11/09/2009 15:08

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example:If typing, type COMMITTEE (in full) OR TYPE OR PRINT ₩ over the lines OB-GYNS FOR WOMEN'S HEALTH AND THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC) 409 12TH STREET, SW ADDRESS (number and street) Check if different than previously WASHINGTON DC 20024 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE A CITY A IS THIS NEW **AMENDED** C00364158 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) 12-Day (c) Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: Termination Report (TER) in the Election on State of 10 0 1 2009 10 3 1 2009 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. STACIE MISCIKOWSKI Type or Print Name of Treasurer Electronically Filed by STACIE MISCIKOWSKI 11 09 2009 Signature of Treasurer Date 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 **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

2/28

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name OB-GYNS FOR WOMEN'S HEALTH AND THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

D D 0 1 3 1 10 2009 10 2009 Report Covering the Period: From: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 2009° 19853.06 January 1 (b) Cash on Hand at 67513.19 Begining of Reporting Period 18650.00 307719.00 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 86163.19 327572.06 6(a) and 6(c) for Column B) 21910.14 263319.01 Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 64253.05 64253.05 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 7383.75 Schedule C and/or Schedule D) X This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

FE6AN026

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) 3 / 28

Write or Type Committee Name

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

01 м м 1 0 м°м 10 3 1 2009 2009 Report Covering the Period: From: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 16250.00 252650.00 (i) Itemized (use Schedule A) 2400.00 55069.00 (ii) Unitemized (iii) TOTAL (add 18650.00 307719.00 Lines 11(a)(i) and (ii) 0.00 0.00 (b) Political Party Committees (c) Other Political Committees 0.00 0.00 (such as PACs) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 18650.00 307719.00 Totals to Line 33, page 5) 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees 0.00 0.00 13. All Loans Received 0.00 0.00 14. Loan Repayments Received 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) 16. Refunds of Contributions Made to Federal candidates and Other 0.00 0.00 Political Committees 17. Other Federal Receipts 0.00 0.00 (Dividends, Interest, etc.) 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3)

0.00

0.00

18650.00

18650.00

0.00

0.00

307719.00

307719.00

(b) Levin Funds (from Schedule H5)

(c) Total Transfer (add 18(a) and 18(b)).

12, 13, 14, 15, 16, 17, and 18(c))

(subtract Line 18(c) from Line 19)

19. Total Receipts (add Lines 11(d),

20. Total Federal Receipts

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

of Disbursements

4 / 28

	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)	0.00	0.00
	(i) Federal Share		
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating	13410.14	92069.01
	Expenditures(c) Total Operating Expenditures	15410.14	92009.01
	(add 21(a)(i), (a)(ii) and (b))	13410.14	92069.01
2.	Transfers to Affiliated/Other Party	0.00	0.00
3.	Committees Contributions to	0.00	0.00
	Federal Candidates/Committeesand Other Political Committees	8500.00	168500.00
4.	Independent Expenditure	0.00	0.00
5.	(use Schedule E)	0.00	0.00
	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
6.	Loan Repayments Made	0.00	0.00
7	Loans Made	0.00	0.00
8.	Refunds of Contributions To:	0.00	0.00
	(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
	(add Lines 20(a), (b), and (c))		
9.	Other Disbursements	0.00	1000.00
0.	Federal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity		
	(from Schedule H6) (i) Federal Share	0.00	0.00
	(i) i edelai Silaie		
	(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
	• • • • • • • • • • • • • • • • • • • •		
1.	Total Disbursements (add Lines 21(c), 22,	01010 14	000010.01
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	21910.14	263319.01
2.	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) 5 / 28

	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
4.	Total Contribution Refunds (from Line 28(d))	0.00	1750.00
5.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	18650.00	305969.00
6.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	13410.14	92069.01
7.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8.	Net Operating Expenditures (subtract Line 37 from Line 36)	13410.14	92069.01

FE6AN026

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 28 (check only one) X 11a 11b 11c 12 13 14 15 16 1
or for commercial purposes, other than usin NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any person ig the name and address of any political committee to TH AND THE AMERICAN CONGRESS OF C	solicit contributions from such committee.
Full Name (Last, First, Middle Initial)	THE AMERICAN CONCINED OF C	
TED L. ANDERSON Mailing Address 516 LEANNE WA	Y	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City FRANKLIN	State Zip Code TN 37069	Transaction ID: SA11AI.17437
FEC ID number of contributing federal political committee.	C 3/009	Amount of Each Receipt this Period 250.00
Name of Employer VANDERBILT UNIVERSITY	Occupation PHYSICIAN	_
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	
Full Name (Last, First, Middle Initial) ISSAM F. ARNOUK		Date of Receipt
Mailing Address 355 OVINGTON A	AVENUE	10 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City <u>BROOKLYN</u>	State Zip Code NY 11209	Transaction ID: SA11AI.17486 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) DEXTER E. ARRINGTON		Date of Receipt
Mailing Address 1646 DIXIE HIGH	WAY	10 02 YYYY 10 02 2009
City <u>FLOSSMOOR</u>	State Zip Code IL 60422	Transaction ID: SA11AI.17458 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer SOUTHWEST WOMEN'S HEALTHC- ARE	PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (option	nal)	850.00

	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) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) OB-GYNS FOR WOMEN'S HEALTH A	e name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
_ /	Full Name (Last, First, Middle Initial)			, , , , , , , , , , , , , , , , , , ,
Α.	JAMES W. BERNASKO Mailing Address 28 HIGHLAND BOULE	Date of Receipt		
	City DIX HILLS	State NY	Zip Code 11746	Transaction ID: SA11AI.17536 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer HIGH RISK PREGNANCY CENTER	Occupatio PHYSICI		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
- В.	Full Name (Last, First, Middle Initial) WILLIAM D. BINDER			Date of Receipt
	Mailing Address 9000 AIRLINE HIGHWAY City State Zip Code			10 13 7 2009
	City BATON ROUGE	State N ROUGE LA		Transaction ID: SA11AI.17488 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	70815	300.00
	Name of Employer SELF-EMPLOYED	Occupatio PHYSICI		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
- С.	Full Name (Last, First, Middle Initial) JOHN W. CALKINS	ı		Date of Receipt
	Mailing Address 6010 WEST 69TH STREET			10 16 2009
	City OVERLAND PARK	State KS	Zip Code 66204	Transaction ID: SA11AI.17477
	FEC ID number of contributing federal political committee.	C	00204	Amount of Each Receipt this Period 250.00
	Name of Employer KANSAS UNIVERSITY	Occupatio PHYSICI		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 750.00	
	SUBTOTAL of Receipts This Page (optional)			1550.00
Ī	TOTAL This Period (last page this line number	only))	

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 28 (check only one) X 11a 11b 11c 12 13 14 15 16			
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any persong the name and address of any political committee to .TH AND THE AMERICAN CONGRESS OF O	solicit contributions from such committee.			
Full Name (Last, First, Middle Initial)	THE AMERICAN CONCINESS OF C				
NAHIDA CHAKHTOURA	NAHIDA CHAKHTOURA				
Mailing Address 6422 COLLINS A		10 16 2009			
City MIAMI BEACH	State Zip Code FL 33141	Transaction ID: SA11AI.17518			
FEC ID number of contributing federal political committee.	FL 33141	Amount of Each Receipt this Period 500.00			
Name of Employer UNIVERSITY OF MIAMI	Occupation PHYSICIAN				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00				
Full Name (Last, First, Middle Initial) JAMES G. COX		Date of Receipt			
Mailing Address 4140 WEST MEM	IORIAL ROAD	M M / D D / Y Y Y Y Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y			
City OKLAHOMA CITY	State Zip Code OK 73120	Transaction ID: SA11AI.17512 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	250.00			
Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN	1			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00				
Full Name (Last, First, Middle Initial) RAYMOND C. DECESARE		Date of Receipt			
Mailing Address 401 ADAMS AVEI	NUE	10 23 2009			
City SCRANTON	State Zip Code PA 18510	Transaction ID: SA11AI.17540 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	250.00			
Name of Employer PHYSICIAN'S HEALTH ALLIAN- CE	Occupation PHYSICIAN				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00				
SUBTOTAL of Receipts This Page (option	nal)	1000.00			

•	SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 9/28
П	TEMIZED RECEIPTS	for each category of the	(check only one)
	I EIVIIZED RECEIP 13	Detailed Summary Page	X 11a 11b 11c 12
			13 14 15 16 17
	Any information copied from such Reports and Stat	ements may not be sold or used by any perso	n for the purpose of soliciting contributions
L	or for commercial purposes, other than using the na	ame and address of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)		
	OB-GYNS FOR WOMEN'S HEALTH AN	D THE AMERICAN CONGRESS OF C)B-GYNS PAC (OB-GYN PAC)
A.	Full Name (Last, First, Middle Initial) PATRICIA M. DIX	Date of Receipt	
	Mailing Address 1000 EAST PRIMROSE	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	City	State Zip Code	Transaction ID: SA11AI.17520
	SPRINGFIELD	MO 65807	Amount of Each Receipt this Period
	FEC ID number of contributing		
	federal political committee.	C	300.00
	Name of Employer REGIONAL PERINATAL CENTER	Occupation	1
		PHYSICIAN	_
	Receipt For: Primary General	Aggregate Year-to-Date ▼	
	Other (specify)	300.00	
	Other (specify)	0 0 0 0 0 0 0 0	
- В.	Full Name (Last, First, Middle Initial) ELVIS S. DONALDSON, JR.		Date of Receipt
	Mailing Address 1780 NICHOLASVILLE F	M M / D D / Y Y Y Y	
		10 27 2009	
	City	State Zip Code	Transaction ID: SA11AI.17528
	LEXINGTON	KY 40503	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer	Occupation	_
	Name of Employer LEXINGTON GYN ONCOLOGY	PHYSICIAN	
	Receipt For:	Aggregate Year-to-Date ▼	7
	Primary General		1
	Other (specify) ▼	250.00	
_	Full Name (Last, First, Middle Initial)		Data of Bassist
C.	BETTY J. EDWARDS Mailing Address 10130 LOUETTA STREE		Date of Receipt
	Mailing Address 10130 LOUETTA STREE	=1	10 13 2009
	City	State Zip Code	Transaction ID: SA11AI.17489
	HOUSTON	TX 77070	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer CHAMPIONS WOMEN'S CENTER	Occupation PHYSICIAN	1
	Receipt For:		-
	Primary General	Aggregate Year-to-Date ▼	
	Other (specify)	250.00	
	☐ Other (specify) ♥		
Γ	L		
	SUBTOTAL of Receipts This Page (optional)		800.00
H	,		

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 28 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any perso the name and address of any political committee to H AND THE AMERICAN CONGRESS OF C	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) CYNTHIA A. FRETWELL Mailing Address 162 LINDEN LANE City UPPER BROOKVILLE FEC ID number of contributing federal political committee. Name of Employer WOMEN'S CONTEMPORARY CARE Receipt For: Primary General Other (specify)	State Zip Code NY 11545 C Occupation PHYSICIAN Aggregate Year-to-Date 500.00	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) RAJIV B. GALA Mailing Address 4200 PERRIER STR City NEW ORLEANS FEC ID number of contributing federal political committee. Name of Employer OCHSNER CLINIC Receipt For:	State Zip Code LA 70725 C Occupation PHYSICIAN Aggregate Year-to-Date	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) CHARON E. GENTILE Mailing Address 259 GABASSE STF City HOUMA FEC ID number of contributing federal political committee. Name of Employer SELF-EMPLOYED	State Zip Code LA 70360 C Occupation PHYSICIAN	Date of Receipt M M J J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 500.00	1250.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 28 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any personal name and address of any political committee to AND THE AMERICAN CONGRESS OF (on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) VANESSA A. GRANO Mailing Address 2 WEBB AVENUE City OLD GREENWICH FEC ID number of contributing federal political committee. Name of Employer WESTCHESTER MEDICAL GROUP Receipt For:	State Zip Code CT 06870 C Occupation PHYSICIAN Aggregate Year-to-Date	Date of Receipt 10 05 2009 Transaction ID: SA11AI.17452 Amount of Each Receipt this Period 300.00
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	300.00	
R. MOSS HAMPTON Mailing Address 3950 EDGEBROOK City MIDLAND	State Zip Code TX 79707	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer TEXAS TECH Receipt For:	Occupation PHYSICIAN Aggregate Year-to-Date ▼	250.00
Primary General Other (specify) Full Name (Last, First, Middle Initial) VERDA J. HICKS	750.00	Date of Receipt
	Mailing Address 6400 PROSPECT AVENUE	
KANSAS CITY FEC ID number of contributing federal political committee.	MO 64132	Amount of Each Receipt this Period 250.00
Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00]
SUBTOTAL of Receipts This Page (optional)	_	800.00

Ar or	ny information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full) OB-GYNS FOR WOMEN'S HEALTH	Statements may ne name and addre	not be sold or used by any personal committee to	on for the purpose of soliciting contributions
 A.	OB GITTO FOR WOMEN OTHER	AND THE AME		solicit contributions from such committee.
	Full Name (Last, First, Middle Initial) ERIC J. HODGSON Mailing Address - 05 COLITILE I. D. DO	Date of Receipt		
	Mailing Address 25 SOUTHFIELD ROA	State	Zip Code	1 0 1 6 2 0 0 9 Transaction ID: SA11AI.17479
	EASTON	СТ	06612	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer YALE UNIVERSITY	Occupation PHYSICIAI	N	
	Receipt For: Primary General Other (specify) ▼	Aggregate Y	'ear-to-Date ▼ 250.00	
— 3.	Full Name (Last, First, Middle Initial) GEORGE P. HUBBELL Mailing Address 1055 OZARK CANE 5	Date of Receipt		
	Mailing Address 1055 OZARK CANE DRIVE			10 13 2009
	City State		Zip Code	Transaction ID: SA11AI.17492
	OSAGE BEACH	MO	65065	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer WOMEN'S HEALTH CONSULTANTS	Occupation PHYSICIAI	N	
	Receipt For: Primary General Other (specify) ▼	Aggregate Y	/ear-to-Date ▼ 500.00]
—).	Full Name (Last, First, Middle Initial) DAVID H. JANOWITZ			Date of Receipt
	Mailing Address 7007 NORTH FREEW	/AY		10 / 01 / 2009
	City HOUSTON	State TX	Zip Code 77076	Transaction ID: SA11AI.17441 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	77070	250.00
	Name of Employer OB/GYN CARE	Occupation PHYSICIAI	N	
	Receipt For: Primary General Other (specify) ▼	Aggregate Y	Year-to-Date ▼ 250.00	
s	UBTOTAL of Receipts This Page (optional)			550.00

SCHEDULE A (FE		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 28 (check only one) X 11a 11b 11c 12 13 14 15 16
		s may not be sold or used by any perso d address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE OB-GYNS FOR WO	, ,	E AMERICAN CONGRESS OF	OB-GYNS PAC (OB-GYN PAC)
Full Name (Last, First, M LEAH A. KAUFMAN	, 		Date of Receipt
Mailing Address 2700 City	05 76TH AVENUE Stat	e Zip Code	1 0 1 3 2 0 0 9 Transaction ID: SA11AI.17493
NEW HYDE PARK	NY	e 2ip Code 11040	Amount of Each Receipt this Period
FEC ID number of contr federal political committee	ibuting		350.00
Name of Employer LONG ISLAND JEWIS	H MEDICAL Occu	pation SICIAN	
Receipt For: Primary Other (specify)	General	egate Year-to-Date ▼ 1350.00	
Full Name (Last, First, N GEORGE KOVACEVIC	fiddle Initial)		Date of Receipt
Mailing Address 3046 DEL PRADO BOULEVARD			M M / D D / Y Y Y Y Y Y 1 1 0 5 2 0 0 9
City	Stat	'	Transaction ID: SA11AI.17467
CAPE CORAL FEC ID number of contr federal political committee		33904	Amount of Each Receipt this Period 250.00
Name of Employer CAPE WOMEN'S CAR	Occu PHY	pation SICIAN	
Receipt For:		egate Year-to-Date ▼	
Primary Other (specify) ▼	General	250.00	
Full Name (Last, First, N MARGARET D. LARKINS		Date of Receipt	
Mailing Address 420	MAPLE AVENUE		10 16 2009
City	Stat	e Zip Code	Transaction ID: SA11AI.17524
PITTSBURGH	PA	15218	Amount of Each Receipt this Period
FEC ID number of contr federal political committe			1000.00
Name of Employer GREATER PITTSBUR	GH OB/GYN Occu PHY	pation SICIAN	
Receipt For: Primary Other (specify) ▼	General	egate Year-to-Date ▼ 1000.00	
SUPTOTAL of Descripts T	his Dags (antional)		1600.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 28 (check only one) X 11a 11b 11c 12 13 14 15 16 17			
Any information copied from such Reports a or for commercial purposes, other than usin NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any persong the name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.			
\	TH AND THE AMERICAN CONGRESS OF (OB-GYNS PAC (OB-GYN PAC)			
Full Name (Last, First, Middle Initial) DOMINIQUE L. LUCKEY Meiling Address 4004 NODTH FAU	DOMINIQUE L. LUCKEY				
	Mailing Address 1301 NORTH FAIRFAX AVENUE				
City	State Zip Code	Transaction ID: SA11AI.17442			
LOS ANGELES	CA 90046	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С	500.00			
Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN				
Receipt For:	Aggregate Year-to-Date ▼				
Primary General Other (specify) ▼	500.00				
Full Name (Last, First, Middle Initial) CHRISTOPHER M. LYNCH	CHRISTOPHER M. LYNCH				
Mailing Address 5201 RENE STRE	Mailing Address 5201 RENE STREET				
City	State Zip Code	Transaction ID: SA11AI.17494			
SHAWNEE	KS 66216	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	250.00			
Name of Employer JOHNSON COUNTY OB/GYN	Occupation PHYSICIAN				
Receipt For: Primary General	Aggregate Year-to-Date ▼				
Other (specify)	250.00				
Full Name (Last, First, Middle Initial) JAMES N. MARTIN, JR.		Date of Receipt			
Mailing Address 2101 EASTOVER		10 16 2009			
City	State Zip Code	Transaction ID: SA11AI.17481			
JACKSON	MS 39211	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	250.00			
Name of Employer UNIVERSITY OF MISSISSIPPI	Occupation PHYSICIAN				
Receipt For: Primary General	Aggregate Year-to-Date ▼				
Other (specify)	500.00				
SUBTOTAL of Receipts This Page (option	al)	1000.00			
	mber only)				

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 28 (check only one) X
or for	nformation copied from such Reports and St commercial purposes, other than using the AME OF COMMITTEE (In Full) B-GYNS FOR WOMEN'S HEALTH A	name and add	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	Ill Name (Last, First, Middle Initial)	IND I TE A	WILL HOAN CONGRESS OF C	The factor of th
A. <u>J.</u>	KEVIN MASSENGILL	Date of Receipt		
Ma _	ailing Address 2320 TREE CREEK PL	10 05 7 2009		
Cit		State CA	Zip Code	Transaction ID: SA11Al.17469
FE	ANVILLE EC ID number of contributing deral political committee.	C	94506	Amount of Each Receipt this Period 250.00
Na KA	ame of Employer AISER PERMANENTE	Occupatio PHYSICI		
Re	eceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
	ıll Name (Last, First, Middle Initial) WILLIAM MCGRATH			Date of Receipt
Ma	Mailing Address 1411 SOUTH 14TH STREET			10 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Cit	ty ERNANDINA BEACH	State FL	Zip Code	Transaction ID: SA11AI.17444
FE	EC ID number of contributing deral political committee.	C	32034	Amount of Each Receipt this Period 250.00
Na No	ame of Employer ORTH FLORIDA OB/GYN	Occupatio PHYSICI		
Re	eceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
	ıll Name (Last, First, Middle Initial) ONICA L. MEYER			Date of Receipt
Ma	ailing Address 59 FOX HEDGE ROAD	1		10 23 2009
Cit		State	Zip Code	Transaction ID: SA11AI.17542
FE	ADDLE RIVER EC ID number of contributing deral political committee.	NJ C	07458	Amount of Each Receipt this Period 500.00
Na VA	ame of Employer ALLEY CENTER FOR WOMEN	Occupatio PHYSICI		
Re	eceipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00	
SUB	TOTAL of Receipts This Page (optional)			1000.00
тот	AL This Period (last page this line number o	only)		

	DULE A (FEC Form 3X) ZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 28 (check only one) X 11a 11b 11c 12
or for cor	nmercial purposes, other than using the r	atements maname and add	 y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
1 \	E OF COMMITTEE (In Full) GYNS FOR WOMEN'S HEALTH AI	ND THE A	MERICAN CONGRESS OF (OB-GYNS PAC (OB-GYN PAC)
MARY	ame (Last, First, Middle Initial) 'ANN E. MILLAR-KAVEY			Date of Receipt
Iviallin	g Address 1200 EAST GENESEE	STREET		10 27 2009
City		State	Zip Code	Transaction ID: SA11AI.17531
<u>SYR</u>	ACUSE	NY	13210	Amount of Each Receipt this Period
	D number of contributing al political committee.	C		200.00
Name WON	of Employer IEN'S VIEW GYNECOLOGY	Occupation PHYSICI		
	pt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1500.00]
	ame (Last, First, Middle Initial) DA MORRIS			Date of Receipt
Mailin	g Address 3521 SHELL AVENUE			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		State	Zip Code	Transaction ID: SA11AI.17495
<u>MIDI</u>	_AND	TX	79707	Amount of Each Receipt this Period
	D number of contributing al political committee.	С		250.00
Name TEXA	of Employer S TECH UNIVERSITY	Occupatio PHYSIC		
	pt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00]
	ame (Last, First, Middle Initial) TH MORRIS-DECELIS			Date of Receipt
Mailin	g Address 330 EAST 38TH STREE	ΞT		10 23 7 9 9
City <u>NEW</u>	/ YORK	State NY	Zip Code 10016	Transaction ID: SA11AI.17544 Amount of Each Receipt this Period
	D number of contributing al political committee.	C		250.00
Name SELF	of Employer -EMPLOYED	Occupatio PHYSICI		
	pt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
SUBTO	TAL of Receipts This Page (optional)			700.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 28 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) OB-GYNS FOR WOMEN'S HEALTH	Statements may not be sold or used by any pene name and address of any political committee. I AND THE AMERICAN CONGRESS O	e to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) MICHAEL J. MURRAY Mailing Address 1130 CONROY LAN	F	Date of Receipt
		10 07 2009
City ROSEVILLE	State Zip Code CA 95661	Transaction ID: SA11AI.17471 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer NORTHERN CALIFORNIA FERTI- LITY	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) PAUL L. OGBURN, JR.		Date of Receipt
Mailing Address 175 OLD FIELD ROA	AD	M M / D D / Y Y Y Y Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y
City	State Zip Code	Transaction ID: SA11AI.17497
SETAUKET	NY 11733	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer STONY BROOK UNIVERSITY	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) KENNETH V. OSTERMAN		Date of Receipt
Mailing Address 705 SOUTH UNIVER	RSITY AVENUE	10 01 2009
City	State Zip Code	Transaction ID: SA11AI.17446
BEAVER DAM	WI 53916	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer BEAVER DAM WOMEN'S HEALTH	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)		1000.00

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 28 (check only one) X
_		Statements may e name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\ \	IAME OF COMMITTEE (In Full) DB-GYNS FOR WOMEN'S HEALTH	AND THE AN	MERICAN CONGRESS OF	OB-GYNS PAC (OB-GYN PAC)
	ull Name (Last, First, Middle Initial) DENISE B. PECHT			Date of Receipt
_	Mailing Address 771 OLD NORCROS	S ROAD State	Zip Code	1 0 0 7 2 0 0 9 Transaction ID: SA11AI.17473
	AWRENCEVILLE	GA	30045	Amount of Each Receipt this Period
F	EC ID number of contributing ederal political committee.	C		500.00
N F	lame of Employer PROGRESSIVE HEALTHCARE	Occupatio PHYSICI		
F	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
	ull Name (Last, First, Middle Initial) ASU SANGHUI			Date of Receipt
M	Mailing Address 51 EAST 73RD STRE	ET		10 21 2009
	City	State	Zip Code	Transaction ID: SA11AI.17514
1	NEW YORK	NY	10021	Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	С		1000.00
N S	lame of Employer SELF-EMPLOYED	Occupatio PHYSICI		
F	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	1000.00]
	ull Name (Last, First, Middle Initial) ETER A. SCHWARTZ			Date of Receipt
M	Mailing Address 2009 REGENCY DRI	VE		10 13 2009
	Dity	State	Zip Code	Transaction ID: SA11AI.17499
	WYOMISSING	PA	19610	Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	C		250.00
_	lame of Employer SELF-EMPLOYED	Occupatio PHYSICI	AN	
F	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00]
CIII	BTOTAL of Receipts This Page (optional).	•		1750.00

SCHEDULE A (FEC For ITEMIZED RECEIPTS	m 3X) Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 28 (check only one) X 11a
or for commercial purposes, other than NAME OF COMMITTEE (In Full)	ports and Statements may not be sold or used by any person using the name and address of any political committee to	o solicit contributions from such committee.
Full Name (Last, First, Middle Initia PETER T. SIMONSON Mailing Address 222 ROUTE ! City SUFFERN FEC ID number of contributing federal political committee.		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer SELF-EMPLOYED Receipt For: Primary General Other (specify) ▼	Occupation PHYSICIAN Aggregate Year-to-Date 250.00	
Full Name (Last, First, Middle Initia EMMANUEL O. SOYOOLA Mailing Address 121 CEDAR S		Date of Receipt 1 0 1 6 2 0 0 9
City	State Zip Code	Transaction ID: SA11AI.17482
LOGAN	WV 25601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initia MARIJO STEENSTRA Mailing Address 4591 ROMEN	·	Date of Receipt
City	State Zip Code	Transaction ID: SA11AI.17500
PORTAGE FEC ID number of contributing federal political committee.	MI 49024	Amount of Each Receipt this Period 250.00
Name of Employer THREE RIVERS WOMEN'S SER ICES	PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
CURTOTAL of Descripts This Descript	optional)	750.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 28 (check only one) X
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any persong the name and address of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) KENNETH A. STEINGOLD Mailing Address 10710 MIDLOTHI	AN TURNPIKE	Date of Receipt
City RICHMOND FEC ID number of contributing	State Zip Code VA 23235	Transaction ID: SA11AI.17475 Amount of Each Receipt this Period
federal political committee. Name of Employer FERTILITY INSTITUTE Receipt For:	Occupation PHYSICIAN Aggregate Year-to-Date	250.00
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	250.00	
DOUGLAS TATUM Mailing Address 1250 8TH AVENU	JE	Date of Receipt 1 0 0 2 2 0 0 9
City	State Zip Code	Transaction ID: SA11Al.17461
FORT WORTH FEC ID number of contributing federal political committee.	TX 76104	Amount of Each Receipt this Period 250.00
Name of Employer UNIVERSITY OF NORTH TEXAS	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) RICHARD WALDMAN		Date of Receipt
Mailing Address 770 JAMES STRE	EET .	10 27 2009
City	State Zip Code	Transaction ID: SA11Al.17534
SYRACUSE FEC ID number of contributing federal political committee.	NY 13203	Amount of Each Receipt this Period 400.00
Name of Employer ASSOCIATES FOR WOMEN	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optio	nal)	900.00

В.

PAGE 21 / 28 FOR LINE NUMBER: SCHEDULE A (FEC Form 3X) Use separate schedule(s) (check only one) for each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 13 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) OB-GYNS FOR WOMEN'S HEALTH AND THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC) Full Name (Last, First, Middle Initial) JOHN B. WILLEY Date of Receipt Mailing Address 323 GREENFIELD AVENUE 2009 10 16 City State Zip Code Transaction ID: SA11AI.17485 **WINCHESTER** VA 22602 Amount of Each Receipt this Period FEC ID number of contributing 500.00 C federal political committee. Name of Employer WINCHESTER OB/GYN Occupation **PHYSICIAN** Receipt For: Aggregate Year-to-Date Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) J. HOWARD YOUNG Date of Receipt Mailing Address 1431 VERANDA CIRCLE 02 2009 City State Zip Code Transaction ID: SA11AI.17463 **MURFREESBORO** TN 37130 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer RETIRED Occupation **PHYSICIAN** Receipt For: Aggregate Year-to-Date

		750.00
SUBTOTAL of Receipts This Page (optional)	•	750.00
TOTAL This Period (last page this line number only)	•	16250.00

250.00

Primary

Other (specify)

General

В.

C.

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 22 / 28
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	
THE INTELLIGIBLE OF THE IN	Detailed Summary Page	X 21b 27	22 23 24 25 26 28a 28b 28c 29 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full)	e and address of any political	committee to soi	icit contributions from such committee
OB-GYNS FOR WOMEN'S HEALTH AND	THE AMERICAN CONG	RESS OF OB	-GYNS PAC (OB-GYN PAC)
Full Name (Last, First, Middle Initial) AMERICAN EXPRESS			Transaction ID: SB21B.17431 Date of Disbursement
Mailing Address P.O. BOX 53852			$\begin{bmatrix} \begin{smallmatrix} M & O & M \\ 1 & O & M \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ D & D \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & O & O & 9 \end{bmatrix} $
•	State Zip Code AZ 85072		Amount of Each Disbursement this Period
Purpose of Disbursement CREDIT CARD TRANSACTION FEES			130.41
Candidate Name		Category/ Type	
Senate President	ment For: Primary General Other (specify) ▼		
State: District: Full Name (Last, First, Middle Initial)			
FIRST NATIONAL MERCHANT SOLUTION	NS		Transaction ID: SB21B.17432 Date of Disbursement
Mailing Address 1620 DODGE STREET			1 0 M / D D / Y Y Y O O 9
	State Zip Code NE 68197		Amount of Each Disbursement this Period
Purpose of Disbursement CREDIT CARD TRANSACTION FEES			167.41
Candidate Name		Category/ Type	
Senate President	ment For: Primary General Other (specify) ▼		
State: District: Full Name (Last, First, Middle Initial)			
SUSANNE HAESSLER			Transaction ID: SB21B.17436 Date of Disbursement
Mailing Address 3700 MASSACHUSETTS	S AVENUE, NW		10 10 5 / 2009
	State Zip Code DC 20016		Amount of Each Disbursement this Period
Purpose of Disbursement ACCOUNTING			1450.00
Candidate Name		Category/ Type	
Office Sought: House Disburse Senate President	ment For: Primary General Other (specify)	~1	
State: District:			
SUBTOTAL of Disbursements This Page (optional) .			1747.82

В.

C.

FE6AN026

SCHEDULE B (FEC Form 3X)		FOR LINE 1	VIIIMRED:	PAGE 23 / 28
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)	
	Detailed Summary Page	X 21b 27	22 23 28a 28b	24 25 26 28c 29 30b
Any Information copied from such Reports and Statem		by any person fo	or the purpose of s	oliciting contributions
or for commercial purposes, other than using the name NAME OF COMMITTEE (In Full)	and address of any political c	ommittee to soli	cit contributions fi	om such committee
OB-GYNS FOR WOMEN'S HEALTH AND	THE AMERICAN CONGF	RESS OF OB-	GYNS PAC (O	B-GYN PAC)
Full Name (Last, First, Middle Initial) SUSANNE HAESSLER			Date of Disburs	
Mailing Address 3700 MASSACHUSETTS	AVENUE, NW		10 / 0	12 7 2009
	State Zip Code DC 20016		Amount of Each	n Disbursement this Period
Purpose of Disbursement DELIVERY				145.32
Candidate Name		Category/ Type		
Senate President	ment For: Primary General Other (specify) ▼			
State: District:				
Full Name (Last, First, Middle Initial) NATIONAL CAPITAL TELESERVICES			Date of Disburs	
Mailing Address 300 FIFTH STREET, NE			10	19 7 2009
•	State Zip Code DC 20002		Amount of Each	n Disbursement this Period
Purpose of Disbursement GENERIC TELEPHONE SOLICITATIONS				4020.50
Candidate Name		Category/ Type		
Office Sought: House Disburse Senate President	ment For: Primary General Other (specify)			
State: District: Full Name (Last, First, Middle Initial)			: ID	00010 17511
NATIONAL CAPITAL TELESERVICES			Date of Disburs	
Mailing Address 300 FIFTH STREET, NE			10 / 2	26
	State Zip Code DC 20002		Amount of Each	Disbursement this Period
Purpose of Disbursement GENERIC TELEPHONE SOLICITATIONS				7460.50
Candidate Name		Category/ Type		
Office Sought: House Disburse Senate President	ment For: Primary General Other (specify)	Ni		
State: District:				
SUBTOTAL of Disbursements This Page (optional) .				11626.32

TOTAL This Period (last page this line number only)

13374.14

IT	CHEDULE B (FEC FOIII 3X)		arate schedule(s)	FOR LINE (check only	
	EMIZED DISBURSEMENTS	Detailed	category of the Summary Page	21b 27	22 X 23 24 25 28a 28b 28c 29
	y Information copied from such Reports and Stat for commercial purposes, other than using the na NAME OF COMMITTEE (In Full) OB-GYNS FOR WOMEN'S HEALTH AN	ame and addre	ess of any political o	committee to so	licit contributions from such committee
_	Full Name (Last, First, Middle Initial)			.200 0. 02	Transaction ID: SB23.17506
	DEDE FOR CONGRESS Mailing Address 63 GLEASON STREE				Date of Disbursement M M 1 0 3 0 Y Y Y <t< td=""></t<>
	City GOUVERNEUR	State NY	Zip Code 13642		Amount of Each Disbursement this Perio
	Purpose of Disbursement CONTRIBUTION				1000.00
	Candidate Name DIERDRE K. SCOZZAFAVA Office Sought: X House Disbu	rsement For:	2009	Category/ Type	
	Senate President	Primary X Other (spe	General		
	State: NY District: 23 Speciful Name (Last, First, Middle Initial) FRIENDS OF DICK DURBIN COMMITT	ial-General EE			Transaction ID: SB23.17433 Date of Disbursement
	Mailing Address P.O. BOX 1949				$\begin{bmatrix}\begin{smallmatrix}M\\1\\0\end{smallmatrix}\end{bmatrix}^{M} \begin{bmatrix}\begin{smallmatrix}0\\0\\5\end{smallmatrix}\end{bmatrix}^{T} \begin{bmatrix}\begin{smallmatrix}Y\\2\\0\\0\end{smallmatrix}\end{bmatrix} \begin{bmatrix}\begin{smallmatrix}Y\\2\\0\end{smallmatrix}$
	City SPRINGFIELD	State IL	Zip Code 62705		Amount of Each Disbursement this Perio
	Purpose of Disbursement CONTRIBUTION				2500.00
	Candidate Name RICHARD J. DURBIN			Category/ Type	
			0014		
	X Senate President	rsement For: X Primary Other (spe	2014 General		
	x Senate	X Primary	General		Transaction ID: SB23.17505 Date of Disbursement
	X Senate President State: IL District: 00 Full Name (Last, First, Middle Initial)	X Primary	General		
	X Senate President President State: IL District: 00 Full Name (Last, First, Middle Initial) GEORGIANS FOR ISAKSON Mailing Address P.O. BOX 250116 City ATLANTA	X Primary	General		Date of Disbursement M
	X Senate President President State: IL District: 00 Full Name (Last, First, Middle Initial) GEORGIANS FOR ISAKSON Mailing Address P.O. BOX 250116 City ATLANTA Purpose of Disbursement CONTRIBUTION	X Primary Other (spe	General ecify) ▼ Zip Code	Category	Date of Disbursement
	X Senate President President District: 00 Full Name (Last, First, Middle Initial) GEORGIANS FOR ISAKSON Mailing Address P.O. BOX 250116 City ATLANTA Purpose of Disbursement CONTRIBUTION Candidate Name JOHN H. ISAKSON	X Primary Other (spe	General ecify) ▼ Zip Code 30325	Category/ Type	Date of Disbursement M
	X Senate President President District: 00 Full Name (Last, First, Middle Initial) GEORGIANS FOR ISAKSON Mailing Address P.O. BOX 250116 City ATLANTA Purpose of Disbursement CONTRIBUTION Candidate Name JOHN H. ISAKSON	X Primary Other (spe	General ecify) Zip Code 30325 2010 General		Date of Disbursement M

CHEDULE B (FEC Form 3X)	Use sep	arate schedule(s)			E NUWBE	R:		F	AGE	25 / 2	28
EMIZED DISBURSEMENTS	for each	category of the Summary Page		(check on 21b 27	22 28a	تنا	3 8b	24 280		25 29	
ny Information copied from such Reports and Stater											
for commercial purposes, other than using the name NAME OF COMMITTEE (In Full)	e and addre	ess of any political	com	mittee to s	Olicit contr	ibutior	1S Tro	m sucn	comm	ittee	
OB-GYNS FOR WOMEN'S HEALTH AND	THE AME	FRICAN CONG	RES	SS OF O	B-GYNS	PAC	(OB	-GYN	PAC)		
							(,		
Full Name (Last, First, Middle Initial) GILLIBRAND FOR SENATE						action of Disk	ourse		3.1743	34	
Mailing Address 313 C STREET, NE					1 ^M 0	M /	^D 0	5 /	ž	0 ŏ 9	Υ
City WASHINGTON	State DC	Zip Code 20002			Amou	nt of E	Each I	Disburs	-		
Purpose of Disbursement CONTRIBUTION					<u> </u>			_	100	00.00	-
Candidate Name KIRSTEN E. GILLIBRAND				tegory/ Type							
	ement For: Primary Other (spe	2010 General									
State: NY District: 20	_ 0.1101 (306	Jo., y/ ▼									
Full Name (Last, First, Middle Initial) GINGREY FOR CONGRESS						action of Disk		SB23	3.1754	18	
Mailing Address P.O. BOX U					1 ^M 0	M /	^D 3	0 /	y y	0 ŏ 9	Υ
City MARIETTA	State GA	Zip Code 30060			Amou	nt of E	Each I	Disburs	ement	this P	erio
Purpose of Disbursement CONTRIBUTION	<u> </u>								100	00.00	
Candidate Name J. PHILLIP GINGREY				itegory/ Type							
Office Sought: X House Senate President Disburs	ement For: Primary Other (spe	2010 X General ecify) ▼									
State: GA District: 11											
Full Name (Last, First, Middle Initial) LATOURETTE FOR CONGRESS COMMI	TTEE				Date	of Disk	ourse				
Mailing Address 320 KENARDEN DRIVE					1 ^M 0	M /	^D 1	2 /	ž	0 ŏ 9	Y
City HIGHLAND HEIGHTS	State OH	Zip Code 44143			Amou	nt of E	Each I	Disburs	ement	this P	erio
Purpose of Disbursement CONTRIBUTION			Г		<u> </u>				100	00.00	
Candidate Name STEVE C. LATOURETTE				itegory/ Type							
	ement For: Primary Other (spe	2010 General									
State: OH District: 14	_ = 0.1101 (300	y/ ▼									
'						-			200	0.00	_
SUBTOTAL of Disbursements This Page (optional)											

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page (check on 21b 27	22 X 23 24 25 26 28a 28b 28c 29 30b
Any Information copied from such Reports and Statemer or for commercial purposes, other than using the name	, , , ,	' '
NAME OF COMMITTEE (In Full) OB-GYNS FOR WOMEN'S HEALTH AND	THE AMERICAN CONGRESS OF O	B-GYNS PAC (OB-GYN PAC)
Full Name (Last, First, Middle Initial) STIVERS FOR CONGRESS Mailing Address 81 SOUTH FIFTH STREE	ĒΤ	Transaction ID: SB23.17435 Date of Disbursement
COLUMBUS Purpose of Disbursement	State Zip Code OH 43215	Amount of Each Disbursement this Period 1000.00
CONTRIBUTION Candidate Name STEVE E. STIVERS	Category/ Type	
X III	ment For: 2010 Primary General Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	•	1000.00
TOTAL This Period (last page this line number only)	<u> </u>	8500.00

SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS

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

PAGE 27 / 28 FOR LINE NUMBER: (check only one) 9

Excluding Loans

OB-GYNS FOR WOMEN'S HEALTH	AND THE AMERICAN CONGRESS (OF OB-GYNS PAC	(OB-GYN PAC)
OB GINO I ON WOMEN ONE,	7 11 12 7 11 12 7 11 12 1 1 1 2 2 1 1 1 2 2 2 2), OB 011101710	(00 01111710)

Exclud	ing Loans			numbered line)	X 10
	OF COMMITTEE (In Fi	,			
OB-G	YNS FOR WOMEN'S	S HEALTH AND THI	E AMERICAN CONGRESS OF	OB-GYNS PA	C (OB-GYN PAC)
		Middle Initial) of Debtor	or Creditor		Debt (Purpose):
SUS	SANNE HAESSLER			ACCOU	NTING
			VENUE 1844		
Mail	ling Address 3700 M	ASSACHUSETTS A	VENUE, NW		
City	,	State	ZIP Code		
1 -	ASHINGTON	DC	20016		
			20010		
	Outstanding Balance Be	ginning This Period		Tr	ansaction ID: SD10.17427
		1450.00			
1 -	Amount Incurred	This Pariod	Payment This Period	Outstand	ding Balance at Close of This Period
	Amount incurred	THIS I CHOO	1 ayınent 11113 i enou	Outstand	ding balance at Close of This Fellou
		0.00	1450.00		0.00
		Middle Initial) of Debtor	or Creditor		Debt (Purpose):
SUS	SANNE HAESSLER			ACCOU	NTING
Mail	ling Address 3700 M	ASSACHUSETTS A	VENUE, NW		
City	,	State	ZIP Code		
,	ASHINGTON	DC	20016		
		ainning This Devied			004047554
	Outstanding Balance Be	girining This Period		Tr	ansaction ID: SD10.17551
		0.00			
	Amount Incurred	This Period	Payment This Period	Outstand	ding Balance at Close of This Period
Ιг		 			
		1740.00	0.00		1740.00
			0 "		5 1(5
	Full Name (Last, First, I TIONAL CAPITAL T	Middle Initial) of Debtor	or Creditor		Debt (Purpose): C TELEPHONE SOLICIT-
INA	HONAL CAPITAL I	ELESENVICES		ATIONS	C TELEPHONE SOLICIT-
Mail	ling Address 300 FIF	TH STREET NE			
- Ivian	g / taar 555	THOTTLET, NE			
City	,	State	ZIP Code		
WA	ASHINGTON	DC	20002		
c	Outstanding Balance Be	ginning This Period		Tr	ansaction ID: SD10.17428
	, , , , , , , , , , , , , , , , , , ,				
		4020.50			
	Amount Incurred	This Period	Payment This Period	Outstand	ding Balance at Close of This Period
		0.00	4020.50		0.00
		0.00	323.65		7.00
1) SUE	BTOTALS This Period	d This Page (optional)		▶	1740.00
-		,			
2) TO	TALS This Period (last	page this line number o	nly)	>	
3) TO	TAL OUTSTANDING L	OANS from Schedul	e C (last page only)	>	
4) :	D. 0)				
4) ADI	מט (2) and 3) and carry	torward to appropriate li	ne of Summary Page (last page only)	>	

SCHEDULE D (FEC Form 3X) **DEBTS AND OBLIGATIONS**

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

PAGE 28 / 28 FOR LINE NUMBER: (check only one)

Excluding Loans

ME OF COMMITTEE (II					
-GYNS FOR WOME	N'S HEALTH AND TH	E AMERICAN CONGRES	SS OF OB-GYNS PAC	(OB-GYN PAC)	
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor NATIONAL CAPITAL TELESERVICES			GENERIC	Nature of Debt (Purpose): GENERIC TELEPHONE SOLICIT- ATIONS	
Mailing Address 300 l	FIFTH STREET, NE		Attions		
City WASHINGTON	State DC	ZIP Code 20002			
Outstanding Balance	Beginning This Period		Trar	nsaction ID: SD10.17550	
	0.00				
Amount Incurr	ed This Period	Payment This Peri	od Outstandin	ng Balance at Close of This Perio	
	5643.75		0.00	5643.75	
SUBTOTALS This Pe	riod This Page (optional)		-	5643.75	
OTALS This Period (I	ast page this line number o	only)	>	7383.75	
				0.00	
OTAL OUTSTANDING	G LOANS from Schedu	le C (last page only)		0.00	