

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

Office Use Only

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

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

ADDRESS (number and street)

409 12TH STREET, SW

Check if different
than previously
reported. (ACC)

WASHINGTON

DC

20024

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIPCODE

C00364158

3. IS THIS
REPORTNEW
(N)**OR**AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

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

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

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

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

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

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

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

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12G)

Election on

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

General (30G)



Runoff (30R)



Special (30S)

Election on

in the
State of

5. Covering Period

10

01

2009

through

10

31

2009

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

Type or Print Name of Treasurer

STACIE MISCIKOWSKI

Signature of Treasurer

Electronically Filed by STACIE MISCIKOWSKI

Date

11

09

2009

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

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

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

2 / 28

Write or Type Committee Name

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

Report Covering the Period:

From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	9

To:

M	M
1	0

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	2009	19853.06
(b) Cash on Hand at Beginning of Reporting Period	67513.19	
(c) Total Receipts (from Line 19)	18650.00	307719.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	86163.19	327572.06
7. Total Disbursements (from Line 31)	21910.14	263319.01
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	64253.05	64253.05
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)	7383.75	

☒ 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

FEC Form 3X (Rev. 06/2004)

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Write or Type Committee Name

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

Report Covering the Period:

From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	9

To:

M	M
1	0

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		
(i) Itemized (use Schedule A)	16250.00	252650.00
(ii) Unitemized	2400.00	55069.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	18650.00	307719.00
(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)	18650.00	307719.00
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))	18650.00	307719.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	18650.00	307719.00

DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	13410.14	92069.01	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	13410.14	92069.01	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	8500.00	168500.00	
24. Independent Expenditure (use Schedule E)	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees	0.00	1750.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	1750.00	
29. Other Disbursements.....	0.00	1000.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	21910.14	263319.01	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	21910.14	263319.01	

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	18650.00	307719.00
34. Total Contribution Refunds (from Line 28(d))	0.00	1750.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	18650.00	305969.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	13410.14	92069.01
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	13410.14	92069.01

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

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

FOR LINE NUMBER: PAGE 6 / 28

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

TED L. ANDERSON

Mailing Address 516 LEANNE WAY

City

FRANKLIN

State

TN

Zip Code

37069

FEC ID number of contributing
federal political committee.

C

Name of Employer
VANDERBILT UNIVERSITY

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

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

Transaction ID: SA11AI.17437

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

ISSAM F. ARNOUK

Mailing Address 355 OVINGTON AVENUE

City

BROOKLYN

State

NY

Zip Code

11209

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 ▼

350.00

Date of Receipt

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

Transaction ID: SA11AI.17486

Amount of Each Receipt this Period

350.00

C.

Full Name (Last, First, Middle Initial)

DEXTER E. ARRINGTON

Mailing Address 1646 DIXIE HIGHWAY

City

FLOSSMOOR

State

IL

Zip Code

60422

FEC ID number of contributing
federal political committee.

C

Name of Employer
SOUTHWEST WOMEN'S HEALTHCARE

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
1 0 / 0 2 / 2 0 0 9

Transaction ID: SA11AI.17458

Amount of Each Receipt this Period

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 7 / 28

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

JAMES W. BERNASKO

Mailing Address 28 HIGHLAND BOULEVARD

City

DIX HILLS

State

NY

Zip Code

11746

FEC ID number of contributing
federal political committee.

C

Name of Employer

HIGH RISK PREGNANCY CENTER

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.17536

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

WILLIAM D. BINDER

Mailing Address 9000 AIRLINE HIGHWAY

City

BATON ROUGE

State

LA

Zip Code

70815

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
1 0 / 1 3 / 2 0 0 9

Transaction ID: SA11AI.17488

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

JOHN W. CALKINS

Mailing Address 6010 WEST 69TH STREET

City

OVERLAND PARK

State

KS

Zip Code

66204

FEC ID number of contributing
federal political committee.

C

Name of Employer
KANSAS UNIVERSITY

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

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

Transaction ID: SA11AI.17477

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 28

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

NAHIDA CHAKHTOURA

Mailing Address 6422 COLLINS AVENUE

City

MIAMI BEACH

State

FL

Zip Code

33141

FEC ID number of contributing
federal political committee.

C

Name of Employer
UNIVERSITY OF MIAMI

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
1 0 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.17518

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

JAMES G. COX

Mailing Address 4140 WEST MEMORIAL ROAD

City

OKLAHOMA CITY

State

OK

Zip Code

73120

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
1 0 / 2 1 / 2 0 0 9

Transaction ID: SA11AI.17512

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

RAYMOND C. DECESARE

Mailing Address 401 ADAMS AVENUE

City

SCRANTON

State

PA

Zip Code

18510

FEC ID number of contributing
federal political committee.

C

Name of Employer
PHYSICIAN'S HEALTH ALLIAN-
CE

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
1 0 / 2 3 / 2 0 0 9

Transaction ID: SA11AI.17540

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 9 / 28

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)

PATRICIA M. DIX

Mailing Address 1000 EAST PRIMROSE

City

SPRINGFIELD

State

MO

Zip Code

65807

FEC ID number of contributing
federal political committee.

C

Name of Employer
REGIONAL PERINATAL CENTER

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.17520

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

ELVIS S. DONALDSON, JR.

Mailing Address 1780 NICHOLASVILLE ROAD

City

LEXINGTON

State

KY

Zip Code

40503

FEC ID number of contributing
federal political committee.

C

Name of Employer
LEXINGTON GYN ONCOLOGY

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
1	0	/	2	7	/	2	0	0	9

Transaction ID: SA11AI.17528

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

BETTY J. EDWARDS

Mailing Address 10130 LOUETTA STREET

City

HOUSTON

State

TX

Zip Code

77070

FEC ID number of contributing
federal political committee.

C

Name of Employer
CHAMPIONS WOMEN'S CENTER

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.17489

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 28

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

CYNTHIA A. FRETWELL

Mailing Address 162 LINDEN LANE

City

UPPER BROOKVILLE

State

NY

Zip Code

11545

FEC ID number of contributing
federal political committee.

C

Name of Employer

WOMEN'S CONTEMPORARY CARE

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
1 0 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.17521

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

RAJIV B. GALA

Mailing Address 4200 PERRIER STREET

City

NEW ORLEANS

State

LA

Zip Code

70725

FEC ID number of contributing
federal political committee.

C

Name of Employer
OCHSNER CLINIC

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 8 / 2 0 0 9

Transaction ID: SA11AI.17535

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

CHARON E. GENTILE

Mailing Address 259 GABASSE STREET

City

HOUMA

State

LA

Zip Code

70360

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
1 0 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.17522

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 28

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

VANESSA A. GRANO

Mailing Address 2 WEBB AVENUE

City

OLD GREENWICH

State

CT

Zip Code

06870

FEC ID number of contributing
federal political committee.

C

Name of Employer

WESTCHESTER MEDICAL GROUP

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
1 0 / 0 5 / 2 0 0 9

Transaction ID: SA11AI.17452

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

R. MOSS HAMPTON

Mailing Address 3950 EDGEBROOK

City

MIDLAND

State

TX

Zip Code

79707

FEC ID number of contributing
federal political committee.

C

Name of Employer

TEXAS TECH

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

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

Transaction ID: SA11AI.17478

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

VERDA J. HICKS

Mailing Address 6400 PROSPECT AVENUE

City

KANSAS CITY

State

MO

Zip Code

64132

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
1 0 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.17439

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 12 / 28

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

ERIC J. HODGSON

Mailing Address 25 SOUTHFIELD ROAD

City

EASTON

State

CT

Zip Code

06612

FEC ID number of contributing
federal political committee.

C

Name of Employer
YALE UNIVERSITY

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
1	0	/	1	6	/	2	0	0	9

Transaction ID: SA11AI.17479

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

GEORGE P. HUBBELL

Mailing Address 1055 OZARK CANE DRIVE

City

OSAGE BEACH

State

MO

Zip Code

65065

FEC ID number of contributing
federal political committee.

C

Name of Employer
WOMEN'S HEALTH CONSULTANTS

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
1	0	/	1	3	/	2	0	0	9

Transaction ID: SA11AI.17492

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

DAVID H. JANOWITZ

Mailing Address 7007 NORTH FREEWAY

City

HOUSTON

State

TX

Zip Code

77076

FEC ID number of contributing
federal political committee.

C

Name of Employer
OB/GYN CARE

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
1	0	/	0	1	/	2	0	0	9

Transaction ID: SA11AI.17441

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

550.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 13 / 28

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

LEAH A. KAUFMAN

Mailing Address 27005 76TH AVENUE

City

NEW HYDE PARK

State

NY

Zip Code

11040

FEC ID number of contributing
federal political committee.

C

Name of Employer

LONG ISLAND JEWISH MEDICAL

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

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

Transaction ID: SA11AI.17493

Amount of Each Receipt this Period

350.00

B.

Full Name (Last, First, Middle Initial)

GEORGE KOVACEVIC

Mailing Address 3046 DEL PRADO BOULEVARD

City

CAPE CORAL

State

FL

Zip Code

33904

FEC ID number of contributing
federal political committee.

C

Name of Employer

CAPE WOMEN'S CARE

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
1 0 / 0 5 / 2 0 0 9

Transaction ID: SA11AI.17467

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

MARGARET D. LARKINS-PETTIGREW

Mailing Address 420 MAPLE AVENUE

City

PITTSBURGH

State

PA

Zip Code

15218

FEC ID number of contributing
federal political committee.

C

Name of Employer

GREATER PITTSBURGH OB/GYN

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.17524

Amount of Each Receipt this Period

1000.00

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: PAGE 14 / 28

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

DOMINIQUE L. LUCKEY

Mailing Address 1301 NORTH FAIRFAX AVENUE

City

LOS ANGELES

State

CA

Zip Code

90046

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
1 0 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.17442

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

CHRISTOPHER M. LYNCH

Mailing Address 5201 RENE STREET

City

SHAWNEE

State

KS

Zip Code

66216

FEC ID number of contributing
federal political committee.

C

Name of Employer
JOHNSON COUNTY OB/GYN

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.17494

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

JAMES N. MARTIN, JR.

Mailing Address 2101 EASTOVER DRIVE

City

JACKSON

State

MS

Zip Code

39211

FEC ID number of contributing
federal political committee.

C

Name of Employer
UNIVERSITY OF MISSISSIPPI

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
1 0 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.17481

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 15 / 28

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)

J. KEVIN MASSENGILL

Mailing Address 2320 TREE CREEK PLACE

City

DANVILLE

State

CA

Zip Code

94506

FEC ID number of contributing
federal political committee.

C

Name of Employer
KAISER PERMANENTE

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
1	0	/	0	5	/	2	0	0	9

Transaction ID: SA11AI.17469

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

E. WILLIAM MCGRATH

Mailing Address 1411 SOUTH 14TH STREET

City

FERNANDINA BEACH

State

FL

Zip Code

32034

FEC ID number of contributing
federal political committee.

C

Name of Employer
NORTH FLORIDA OB/GYN

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.17444

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

MONICA L. MEYER

Mailing Address 59 FOX HEDGE ROAD

City

SADDLE RIVER

State

NJ

Zip Code

07458

FEC ID number of contributing
federal political committee.

C

Name of Employer
VALLEY CENTER FOR WOMEN

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.17542

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 16 / 28

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

MARYANN E. MILLAR-KAVEY

Mailing Address 1200 EAST GENESEE STREET

City

SYRACUSE

State

NY

Zip Code

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 ▼

1500.00

Date of Receipt

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

Transaction ID: SA11AI.17531

Amount of Each Receipt this Period

200.00

B.

Full Name (Last, First, Middle Initial)

MILINDA MORRIS

Mailing Address 3521 SHELL AVENUE

City

MIDLAND

State

TX

Zip Code

79707

FEC ID number of contributing
federal political committee.

C

Name of Employer
TEXAS TECH UNIVERSITY

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
1 0 / 1 3 / 2 0 0 9

Transaction ID: SA11AI.17495

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

JUDITH MORRIS-DECELIS

Mailing Address 330 EAST 38TH STREET

City

NEW YORK

State

NY

Zip Code

10016

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
1 0 / 2 3 / 2 0 0 9

Transaction ID: SA11AI.17544

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

700.00

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 / 28

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)

MICHAEL J. MURRAY

Mailing Address 1130 CONROY LANE

City

ROSEVILLE

State

CA

Zip Code

95661

FEC ID number of contributing
federal political committee.

C

Name of Employer

NORTHERN CALIFORNIA FERTI-
LITY

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
1	0	/	0	7	/	2	0	0	9

Transaction ID: SA11AI.17471

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

PAUL L. OGBURN, JR.

Mailing Address 175 OLD FIELD ROAD

City

SETAUKET

State

NY

Zip Code

11733

FEC ID number of contributing
federal political committee.

C

Name of Employer

STONY BROOK UNIVERSITY

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
1	0	/	1	3	/	2	0	0	9

Transaction ID: SA11AI.17497

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

KENNETH V. OSTERMAN

Mailing Address 705 SOUTH UNIVERSITY AVENUE

City

BEAVER DAM

State

WI

Zip Code

53916

FEC ID number of contributing
federal political committee.

C

Name of Employer

BEAVER DAM WOMEN'S HEALTH

Occupation

PHYSICIAN

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.17446

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 18 / 28

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

DENISE B. PECHT

Mailing Address 771 OLD NORCROSS ROAD

City

LAWRENCEVILLE

State

GA

Zip Code

30045

FEC ID number of contributing
federal political committee.

C

Name of Employer
PROGRESSIVE HEALTHCARE

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
1 0 / 0 7 / 2 0 0 9

Transaction ID: SA11AI.17473

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

JASU SANGHUI

Mailing Address 51 EAST 73RD STREET

City

NEW YORK

State

NY

Zip Code

10021

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.17514

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

PETER A. SCHWARTZ

Mailing Address 2009 REGENCY DRIVE

City

WYOMISSING

State

PA

Zip Code

19610

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
1 0 / 1 3 / 2 0 0 9

Transaction ID: SA11AI.17499

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 19 / 28

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

PETER T. SIMONSON

Mailing Address 222 ROUTE 59

City

SUFFERN

State

NY

Zip Code

10901

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
1 0 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.17450

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

EMMANUEL O. SOYOOLA

Mailing Address 121 CEDAR STREET

City

LOGAN

State

WV

Zip Code

25601

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
1 0 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.17482

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

MARIJO STEENSTRA

Mailing Address 4591 ROMENCE ROAD

City

PORTAGE

State

MI

Zip Code

49024

FEC ID number of contributing
federal political committee.

C

Name of Employer
THREE RIVERS WOMEN'S SERV-
ICES

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
1 0 / 1 3 / 2 0 0 9

Transaction ID: SA11AI.17500

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 20 / 28

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

KENNETH A. STEINGOLD

Mailing Address 10710 MIDLOTHIAN TURNPIKE

City

RICHMOND

State

VA

Zip Code

23235

FEC ID number of contributing
federal political committee.

C

Name of Employer
FERTILITY INSTITUTE

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
1 0 / 0 7 / 2 0 0 9

Transaction ID: SA11AI.17475

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

DOUGLAS TATUM

Mailing Address 1250 8TH AVENUE

City

FORT WORTH

State

TX

Zip Code

76104

FEC ID number of contributing
federal political committee.

C

Name of Employer
UNIVERSITY OF NORTH TEXAS

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
1 0 / 0 2 / 2 0 0 9

Transaction ID: SA11AI.17461

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

RICHARD WALDMAN

Mailing Address 770 JAMES STREET

City

SYRACUSE

State

NY

Zip Code

13203

FEC ID number of contributing
federal political committee.

C

Name of Employer
ASSOCIATES FOR WOMEN

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
1 0 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.17534

Amount of Each Receipt this Period

400.00

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 21 / 28

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)

JOHN B. WILLEY

Mailing Address 323 GREENFIELD AVENUE

City

WINCHESTER

State

VA

Zip Code

22602

FEC ID number of contributing
federal political committee.

C

Name of Employer
WINCHESTER OB/GYN

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
1	0	/	1	6	/	2	0	0	9

Transaction ID: SA11AI.17485

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

J. HOWARD YOUNG

Mailing Address 1431 VERANDA CIRCLE

City

MURFREESBORO

State

TN

Zip Code

37130

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

PHYSICIAN

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.17463

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

16250.00

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

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

130.41

167.41

1450.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 23 / 28

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

SUSANNE HAESSLER

Mailing Address 3700 MASSACHUSETTS AVENUE, NW

City
WASHINGTON

State
DC

Zip Code
20016

Purpose of Disbursement
DELIVERY

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21B.17454

Date of Disbursement

10 / 12 / 2009

Amount of Each Disbursement this Period

145.32

B.

Full Name (Last, First, Middle Initial)

NATIONAL CAPITAL TELESERVICES

Mailing Address 300 FIFTH STREET, NE

City
WASHINGTON

State
DC

Zip Code
20002

Purpose of Disbursement
GENERIC TELEPHONE SOLICITATIONS

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21B.17509

Date of Disbursement

10 / 19 / 2009

Amount of Each Disbursement this Period

4020.50

C.

Full Name (Last, First, Middle Initial)

NATIONAL CAPITAL TELESERVICES

Mailing Address 300 FIFTH STREET, NE

City
WASHINGTON

State
DC

Zip Code
20002

Purpose of Disbursement
GENERIC TELEPHONE SOLICITATIONS

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21B.17511

Date of Disbursement

10 / 26 / 2009

Amount of Each Disbursement this Period

7460.50

SUBTOTAL of Disbursements This Page (optional)

11626.32

TOTAL This Period (last page this line number only)

13374.14

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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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

DEDE FOR CONGRESS

Mailing Address 63 GLEASON STREET

City State Zip Code
 GOUVERNEUR NY 13642

Purpose of Disbursement
 CONTRIBUTION

Candidate Name
 DIERDRE K. SCOZZAFAVA

Category/
 Type

Office Sought: ☒ House
☐ Senate
☐ President

State: NY District: 23

Disbursement For: 2009
☐ Primary ☐ General
☒ Other (specify) ▼
 Special-General

Transaction ID: SB23.17506

Date of Disbursement

10 / 30 / 2009

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

FRIENDS OF DICK DURBIN COMMITTEE

Mailing Address P.O. BOX 1949

City State Zip Code
 SPRINGFIELD IL 62705

Purpose of Disbursement
 CONTRIBUTION

Candidate Name
 RICHARD J. DURBIN

Category/
 Type

Office Sought: ☐ House
☒ Senate
☐ President

State: IL District: 00

Disbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.17433

Date of Disbursement

10 / 05 / 2009

Amount of Each Disbursement this Period

2500.00

C.

Full Name (Last, First, Middle Initial)

GEORGIANS FOR ISAKSON

Mailing Address P.O. BOX 250116

City State Zip Code
 ATLANTA GA 30325

Purpose of Disbursement
 CONTRIBUTION

Candidate Name
 JOHN H. ISAKSON

Category/
 Type

Office Sought: ☐ House
☒ Senate
☐ President

State: GA District: 00

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

Transaction ID: SB23.17505

Date of Disbursement

10 / 19 / 2009

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

GILLIBRAND FOR SENATE

Mailing Address 313 C STREET, NE

City
WASHINGTON

State
DC

Zip Code
20002

Purpose of Disbursement
CONTRIBUTION

Candidate Name
KIRSTEN E. GILLIBRAND

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: NY District: 20

Transaction ID: SB23.17434

Date of Disbursement

10 / 05 / 2009

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

GINGREY FOR CONGRESS

Mailing Address P.O. BOX U

City
MARIETTA

State
GA

Zip Code
30060

Purpose of Disbursement
CONTRIBUTION

Candidate Name
J. PHILLIP GINGREY

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: GA District: 11

Transaction ID: SB23.17548

Date of Disbursement

10 / 30 / 2009

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

LATOURETTE FOR CONGRESS COMMITTEE

Mailing Address 320 KENARDEN DRIVE

City
HIGHLAND HEIGHTS

State
OH

Zip Code
44143

Purpose of Disbursement
CONTRIBUTION

Candidate Name
STEVE C. LATOURETTE

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: OH District: 14

Transaction ID: SB23.17455

Date of Disbursement

10 / 12 / 2009

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

STIVERS FOR CONGRESS

Mailing Address 81 SOUTH FIFTH STREET

City State Zip Code
COLUMBUS OH 43215

Purpose of Disbursement
CONTRIBUTION

Candidate Name
STEVE E. STIVERS

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: OH District: 15

Transaction ID: SB23.17435

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

8500.00

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

PAGE 27 / 28

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

NAME OF COMMITTEE (In Full)

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

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

Mailing Address 3700 MASSACHUSETTS AVENUE, NW

City State ZIP Code
WASHINGTON DC 20016

Outstanding Balance Beginning This Period

1450.00

Transaction ID: SD10.17427

Amount Incurred This Period

0.00

Payment This Period

1450.00

Outstanding Balance at Close of This Period

0.00

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

Mailing Address 3700 MASSACHUSETTS AVENUE, NW

City State ZIP Code
WASHINGTON DC 20016

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.17551

Amount Incurred This Period

1740.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1740.00

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

Mailing Address 300 FIFTH STREET, NE

City State ZIP Code
WASHINGTON DC 20002

Outstanding Balance Beginning This Period

4020.50

Transaction ID: SD10.17428

Amount Incurred This Period

0.00

Payment This Period

4020.50

Outstanding Balance at Close of This Period

0.00

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

1740.00

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

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

PAGE 28 / 28

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

NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

NATIONAL CAPITAL TELESERVICES

Nature of Debt (Purpose):

GENERIC TELEPHONE SOLICIT-
ATIONS

Mailing Address 300 FIFTH STREET, NE

City

State

ZIP Code

WASHINGTON

DC

20002

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.17550

Amount Incurred This Period

5643.75

Payment This Period

0.00

Outstanding Balance at Close of This Period

5643.75

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

5643.75

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

7383.75

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

0.00

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

7383.75