES N. ESSERMAN
 Mailing Address 7867 NORTH KENDALL DRIVE
 City State Zip Code
 MIAMI FL 33156
 Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 17 / 2009
Transaction ID: SA11AI.16267
 Amount of Each Receipt this Period
 300.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MORALES & ESSERMAN Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

B. Full Name (Last, First, Middle Initial)
JOHN P. FARRICY, III
 Mailing Address 123 SUMMER STREET
 City State Zip Code
 WORCESTER MA 01608
 Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 05 / 2009
Transaction ID: SA11AI.16151
 Amount of Each Receipt this Period
 500.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer FARRICY & KRAFT Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

C. Full Name (Last, First, Middle Initial)
ANNETTE E. FINEBERG
 Mailing Address 2203 BRYCE LANE
 City State Zip Code
 DAVIS CA 95616
 Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 17 / 2009
Transaction ID: SA11AI.16269
 Amount of Each Receipt this Period
 500.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SUTTER WEST MEDICAL GROUP Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

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 17 / 49
(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)
STEVEN J. FLEISCHMAN

Mailing Address 9 CARRIAGE HILL ROAD

City State Zip Code
WOODBIDGE CT 06525

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

Name of Employer Occupation
OB/GYN MENOPAUSE PHYSICIANS PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
03 / 05 / 2009

Transaction ID: SA11AI.16152

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
RAJIV GALA

Mailing Address 4200 PERRIE STREET

City State Zip Code
NEW ORLEANS LA 70725

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

Name of Employer Occupation
OCHSNER MEDICAL CENTER PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
MM / DD / YYYY
03 / 05 / 2009

Transaction ID: SA11AI.16153

Amount of Each Receipt this Period
600.00

C.

Full Name (Last, First, Middle Initial)
JOSEPH GAUTA

Mailing Address 1890 SOUTHWEST HEALTHPARKWAY

City State Zip Code
NAPLES FL 34109

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

Name of Employer Occupation
ESPECIALLY FOR WOMEN PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
03 / 11 / 2009

Transaction ID: SA11AI.16244

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **2100.00**

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 / 49
(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) THOMAS M. GELLHAUS		Date of Receipt MM / DD / YYYY 03 / 05 / 2009	
Mailing Address 6345 JAMES ROAD		Transaction ID: SA11AI.16154	
City BETTENDORF	State IA	Zip Code 52722	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer OB/GYN SPECIALISTS	Occupation PHYSICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

B.

Full Name (Last, First, Middle Initial) CATHERINE F. GOHRING		Date of Receipt MM / DD / YYYY 03 / 13 / 2009	
Mailing Address 12050 WOODCHASE DRIVE		Transaction ID: SA11AI.16247	
City ANCHORAGE	State AK	Zip Code 99516	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer ALASKA WOMEN'S HEALTH SERVICES	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) MELISSA M. HALBACH		Date of Receipt MM / DD / YYYY 03 / 11 / 2009	
Mailing Address 830 KING AVENUE		Transaction ID: SA11AI.16245	
City ATHENS	State GA	Zip Code 30606	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer WOMEN'S CENTER OF ATHENS	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)	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 19 / 49
	<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) CHARLES B. HAMMOND	Date of Receipt MM / DD / YYYY 03 / 05 / 2009
	Mailing Address P.O. BOX 3853	Transaction ID: SA11AI.16155
	City State Zip Code DURHAM NC 27710	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation DUKE UNIVERSITY MEDICAL CENTER PHYSICIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 1000.00	

B.	Full Name (Last, First, Middle Initial) LORI LEA HARDY	Date of Receipt MM / DD / YYYY 03 / 05 / 2009
	Mailing Address 27 WEST WATERFORD DRIVE	Transaction ID: SA11AI.16156
	City State Zip Code WINFIELD IL 60190	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation FEMALE HEALTH CARE PHYSICIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 500.00	

C.	Full Name (Last, First, Middle Initial) FRANK N. HARRISON, JR.	Date of Receipt MM / DD / YYYY 03 / 05 / 2009
	Mailing Address 3741 HEARTHSTONE COURT	Transaction ID: SA11AI.16157
	City State Zip Code CHARLOTTE NC 28211	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation CAROLINAS MEDICAL CENTER PHYSICIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 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 20 / 49
	<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) MATTHEW T. HAZELBAKER	Date of Receipt MM / DD / YYYY 03 / 25 / 2009
	Mailing Address 19472 BEAR SWAMP ROAD	Transaction ID: SA11AI.16317
	City State Zip Code MARYSVILLE OH 43040	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MARYSVILLE OB/GYN 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) RICHARD W. HENDERSON	Date of Receipt MM / DD / YYYY 03 / 05 / 2009
	Mailing Address 1709 CLEAVER LANE	Transaction ID: SA11AI.16158
	City State Zip Code WILMINGTON DE 19803	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation ST. FRANCIS HOSPITAL 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) CATHERINE M. HERWAY	Date of Receipt MM / DD / YYYY 03 / 10 / 2009
	Mailing Address 1471 2ND AVENUE	Transaction ID: SA11AI.16221
	City State Zip Code NEW YORK NY 10021	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)	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: (check only one)	PAGE 21 / 49
	<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) STEVEN HOLT	Date of Receipt MM / DD / YYYY 03 / 09 / 2009
	Mailing Address 13458 KING LAKE TRAIL	Transaction ID: SA11AI.16186
	City State Zip Code BROOMFIELD CO 80020	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation HEALTH ONE CLINIC PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

B.	Full Name (Last, First, Middle Initial) GEORGE P. HUBBELL	Date of Receipt MM / DD / YYYY 03 / 10 / 2009
	Mailing Address 1055 OZARK CARE DRIVE	Transaction ID: SA11AI.16222
	City State Zip Code OSAGE BEACH MO 65065	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation WOMEN'S HEALTH CONSULTANTS 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 S. JAY	Date of Receipt MM / DD / YYYY 03 / 23 / 2009
	Mailing Address 47 GROVE STREET	Transaction ID: SA11AI.16262
	City State Zip Code HOLLISTON MA 01746	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation SOUTHBORO MEDICAL GROUP 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)	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 22 / 49
	<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) LYDIA M. JEFFRIES		Date of Receipt
	Mailing Address 143 ASHELAND AVENUE		<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 03 / 09 / 2009
	City	State	Zip Code
	ASHEVILLE	NC	28801
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.16188
Name of Employer ASHEVILLE WOMEN'S CENTER		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"/> 300.00
		<input type="text"/> 300.00	

B.	Full Name (Last, First, Middle Initial) JAMES JEW		Date of Receipt
	Mailing Address 428 SOUTH GILBERT ROAD		<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 03 / 17 / 2009
	City	State	Zip Code
	GILBERT	AZ	85296
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.16272
Name of Employer SELF-EMPLOYED		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"/> 750.00
		<input type="text"/> 750.00	

C.	Full Name (Last, First, Middle Initial) MARK D. JOHNSON		Date of Receipt
	Mailing Address 1701 EAST THOMAS ROAD		<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 03 / 09 / 2009
	City	State	Zip Code
	PHOENIX	AZ	85016
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.16189
Name of Employer ARIZONA REPRODUCTIVE MEDICINE		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"/> 300.00
		<input type="text"/> 300.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1350.00
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: PAGE 23 / 49
(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 F. JOSEPH, JR.

Mailing Address 39288 MAGNOLIA TRACE

City State Zip Code
PONCHATOULA LA 70454

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

Name of Employer Occupation
OCHSNER CLINIC FOUNDATION PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
03 / 05 / 2009

Transaction ID: SA11AI.16159

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
GWEDOLYN V. KELLY

Mailing Address 600 PETER JEFFERSON PARKWAY

City State Zip Code
CHARLOTTESVILLE VA 22911

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

Name of Employer Occupation
CHARLOTTESVILLE GYNECOLOGY PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 10 / 2009

Transaction ID: SA11AI.16227

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
JUDITH M. KIMELMAN

Mailing Address 9242 SOUTHEAST 46TH STREET

City State Zip Code
MERCER ISLAND WA 98040

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

Name of Employer Occupation
SEATTLE OB/GYN GROUP PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
03 / 09 / 2009

Transaction ID: SA11AI.16191

Amount of Each Receipt this Period
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: PAGE 24 / 49
(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)
DOUGLAS H. KIRKPATRICK

Mailing Address 48 HYDE PARK CIRCLE

City State Zip Code
DENVER CO 80209

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

Name of Employer Occupation
RED ROCKS OB/GYN PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
03 / 09 / 2009

Transaction ID: SA11AI.16129

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
JEFFREY H. KOROTKIN

Mailing Address 5016 GREENPINE DRIVE

City State Zip Code
ATLANTA GA 30342

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

Name of Employer Occupation
ATLANTA PERINATAL CONSULTANTS PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
03 / 09 / 2009

Transaction ID: SA11AI.16130

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
PHILIP H. LAHRMANN

Mailing Address 21 LEDGEBROOK DRIVE

City State Zip Code
MANSFIELD CT 06250

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

Name of Employer Occupation
MANSFIELD OB/GYN PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
MM / DD / YYYY
03 / 05 / 2009

Transaction ID: SA11AI.16160

Amount of Each Receipt this Period
600.00

SUBTOTAL of Receipts This Page (optional) ► 2600.00

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 25 / 49
	<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) DOUGLAS W. LAUBE	Date of Receipt MM / DD / YYYY 03 / 05 / 2009
	Mailing Address 1 SOUTH PARK STREET	Transaction ID: SA11AI.16161
	City State Zip Code MADISON WI 53715	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation UNIVERSITY OF WISCONSIN PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

B.	Full Name (Last, First, Middle Initial) HAL C. LAWRENCE	Date of Receipt MM / DD / YYYY 03 / 09 / 2009
	Mailing Address 2700 VIRGINIA AVENUE, NW	Transaction ID: SA11AI.16131
	City State Zip Code WASHINGTON DC 20037	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AMERICAN COLLEGE OF OB/GY-NS PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

C.	Full Name (Last, First, Middle Initial) JAMES A. MACER	Date of Receipt MM / DD / YYYY 03 / 23 / 2009
	Mailing Address 10 CONGRESS STREET	Transaction ID: SA11AI.16306
	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)	2300.00
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 26 / 49

(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

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)
ROBERT J. MAROTZ

Mailing Address 12640 SOUTH 34TH PLACE

City State Zip Code
PHOENIX AZ 85044

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

Name of Employer
ARIZONA OB/GYN AFFILIATES

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
03 / 05 / 2009

Transaction ID: SA11AI.16162

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)
G. SEALY MASSINGILL

Mailing Address 3887 SOUTH HILLS CIRCLE

City State Zip Code
FORT WORTH TX 76109

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

Name of Employer
NTAMG

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
03 / 09 / 2009

Transaction ID: SA11AI.16132

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)
JAY MATUT

Mailing Address 1438 3RD AVENUE

City State Zip Code
NEW YORK NY 10028

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

Name of Employer
WEST CARE MEDICAL ASSOCIATES

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
03 / 10 / 2009

Transaction ID: SA11AI.16230

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 27 / 49
(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)
DANIEL MCCAULEY

Mailing Address 1729 NORTH OLIVE AVENUE

City State Zip Code
TURLOCK CA 95382

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
03 / 16 / 2009

Transaction ID: SA11AI.16283

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
MICHAEL J. MCCOY

Mailing Address 5020 FERRES LANE

City State Zip Code
BURLINGTON IA 52601

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
M M / D D / Y Y Y Y Y
03 / 10 / 2009

Transaction ID: SA11AI.16231

Amount of Each Receipt this Period
300.00

C.

Full Name (Last, First, Middle Initial)
CLAYTON H. MCCrackEN

Mailing Address P.O. BOX 35100

City State Zip Code
BILLINGS MT 59107

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

Name of Employer BILLINGS 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
03 / 05 / 2009

Transaction ID: SA11AI.16163

Amount of Each Receipt this Period
500.00

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 28 / 49
(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)
SANDRA K. MCFARREN

Mailing Address 1200 NORTH MOUNTAIN STREET

City State Zip Code
CARSON CITY NV 89703

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

Name of Employer Occupation
CARSON MEDICAL GROUP PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
03 / 10 / 2009

Transaction ID: SA11AI.16232

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
TIMOTHY C. MCFARREN

Mailing Address 1200 NORTH MOUNTAIN STREET

City State Zip Code
CARSON CITY NV 89703

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

Name of Employer Occupation
CARSON MEDICAL GROUP PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
03 / 10 / 2009

Transaction ID: SA11AI.16233

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
GUY M. MIDDLETON

Mailing Address 1118 ROSS CLARK CIRCLE

City State Zip Code
DOTHAN AL 36301

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

Name of Employer Occupation
DOTHAN OB/GYN PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
03 / 17 / 2009

Transaction ID: SA11AI.16274

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1100.00**

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 29 / 49

(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)
MARYANN E. MILLAR-KAVEY

Mailing Address 1200 EAST GENESEE STREET

City State Zip Code
SYRACUSE NY 13210

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

Name of Employer
WOMEN'S VIEW GYNECOLOGY

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
03 / 09 / 2009

Transaction ID: SA11AI.16192

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)
MARYANN E. MILLAR-KAVEY

Mailing Address 1200 EAST GENESEE STREET

City State Zip Code
SYRACUSE NY 13210

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

Name of Employer
WOMEN'S VIEW GYNECOLOGY

Occupation
PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1300.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 23 / 2009

Transaction ID: SA11AI.16263

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)
CASEY A. MOAURO

Mailing Address 201 NORTH HAMMES AVENUE

City State Zip Code
JOLIET IL 60435

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

Name of Employer
JOLIET WOMEN'S HEALTH 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
03 / 05 / 2009

Transaction ID: SA11AI.16164

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1800.00

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 30 / 49
	<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) OWEN C. MONTGOMERY	Date of Receipt MM / DD / YYYY 03 / 09 / 2009
	Mailing Address 450 CHAPEL HEIGHTS ROAD	Transaction ID: SA11AI.16193
	City State Zip Code SEVELL NJ 08080	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation DREXEL UNIVERSITY PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

B.	Full Name (Last, First, Middle Initial) ALETHIA E. MORGAN	Date of Receipt MM / DD / YYYY 03 / 09 / 2009
	Mailing Address 3075 SOUTH BIRCH	Transaction ID: SA11AI.16194
	City State Zip Code DENVER CO 80222	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation ASSOCIATES FOR WOMEN'S HEALTH PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

C.	Full Name (Last, First, Middle Initial) GEORGE B. MORRIS, IV	Date of Receipt MM / DD / YYYY 03 / 09 / 2009
	Mailing Address 77 METAIRIE COURT	Transaction ID: SA11AI.16195
	City State Zip Code METAIRIE LA 70001	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation OCHSNER CLINIC FOUNDATION 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)	900.00
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 31 / 49
(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) WADE A. NEIMAN		Date of Receipt MM / DD / YYYY 03 / 09 / 2009
Mailing Address 1300 CRENSHAW COURT		Transaction ID: SA11AI.16197
City LYNCHBURG	State VA	Zip Code 24503
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer WOMEN'S HEALTH SERVICES	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

B.

Full Name (Last, First, Middle Initial) ANTOINETTE NIGRO		Date of Receipt MM / DD / YYYY 03 / 05 / 2009
Mailing Address 1825 COMMERCE STREET		Transaction ID: SA11AI.16165
City YORKTOWN HEIGHTS	State NY	Zip Code 10598
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer MOUNT KISCO MEDICAL	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) KENNETH L. NOLLER		Date of Receipt MM / DD / YYYY 03 / 09 / 2009
Mailing Address 14 HIGHRIDGE ROAD		Transaction ID: SA11AI.16133
City SHREWSBURY	State MA	Zip Code 01545
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer TUFTS MEDICAL CENTER	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)	1800.00
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 32 / 49
(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)
CURTIS E. PAGE

Mailing Address 1500 DELHI

City State Zip Code
DUBUQUE IA 52001

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

Name of Employer Occupation
DUBUQUE OB/GYN PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
03 / 09 / 2009

Transaction ID: SA11AI.16198

Amount of Each Receipt this Period
300.00

B.

Full Name (Last, First, Middle Initial)
ROBERT H. PALMER, JR.

Mailing Address 1536 WASHINGTON STREET

City State Zip Code
PORT TOWNSEND WA 98368

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

Name of Employer Occupation
PORT TOWNSEND WOMEN'S CLINIC PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
03 / 09 / 2009

Transaction ID: SA11AI.16134

Amount of Each Receipt this Period
300.00

C.

Full Name (Last, First, Middle Initial)
MANUEL A. PENALVER

Mailing Address 4107 SANTA MARIA

City State Zip Code
CORAL GABLES FL 33146

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

Name of Employer Occupation
SOUTH FLORIDA GYNECOLOGIC PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
MM / DD / YYYY
03 / 09 / 2009

Transaction ID: SA11AI.16200

Amount of Each Receipt this Period
450.00

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: PAGE 33 / 49
(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)
JAQUELLINE PERLMAN
Mailing Address 356 CLINTON STREET
City State Zip Code
BROOKLYN NY 11231
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
BROOKLYN WOMEN'S HEALTH CARE PHYSICIAN
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt: 03 / 10 / 2009
Transaction ID: SA11AI.16235
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
MARCELLO PIETRANTONI
Mailing Address 210 GRAY STREET
City State Zip Code
LOUISVILLE KY 40202
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
KENTUCKIANA PERINATOLOGY PHYSICIAN
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt: 03 / 25 / 2009
Transaction ID: SA11AI.16321
Amount of Each Receipt this Period: 1000.00

C. Full Name (Last, First, Middle Initial)
JOSEPH W. PLAUTZ
Mailing Address 210 WEST FAIRWAY
City State Zip Code
HENDERSON NV 89015
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
WOMEN'S SPECIALTY CARE PHYSICIAN
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt: 03 / 23 / 2009
Transaction ID: SA11AI.16309
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: (check only one)	PAGE 34 / 49
	<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

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) HOLLY S. PURITZ	Date of Receipt MM / DD / YYYY 03 / 09 / 2009
	Mailing Address 880 KEMPSVILLE ROAD	Transaction ID: SA11AI.16201
	City NORFOLK State VA Zip Code 23502	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer THE GROUP FOR WOMEN Occupation PHYSICIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 300.00	

B.	Full Name (Last, First, Middle Initial) ALAN T. RAPPLEYE	Date of Receipt MM / DD / YYYY 03 / 09 / 2009
	Mailing Address 3970 SOUTH 700 EAST	Transaction ID: SA11AI.16202
	City SALT LAKE CITY State UT Zip Code 84107	Amount of Each Receipt this Period 300.00
	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 300.00	

C.	Full Name (Last, First, Middle Initial) JAANA REHNSTROM	Date of Receipt MM / DD / YYYY 03 / 10 / 2009
	Mailing Address 103 FIFTH AVENUE	Transaction ID: SA11AI.16237
	City NEW YORK State NY Zip Code 10003	Amount of Each Receipt this Period 250.00
	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 250.00	

SUBTOTAL of Receipts This Page (optional)	850.00
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 35 / 49
(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)
DALE P. REISNER

Mailing Address 2007 FEDERAL AVENUE EAST

City State Zip Code
SEATTLE WA 98102

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

Name of Employer Occupation
OBSTETRIX MEDICAL GROUP PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
03 / 09 / 2009

Transaction ID: SA11AI.16203

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
CHRISTOPHER J. RIEGEL

Mailing Address 3108 MIDWAY ROAD

City State Zip Code
PLANO TX 75093

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

Name of Employer Occupation
PRESTONWOOD OB/GYN PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
03 / 17 / 2009

Transaction ID: SA11AI.16275

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
JEFFREY E. RODZAK

Mailing Address 420 EAST LARKSPUR LANE

City State Zip Code
ONALASKA WI 54650

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

Name of Employer Occupation
GUNDERSEN LUTHERAN PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
03 / 09 / 2009

Transaction ID: SA11AI.16135

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional) ► 1600.00

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 36 / 49
	<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) HANS P. ROETHLING		Date of Receipt
	Mailing Address 500 PINE NEEDLES COURT		<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 03 / 10 / 2009
	City	State	Zip Code
	GOLDSBORO	NC	27534
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.16238
Name of Employer WAYNE WOMEN'S CLINIC		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 ▼ 250.00	250.00

B.	Full Name (Last, First, Middle Initial) HEATHER Z. SANKEY		Date of Receipt
	Mailing Address 759 CHESTNUT 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 03 / 10 / 2009
	City	State	Zip Code
	SPRINGFIELD	MA	01199
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.16240
Name of Employer BAYSTATE MEDICAL CENTER		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 ▼ 250.00	250.00

C.	Full Name (Last, First, Middle Initial) KATHLEEN S. SCHIAVI		Date of Receipt
	Mailing Address 4315 HOUMA BOULEVARD		<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 03 / 09 / 2009
	City	State	Zip Code
	METAIRIE	LA	70006
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.16204
Name of Employer LAKESIDE WOMEN'S CENTER		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 ▼ 300.00	300.00

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 37 / 49
	<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) JUDITH A. SCOTT		Date of Receipt	
	Mailing Address 5744 NORTH 166TH STREET		M M / D D / Y Y Y Y Y 03 / 17 / 2009	
	City	State	Zip Code	Transaction ID: SA11AI.16277
	OMAHA	NE	68116	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		300.00	
Name of Employer PHYSICIANS CLINIC		Occupation PHYSICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00		

B.	Full Name (Last, First, Middle Initial) JANET S. SEGALL		Date of Receipt	
	Mailing Address 90 SHENANGO STREET		M M / D D / Y Y Y Y Y 03 / 23 / 2009	
	City	State	Zip Code	Transaction ID: SA11AI.16311
	GREENVILLE	PA	16125	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer GREENVILLE MEDICAL CENTER		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) BASSAM N. SHAMMA		Date of Receipt	
	Mailing Address 4607 MACCORKLE AVENUE		M M / D D / Y Y Y Y Y 03 / 05 / 2009	
	City	State	Zip Code	Transaction ID: SA11AI.16167
	SOUTH CHARLESTON	WV	25309	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		500.00	
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 ▼ 500.00		

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: PAGE 38 / 49
(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)
FRANCINE E. SINOFSKY

Mailing Address 64 CEDAR AVENUE

City State Zip Code
HIGHLAND PARK NJ 08904

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

Name of Employer
OB/GYN GROUP OF EAST BRUNSWICK

Occupation
PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
03 / 09 / 2009

Transaction ID: SA11AI.16137

Amount of Each Receipt this Period
300.00

B.

Full Name (Last, First, Middle Initial)
LAURA L. SIROTT

Mailing Address 10 CONGRESS STREET

City State Zip Code
PASADENA CA 91105

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

Name of Employer
MACER, MYERS, HENNEBERG

Occupation
PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1300.00

Date of Receipt
MM / DD / YYYY
03 / 10 / 2009

Transaction ID: SA11AI.16241

Amount of Each Receipt this Period
300.00

C.

Full Name (Last, First, Middle Initial)
JENNIFER U. SPIEGEL

Mailing Address 2277 FAIR OAKS BOULEVARD

City State Zip Code
SACRAMENTO CA 95821

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
03 / 09 / 2009

Transaction ID: SA11AI.16206

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional) ▶ **900.00**

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 39 / 49
(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)
DANA G. STONE

Mailing Address 1730 HUNTINGTON AVENUE

City State Zip Code
OKLAHOMA CITY OK 73116

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

Name of Employer SELF-EMPLOYED Occupation PHYSICIAN

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	9	/	2	0	0	9

Transaction ID: SA11AI.16208

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
J. CRAIG STRAFFORD

Mailing Address 494 BUHL MORTON ROAD

City State Zip Code
GALLIPOLIS OH 45631

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

Name of Employer HOLZER CLINIC Occupation PHYSICIAN

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	5	/	2	0	0	9

Transaction ID: SA11AI.16168

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
ALBERT L. STRUNK

Mailing Address 698 CONSTELLATION COURT

City State Zip Code
DAVIDSONVILLE MD 21035

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

Name of Employer AMERICAN COLLEGE OF OB/GY-NS Occupation VICE PRESIDENT

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	9	/	2	0	0	9

Transaction ID: SA11AI.16138

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **2300.00**

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 40 / 49
(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)
MARK W. SURREY

Mailing Address 450 NORTH ROXBURY DRIVE

City State Zip Code
BEVERLY HILLS CA 90210

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
03 / 13 / 2009

Transaction ID: SA11AI.16250

Amount of Each Receipt this Period
250.00

B.

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 ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 11 / 2009

Transaction ID: SA11AI.16246

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
PAUL G. TOMICH

Mailing Address 3637 QUINCE COURT

City State Zip Code
DOWNERS GROVE IL 60515

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

Name of Employer UNIVERSITY OF NEBRASKA 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
03 / 05 / 2009

Transaction ID: SA11AI.16169

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 41 / 49
(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)
ERIN E. TRACY

Mailing Address 5 HIGH STREET

City State Zip Code
STONEHAM MA 02180

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

Name of Employer Occupation
MASSACHUSETTS GENERAL HOSPITAL PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt: 03 / 05 / 2009
Transaction ID: SA11AI.16170
Amount of Each Receipt this Period: 600.00

B. Full Name (Last, First, Middle Initial)
RICHARD WALDMAN

Mailing Address 770 JAMES STREET

City State Zip Code
SYRACUSE NY 13203

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

Name of Employer Occupation
ASSOCIATES FOR WOMEN PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt: 03 / 05 / 2009
Transaction ID: SA11AI.16171
Amount of Each Receipt this Period: 600.00

C. Full Name (Last, First, Middle Initial)
KURT R. WHARTON

Mailing Address 970 DEWING AVENUE

City State Zip Code
LAFAYETTE CA 94549

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: 03 / 12 / 2009
Transaction ID: SA11AI.16294
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ► 1700.00

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 42 / 49
(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)
KATHRYN J. WOOD

Mailing Address 5575 WARREN PARKWAY

City State Zip Code
FRISCO TX 75034

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 ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 05 / 2009

Transaction ID: SA11AI.16172

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	55950.00

**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)

PAGE 43 / 49

<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) AMERICAN ACADEMY OF DERMATOLOGY	Transaction ID: SB21B.16327 Date of Disbursement 03 / 30 / 2009
	Mailing Address 1350 EYE STREET, NW	Amount of Each Disbursement this Period 1500.00
	City WASHINGTON State DC Zip Code 20005	
	Purpose of Disbursement REGISTRATION FEES Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) AMERICAN EXPRESS	Transaction ID: SB21B.16106 Date of Disbursement 03 / 05 / 2009
	Mailing Address P.O. BOX 53852	Amount of Each Disbursement this Period 393.27
	City PHOENIX State AZ Zip Code 85072	
	Purpose of Disbursement CREDIT CARD TRANSACTION FEES Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) FIRST NATIONAL MERCHANT SOLUTIONS	Transaction ID: SB21B.16107 Date of Disbursement 03 / 03 / 2009
	Mailing Address 1620 DODGE STREET	Amount of Each Disbursement this Period 593.35
	City OMAHA State NE Zip Code 68197	
	Purpose of Disbursement CREDIT CARD TRANSACTION FEES Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	2486.62
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)

<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) SUSANNE HAESSLER <hr/> Mailing Address 3700 MASSACHUSETTS AVENUE, NW <hr/> City WASHINGTON State DC Zip Code 20016 <hr/> Purpose of Disbursement ACCOUNTING Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.16109 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 9 / 2 0 0 9	Amount of Each Disbursement this Period 1377.50
B.	Full Name (Last, First, Middle Initial) NATIONAL CAPITAL TELESERVICES <hr/> Mailing Address 300 FIFTH STREET, NE <hr/> City WASHINGTON State DC Zip Code 20002 <hr/> Purpose of Disbursement GENERIC TELEPHONE SOLICITATIONS Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.16108 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 9 / 2 0 0 9	Amount of Each Disbursement this Period 7707.75
C.	Full Name (Last, First, Middle Initial) NATIONAL CAPITAL TELESERVICES <hr/> Mailing Address 300 FIFTH STREET, NE <hr/> City WASHINGTON State DC Zip Code 20002 <hr/> Purpose of Disbursement GENERIC TELEPHONE SOLICITATIONS Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.16258 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 0 9	Amount of Each Disbursement this Period 7578.75

SUBTOTAL of Disbursements This Page (optional) ▶	16664.00
TOTAL This Period (last page this line number only) ▶	19150.62

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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<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) DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE	Transaction ID: SB23.16326
	Mailing Address 430 SOUTH CAPITOL STREET, SE	Date of Disbursement 03 / 30 / 2009
	City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period 10000.00
	Purpose of Disbursement CONTRIBUTION Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) FRIENDS OF SHERROD BROWN	Transaction ID: SB23.16254
	Mailing Address P.O. BOX 76187	Date of Disbursement 03 / 23 / 2009
	City WASHINGTON State DC Zip Code 20013	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement CONTRIBUTION Candidate Name SHERROD BROWN	Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 00	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) PEOPLE FOR PATTY MURRAY U.S. SENATE CAMPAIGN	Transaction ID: SB23.16251
	Mailing Address P.O. BOX 3662	Date of Disbursement 03 / 16 / 2009
	City SEATTLE State WA Zip Code 98124	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement CONTRIBUTION Candidate Name PATTY MURRAY	Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	15000.00
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)

<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

<p>A. Full Name (Last, First, Middle Initial) STABENOW FOR U.S. SENATE</p> <p>Mailing Address P.O. BOX 4945</p> <p>City EAST LANSING State MI Zip Code 48826</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name DEBBIE STABENOW</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 00</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.16324</p> <p>Date of Disbursement 03 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 2000.00</p>
<p>B. Full Name (Last, First, Middle Initial) TEDISCO FOR CONGRESS</p> <p>Mailing Address 1707 ROUTE 9</p> <p>City CLIFTON PARK State NY Zip Code 12065</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name JAMES TEDISCO</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 20</p> <p>Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-General</p>	<p>Transaction ID: SB23.16176</p> <p>Date of Disbursement 03 / 12 / 2009</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p>C. Full Name (Last, First, Middle Initial) TUESDAY GROUP POLITICAL ACTION COMMITTEE</p> <p>Mailing Address P.O. BOX 11586</p> <p>City WASHINGTON State DC Zip Code 20008</p> <p>Purpose of Disbursement CONTRIBUTION</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: SB23.16325</p> <p>Date of Disbursement 03 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 5000.00</p>

SUBTOTAL of Disbursements This Page (optional)	12000.00
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)

<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) VOICE FOR FREEDOM	Transaction ID: SB23.16179 Date of Disbursement
	Mailing Address 2814 SPRING ROAD	<input type="text" value="03"/> / <input type="text" value="12"/> / <input type="text" value="2009"/>
	City ATLANTA State GA Zip Code 30339	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION	<input type="text" value="2500.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) WYDEN FOR SENATE	Transaction ID: SB23.16110 Date of Disbursement
	Mailing Address P.O. BOX 3498	<input type="text" value="03"/> / <input type="text" value="09"/> / <input type="text" value="2009"/>
	City PORTLAND State OR Zip Code 97208	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION	<input type="text" value="2500.00"/>
	Candidate Name RONALD L. WYDEN	Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) YARMUTH FOR CONGRESS	Transaction ID: SB23.16255 Date of Disbursement
	Mailing Address 1819 BROWNSBORO ROAD	<input type="text" value="03"/> / <input type="text" value="23"/> / <input type="text" value="2009"/>
	City LOUISVILLE State KY Zip Code 40202	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION	<input type="text" value="3500.00"/>
	Candidate Name JOHN A. YARMUTH	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 03	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="8500.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="35500.00"/>

**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)

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<input 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 checked="" 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)
JOSEPH GAUTA

Transaction ID: SB28A.16259

Date of Disbursement

Mailing Address 1890 SOUTHWEST HEALTHPARKWAY

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

City State Zip Code
NAPLES FL 34109

Amount of Each Disbursement this Period

250.00

Purpose of Disbursement
CONTRIBUTION REFUND

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

250.00

TOTAL This Period (last page this line number only)

250.00

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 <input type="text" value="1377.50"/>		Transaction ID: SD10.16103	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="1377.50"/>	Outstanding Balance at Close of This Period <input type="text" value="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 <input type="text" value="0.00"/>		Transaction ID: SD10.16329	
Amount Incurred This Period <input type="text" value="2428.75"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="2428.75"/>	

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 <input type="text" value="7707.75"/>		Transaction ID: SD10.16104	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="7707.75"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>	

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="2428.75"/>
2) TOTALS This Period (last page this line number only).....	<input type="text" value="2428.75"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text" value="0.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text" value="2428.75"/>