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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 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 04 0 1 2010 04 30 2010 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 05 07 2010 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 DISRUBSEMENTS

OF RECEIPTS AND DISBURSEMENTS 2 / 58

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

D D [®]D 0 1 0 4 2010 0 4 3 0 2010 Report Covering the Period: From: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 2010° 49181.92 January 1 (b) Cash on Hand at 231506.84 Begining of Reporting Period 76405.00 323165.00 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 307911.84 372346.92 6(a) and 6(c) for Column B) 35796.71 100231.79 Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 272115.13 272115.13 (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 0.00 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

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) 3 / 58

Write or Type Committee Name

THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

Report Covering the Period:

From: 0 4

D D 0 1

2010

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Y Y Y Y 2 0 1 0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Contributions (other than loans) From: (a) Individuals/Persons Other		
Than Political Committees (i) Itemized (use Schedule A)	72500.00	279330.00
(ii) Unitemized	3905.00	43835.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	76405.00	323165.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)(d) Total Contributions (add Lines	0.00	0.00
11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	76405.00	323165.00
Transfers From Affiliated/Other Party Committees	0.00	0.00
3. All Loans Received	0.00	0.00
Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
7. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
. 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
9. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	76405.00	323165.00
Total Federal Receipts (subtract Line 18(c) from Line 19)	76405.00	323165.00

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

of Disbursements

4 / 58

	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	14700 74	45704.70
	Expenditures	11796.71	15731.79
	(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))	11796.71	15731.79
2.	Transfers to Affiliated/Other Party		
3	Committees	0.00	0.00
٥.	Federal Candidates/Committees and Other Political Committees	24000.00	84500.00
١.	Independent Expenditure		
	(use Schedule E)	0.00	0.00
ο.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
	(doc correducer /		
3.	Loan Repayments Made	0.00	0.00
	Loans Made	0.00	0.00
-	Refunds of Contributions To: (a) Individuals/Persons Other		
(Than Political Committees	0.00	0.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees	0.00	0.00
	(such as PACs)	0.00	0.00
	(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
	(add Effect 20(a), (b), and (c))		
9.	Other Disbursements	0.00	0.00
).	Federal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity		
	(from Schedule H6)	0.00	0.00
	(i) Federal Share		
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely	0.00	0.00
	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,		
٠	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	35796.71	100231.79
	_		
2.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)	25706 71	100221 70
	from Line 31)	35796.71	100231.79

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) 5 / 58

	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)	76405.00	323165.00
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	76405.00	323165.00
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	11796.71	15731.79
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	11796.71	15731.79

FE6AN026

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 58 (check only one) X 11a 11b 11c 12 13 14 15 16 17
,	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma le name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	THE AMERICAN CONGRESS OF O	B-GYNS PAC	C (OB-GYN PAC)	
Α.	Full Name (Last, First, Middle Initial) RIDDICK ACKERMAN, III			Date of Receipt
	Mailing Address 400 CONSTANCE ST	TREET		04 08 7 2010
	City WALTERBORO	State SC	Zip Code 29488	Transaction ID: SA11AI.18743
	FEC ID number of contributing federal political committee.	C	29400	Amount of Each Receipt this Period 250.00
	Name of Employer WALTERBORO OB/GYN	Occupation PHYSIC		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 350.00	
В.	Full Name (Last, First, Middle Initial) CHARLES D. ADAIR			Date of Receipt
	Mailing Address 902 MCCALLIE AVE	04 01 2010		
	City	State	Zip Code	Transaction ID: SA11AI.18691
	CHATTANOOGA FEC ID number of contributing federal political committee.	C	37403	Amount of Each Receipt this Period 2500.00
	Name of Employer REGIONAL OBSTETRICS	Occupation PHYSIC		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 2500.00	
_ С.	Full Name (Last, First, Middle Initial) JOHN S. ADAMS			Date of Receipt
	Mailing Address 1930 AVIARA DRIVE			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City CHATTANOOGA	State TN	Zip Code 37421	Transaction ID: SA11AI.18692
	FEC ID number of contributing federal political committee.	C	37421	Amount of Each Receipt this Period 1000.00
	Name of Employer SELF-EMPLOYED	Occupation PHYSIC		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
	SUBTOTAL of Receipts This Page (optional)			3750.00
F	TOTAL This Period (last page this line numbe		<u> </u>	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 58 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements mane name and ad	ly not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	THE AMERICAN CONGRESS OF O	B-GYNS PAC	C (OB-GYN PAC)	
Α.	Full Name (Last, First, Middle Initial) EMAN AL-JANABI	104/42/		Date of Receipt
	Mailing Address 367 BAYRIDGE PAR	KWAY		04 20 4 2010
	City BROOKLYN	State NY	Zip Code 11209	Transaction ID: SA11AI.18876
	FEC ID number of contributing federal political committee.	C	11209	Amount of Each Receipt this Period 250.00
	Name of Employer SELF-EMPLOYED	Occupation PHYSIC		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
- В.	Full Name (Last, First, Middle Initial) LESLIE ANDREWS-DETRICH Mailing Address 824 PINE STREET			Date of Receipt
				04 19 2010
	City	State	Zip Code	Transaction ID: SA11AI.18853
	MOUNT SHASTA FEC ID number of contributing federal political committee.	CA	96067	Amount of Each Receipt this Period 250.00
	Name of Employer SISKIYOU MEDICAL GROUP	Occupation PHYSIC		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
с. С.	Full Name (Last, First, Middle Initial) YUZURU ANZAI			Date of Receipt
	Mailing Address 285 CENTRAL PARK	WEST		04 01 2010
	City NEW YORK	State NY	Zip Code 10024	Transaction ID: SA11AI.18693 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer NEW YORK MIDTOWN OB/GYN	Occupation PHYSIC		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
	SUBTOTAL of Receipts This Page (optional)			1500.00
	TOTAL This Period (last page this line number			

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 58 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and sor for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS OF OF	B-GYNS PAC	C (OB-GYN PAC)	
Α.	Full Name (Last, First, Middle Initial) PATRICIA F. ARNETT			Date of Receipt
	Mailing Address 901 EAST BRADY ST	REEI		04 01 4 2010
	City	State	Zip Code	Transaction ID: SA11AI.18694
	BUTLER FEC ID number of contributing federal political committee.	C	16001	Amount of Each Receipt this Period 250.00
	Name of Employer ADVANCED OB/GYN	Occupation		
	Receipt For:	PHYSIC	IAN e Year-to-Date ▼	_
	Primary General Other (specify) ▼	Aggregati	250.00	
В.	Full Name (Last, First, Middle Initial) LIANG R. BARTKOWIAK			Date of Receipt
	Mailing Address 432 WINDSOR DRIV	0 4 0 8 2 0 1 0		
	City	State	Zip Code	Transaction ID: SA11AI.18744
	ALTOONA	PA	16601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1100.00
	Name of Employer ALTOONA OB/GYN	Occupation PHYSIC	IAN	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1100.00	
с. С.	Full Name (Last, First, Middle Initial) DENISE M. BAYUSZIK	l		Date of Receipt
	Mailing Address P.O. BOX 131			0 4 0 1 2 0 1 0
	City	State	Zip Code	Transaction ID: SA11AI.18695
	PESHASTIN	WA	98847	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		600.00
	Name of Employer PLANNED PARENTHOOD	Occupation PHYSIC	IAN	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 600.00	
	SUBTOTAL of Receipts This Page (optional) .			1950.00
f	TOTAL This Period (last page this line number	r only)		

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 58 (check only one) X 11a 11b 11c 12 13 14 15 16 11
or for commercial purposes, other than to NAME OF COMMITTEE (In Full)	of OB-GYNS PAC (OB-GYN PAC)	on for the purpose of soliciting contributions of solicit contributions from such committee.
Full Name (Last, First, Middle Initial) OWEN R. BELL Mailing Address 2501 EAST 42I	ND STREET	Date of Receipt
City ANCHORAGE FEC ID number of contributing	State Zip Code AK 99508	Transaction ID: SA11Al.18696 Amount of Each Receipt this Period 2000.00
federal political committee. Name of Employer SELF-EMPLOYED Receipt For: Primary General Other (specify) ▼	Occupation PHYSICIAN Aggregate Year-to-Date 2000.00	
Full Name (Last, First, Middle Initial) CHARLES M. BERRY, III Mailing Address 15748 MEDICA	L ARTS PLAZA	Date of Receipt 0 4
City HAMMOND	State Zip Code LA 70403	Transaction ID: SA11AI.18823 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer NORTH OAKS OB/GYN	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00]
Full Name (Last, First, Middle Initial) RONNIE Z. BOCHNER		Date of Receipt
Mailing Address 10 CANDLE LA		04 01 4 2010
City EAST BRUNSWICK	State Zip Code NJ 08816	Transaction ID: SA11AI.18697 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer RWJ OB/GYN ASSOCIATES	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00]
SUBTOTAL of Receipts This Page (or	tional)	2750.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	(X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 58 (check only one)
Any information copied from such Reports a or for commercial purposes, other than usin	and Statements may	not be sold or used by any persolates of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS OF	OB-GYNS PAC	(OB-GYN PAC)	
Full Name (Last, First, Middle Initial) MARY A. BURNS			Date of Receipt
Mailing Address 1181 FIRST COLO	04 20 2010		
City VIRGINIA BEACH	State VA	Zip Code 23454	Transaction ID: SA11AI.18877 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer VIRGINIA BEACH OB/GYN	Occupation PHYSICI		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) P.D. BURSTEIN			Date of Receipt
Mailing Address 2634 WEST LAKE	PARK COURT		04 06 7 2010
City MEQUON	State WI	Zip Code 53092	Transaction ID: SA11AI.18678 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer COLUMBIA-ST. MARY'S	Occupation PHYSICI		
Receipt For: Primary General Other (specify) ▼	- '	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) JAMES C. CAILLOUETTE			Date of Receipt
Mailing Address 685 OAK KNOLL	CIRCLE		0 4 0 6 2 0 1 0
City PASADENA	State CA	Zip Code 91106	Transaction ID: SA11AI.18679 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	31100	1000.00
Name of Employer RETIRED	Occupation PHYSICI		
Receipt For: Primary General Other (specify) ▼	- + -	Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (option			1500.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 58 (check only one)
An or	y information copied from such Reports and S for commercial purposes, other than using the	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
	NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS OF OE	3-GYNS PAC	C (OB-GYN PAC)	
<u> </u>	Full Name (Last, First, Middle Initial) EALENA S. CALLENDER			Date of Receipt
	Mailing Address 776 WINDBROOK CII	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City NEWPORT NEWS	State VA	Zip Code 23602	Transaction ID: SA11AI.18878 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer CENTER FOR WOMEN'S HEALTH	Occupatio PHYSICI		
	Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	++	e Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) SHARON CALLISON			Date of Receipt
	Mailing Address 910 ADAMS STREET			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City HUNTSVILLE	State AL	Transaction ID: SA11AI.18838 Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C	35801	500.00
	Name of Employer TENNESSEE VALLEY OB/GYN	Occupatio PHYSICI		
	Receipt For: Primary General Other (specify) ▼	+	e Year-to-Date ▼ 500.00	
	Full Name (Last, First, Middle Initial) DAWN A. CASHIE	1		Date of Receipt
	Mailing Address 2031 WEST ALAMED	A AVENUE		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City BURBANK	State CA	Zip Code 91506	Transaction ID: SA11AI.18909
	FEC ID number of contributing federal political committee.	C	91306	Amount of Each Receipt this Period 250.00
	Name of Employer SELF-EMPLOYED	Occupatio PHYSICI		
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 250.00	
		1		1000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	2 OSC SUPURIALE SUFFICIALIE(S)		FOR LINE NUMBER: PAGE 12 / 58 (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	Statements may no ne name and addres	t be sold or used by any persons of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.		
NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS OF O	B-GYNS PAC (C	DB-GYN PAC)			
Full Name (Last, First, Middle Initial) B. CHITRABANU B. CHITRABANU			Date of Receipt		
Mailing Address 1470 EAST VALENT		7's Oads	04 / 13 / 2010		
City CANTON	State OH	Zip Code 44708	Transaction ID: SA11AI.18825 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		500.00		
Name of Employer JANANI WOMEN'S CENTER	Occupation PHYSICIAN				
Receipt For: Primary General Other (specify) ▼		ar-to-Date ▼ 500.00			
Full Name (Last, First, Middle Initial) J. FLOYD CLINGENPEEL			Date of Receipt		
Mailing Address 305 HUNTERALE RO	DAD		0 4 2 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City	State	Zip Code	Transaction ID: SA11AI.18763		
FRANKLIN	VA	23851	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		250.00		
Name of Employer OB/GYN PHYSICIANS	Occupation PHYSICIAN				
Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ar-to-Date ▼ 250.00			
Full Name (Last, First, Middle Initial) CHERI L. COYLE			Date of Receipt		
Mailing Address 106 FLAG CREEK			0 4 2 7 2 0 1 0		
City	State	Zip Code	Transaction ID: SA11AI.18765		
YORKTOWN FEC ID number of contributing federal political committee.	C	23693	Amount of Each Receipt this Period 250.00		
Name of Employer CENTER FOR WOMEN'S HEALTH	Occupation PHYSICIAN		7		
Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ar-to-Date ▼ 250.00			
SUBTOTAL of Receipts This Page (optional)		.	1000.00		
TOTAL This Period (last page this line number		<u> </u>			

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 58 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may	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.
THE AMERICAN CONGRESS OF OB-	GYNS PAC	(OB-GYN PAC)	
Full Name (Last, First, Middle Initial) MONIQUE S. CRABB			Date of Receipt
Mailing Address 4504 PLUMSTEAD DR	IIVE		04 27 2010
City	State	Zip Code	Transaction ID: SA11AI.18767
VIRGINIA BEACH	VA	23462	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer COMPLETE WOMEN'S CARE	Occupatio PHYSICI		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00]
Full Name (Last, First, Middle Initial) JON L. CROCKFORD			Date of Receipt
Mailing Address 320 FAIRFAX AVENUE	Ξ		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.18769
NORFOLK	VA	23507	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer THE GROUP FOR WOMEN	Occupatio PHYSICI		
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 450.00	
Full Name (Last, First, Middle Initial) ELIZABETH A. CROW			Date of Receipt
Mailing Address 1640 HIDDEN LANE			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.18698
ANCHORAGE	AK	99501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		600.00
Name of Employer OB/GYN ASSOCIATES	Occupatio PHYSICI		
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 600.00	
SUBTOTAL of Receipts This Page (optional)			1100.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	K)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 58 (check only one) X
Any information copied from such Reports at or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may the name and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
THE AMERICAN CONGRESS OF	OB-GYNS PAC	(OB-GYN PAC)	
Full Name (Last, First, Middle Initial) WALTER R.S. CURTIS			Date of Receipt
Mailing Address 12 RIDING PATH			04 20 2010
City	State	Zip Code	Transaction ID: SA11AI.18880
HAMPTON	VA	23669	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer OB/GYN OF HAMPTON	Occupation PHYSICI		
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	250.00	
Full Name (Last, First, Middle Initial) RICHARD S. CYBULSKY	'		Date of Receipt
Mailing Address 2208 BAXTER CIR	CLE		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.18840
BIRMINGHAM	AL	35216	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer PREMIER WOMEN'S CARE	Occupation PHYSICI		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) DOUGLAS C. DECKER			Date of Receipt
Mailing Address 6409 KIRKWOOD	ROAD		04 27 2010
City	State	Zip Code	Transaction ID: SA11AI.18770
FORT WORTH	TX	76116	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer TEXAS HEALTH CARE	Occupation PHYSICI		
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	250.00]
SUBTOTAL of Receipts This Page (optional			1500.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS Any information copied from such Reports and St	tatements ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 58 (check only one) X
	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS OF OB-	name and add	dress of any political committee to	solicit contributions from such committee.
∠ A .	Full Name (Last, First, Middle Initial) OMAN E. DEMENT Mailing Address 1532 WEST 32ND STF	REET		Date of Receipt
	City	State	Zip Code	0 4 2 0 2 0 1 0 Transaction ID: SA11AI.18882
	JOPLIN FEC ID number of contributing federal political committee.	C	64804	Amount of Each Receipt this Period 1000.00
	Name of Employer WOMEN'S HEALTH CARE ASSOC- IATES Receipt For: □ Primary General Other (specify) ▼	Occupatio PHYSICI Aggregate		
В.	Full Name (Last, First, Middle Initial) MARYBETH R. DIXON Mailing Address 510 CARLISLE WAY			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City NORFOLK FEC ID number of contributing federal political committee.	State VA	Zip Code 23505	Transaction ID: SA11AI.18771 Amount of Each Receipt this Period 250.00
	Name of Employer WOMANCARE CENTERS Receipt For: Primary General Other (specify) ▼	Occupatio PHYSICI Aggregate		
С. С.	Full Name (Last, First, Middle Initial) PAUL A. DUBRICK Mailing Address 633 CRAYTON CIRCL	F NORTH		Date of Receipt
	City DEKALB	State IL	Zip Code 60115	Transaction ID: SA11AI.18699 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer PRAIRIE POINT OBSTETRICS	Occupatio PHYSICI		
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 1000.00	
	SUBTOTAL of Receipts This Page (optional)			2250.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 58 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any per- the name and address of any political committee	
THE AMERICAN CONGRESS OF (OB-GYNS PAC (OB-GYN PAC)	
Full Name (Last, First, Middle Initial) KAY R. EIGENBROD		Date of Receipt
Mailing Address 131 ULEN BOULEV		04 27 2010
City LEBANON	State Zip Code IN 46052	Transaction ID: SA11AI.18772 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) KATHERINE FARIAS		Date of Receipt
Mailing Address 6035 EAST SAN CF	RISTOBAL STREET	0 4 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.18732
TUCSON	AZ 85715	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer COPPER STATE OB/GYN	Occupation PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) BENIGNO D. FEDERICI		Date of Receipt
Mailing Address 5026 RIVERFRONT	DRIVE	0 4 2 7 2 0 1 0
City	State Zip Code	Transaction ID: SA11AI.18774
SUFFOLK FEC ID number of contributing	VA 23434	Amount of Each Receipt this Period
federal political committee.	C	250.00
Name of Employer SPECIALISTS FOR WOMEN	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional	1	1150.00

A.

В.

C.

SCHEDIII E A /EEC Form 2V)			FOR LINE NUMBER: PAGE 17 / 58			
SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(check only one)			
			X 11a 11b 11c 12			
		Detailed Summary Fage	13 14 15 16 17			
Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.			
NAME OF COMMITTEE (In Full)						
THE AMERICAN CONGRESS OF OB-	GYNS PAC	(OB-GYN PAC)				
Full Name (Last, First, Middle Initial) MARTHA T. FERNANDEZ			Date of Receipt			
Mailing Address 1308 LITCHFIELD CO	URT		04 27 2010			
City	State	Zip Code	Transaction ID: SA11AI.18775			
VIRGINIA BEACH	VA	23452	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		250.00			
Name of Employer THE GROUP FOR WOMEN	Occupatio PHYSICI		7			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 450.00				
Full Name (Last, First, Middle Initial) BRENT P. FLETCHER			Date of Receipt			
Mailing Address 420 DEWEY STREET			0 4 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
City	State	Zip Code	Transaction ID: SA11AI.18700			
WISCONSIN RAPIDS	WI	54494	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		500.00			
Name of Employer ASPIRUS DOCTOR'S CLINIC	Occupatio PHYSICI		7			
Receipt For:	Aggregate	Year-to-Date ▼				
Primary General Other (specify) ▼		500.00				
Full Name (Last, First, Middle Initial) AMANDA B. FLICKER			Date of Receipt			
Mailing Address 2029 GOLDENROD D	Mailing Address 2029 GOLDENROD DRIVE		0 4 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
City	State	Zip Code	Transaction ID: SA11AI.18826			
MACUNGIE	PA	18062	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		250.00			
Name of Employer LEHIGH VALLEY HEALTH NETW- ORK	Occupatio PHYSICI					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00				
SUBTOTAL of Receipts This Page (optional)		·····	1000.00			

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 58 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS OF	g the name and ado	lress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
Full Name (Last, First, Middle Initial) ARLENE J. FONTANARES Mailing Address 1013 SAW PEN PO	OINT TRAIL		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City VIRGINIA BEACH FEC ID number of contributing	State VA	Zip Code 23455	Transaction ID: SA11AI.18854 Amount of Each Receipt this Period 250.00
Name of Employer TIDEWATER PHYSICIANS FOR WOMEN Receipt For: Primary General Other (specify)	Occupation PHYSICI.		
Full Name (Last, First, Middle Initial) EARL S. FULLER Mailing Address 508 ELINOR DRIV	E		Date of Receipt 0 4 0 6 2 0 1 0
City FULLERTON	State CA	Zip Code 92835	Transaction ID: SA11AI.18682 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1 1 1 1 1	250.00
Name of Employer SELF-EMPLOYED	Occupation PHYSICI		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) GEORGE H. FULLER, JR.	I		Date of Receipt
Mailing Address 4630 AMBASSADO	OR CAFFERY		$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
City LAFAYETTE	State LA	Zip Code 70508	Transaction ID: SA11AI.18883 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer HAMILTON MEDICAL GROUP	Occupation PHYSICI		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (options	al)		1000.00

SCHEDULE A (FEC For ITEMIZED RECEIPTS	for eac	eparate schedule(s) th category of the ed Summary Page	FOR LINE NUMBER: PAGE 19 / 58 (check only one) X
or for commercial purposes, other than	orts and Statements may not be so using the name and address of ar	old or used by any persony political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) THE AMERICAN CONGRES:	S OF OB-GYNS PAC (OB-GY	'N PAC)	
Full Name (Last, First, Middle Initia KAREN L. GAIO-HANSBERGER			Date of Receipt
Mailing Address 25455 BARTN	IAN ROAD		04 / 20 / 4 2010
City	State Zip C		Transaction ID: SA11AI.18884
LOMA LINDA FEC ID number of contributing federal political committee.	CA 9235)4	Amount of Each Receipt this Period 500.00
Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-D	Date ▼ 500.00	
Full Name (Last, First, Middle Initial PAMELA G. GALLUP			Date of Receipt
Mailing Address 113 GRAYS (CREEK COURT		04 26 2010
City	State Zip C	Code	Transaction ID: SA11AI.18910
SAVANNAH	GA 3141	0	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer PROVIDENT OB/GYN ASSOCIA ES	Occupation PHYSICIAN		
Receipt For:	Aggregate Year-to-D	Date V	
Primary General Other (specify) ▼		1000.00	
Full Name (Last, First, Middle Initial SHERYL P. GARDNER	Full Name (Last, First, Middle Initial) SHERYL P. GARDNER		
Mailing Address 95-1249 MEH	Mailing Address 95-1249 MEHEULA PARKWAY		
City	State Zip C HI 9678		Transaction ID: SA11AI.18827
MILILANI FEC ID number of contributing federal political committee.	HI 9678	1	Amount of Each Receipt this Period 250.00
Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-D	250.00	
SUBTOTAL of Receipts This Page (optional)		1750.00
TOTAL This Period (last page this lin	e 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 / 58 (check only one) X 11a 11b 11c 12
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may he name and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
THE AMERICAN CONGRESS OF O	B-GYNS PAC	(OB-GYN PAC)	
Full Name (Last, First, Middle Initial) JENNIFER D. GEORGE			Date of Receipt
Mailing Address 3185 PAGE AVENUE		Zin Codo	04 27 2010
City VIRGINIA BEACH	State VA	Zip Code 23451	Transaction ID: SA11AI.18776
FEC ID number of contributing federal political committee.	C	23431	Amount of Each Receipt this Period 250.00
Name of Employer COMPLETE WOMEN'S CARE	Occupation PHYSICI		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) WILLIAM B. GODDARD	1		Date of Receipt
Mailing Address P.O. BOX 563			04 08 2010
City	State	Zip Code	Transaction ID: SA11AI.18746
WHEAT RIDGE	CO	80034	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer UNIVERSITY OF COLORADO	Occupation PHYSICI		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00]
Full Name (Last, First, Middle Initial) ELIZABETH B. GOLPIRA			Date of Receipt
Mailing Address 1702 CLONCURRY I	ROAD		04 27 2010
City	State	Zip Code	Transaction ID: SA11Al.18778
NORFOLK	VA	23505	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer WOMANCARE CENTERS	Occupation PHYSICI		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00]
SUBTOTAL of Receipts This Page (optional)			750.00

F COMMITTEE (In Full) MERICAN CONGRESS OF OR Interpolation of the contributing of the contributing of the committee. Interpolation of the contributing of the contri	State Zip Code TX 78610 C Occupation PHYSICIAN Aggregate Year-to-Date	AC)	Date of Receipt 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
MERICAN CONGRESS OF OR e (Last, First, Middle Initial) T. GROS ddress 203 TREE TOP WAY number of contributing political committee. Employer MPLOYED For: mary General ner (specify) e (Last, First, Middle Initial) HT GROVES ddress 109 HARBOR WATC PEAKE number of contributing	State Zip Code TX 78610 C Occupation PHYSICIAN Aggregate Year-to-Date H DRIVE State Zip Code VA 23320		Transaction ID: SA11AI.18701 Amount of Each Receipt this Period 300.00 Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
T. GROS ddress 203 TREE TOP WAY number of contributing olitical committee. Employer MPLOYED For: mary General or (specify) ▼ e (Last, First, Middle Initial) olitical committee. HT GROVES ddress 109 HARBOR WATC	State Zip Code TX 78610 C Occupation PHYSICIAN Aggregate Year-to-Date H DRIVE State Zip Code VA 23320	1 1 1 1	Transaction ID: SA11AI.18701 Amount of Each Receipt this Period 300.00 Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
iumber of contributing olitical committee. Employer MPLOYED For: mary General of Gener	State Zip Code TX 78610 C Occupation PHYSICIAN Aggregate Year-to-Date H DRIVE State Zip Code VA 23320	1 1 1 1	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Employer MPLOYED For: mary General her (specify) e (Last, First, Middle Initial) HT GROVES ddress 109 HARBOR WATC PEAKE number of contributing	TX 78610 C Occupation PHYSICIAN Aggregate Year-to-Date H DRIVE State Zip Code VA 23320	1 1 1 1	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Employer MPLOYED For: mary General her (specify) e (Last, First, Middle Initial) HT GROVES ddress 109 HARBOR WATC PEAKE number of contributing	Occupation PHYSICIAN Aggregate Year-to-Date H DRIVE State Zip Code VA 23320	1 1 1 1	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Employer MPLOYED For: mary General her (specify) e (Last, First, Middle Initial) HT GROVES ddress 109 HARBOR WATC PEAKE number of contributing	Occupation PHYSICIAN Aggregate Year-to-Date H DRIVE State Zip Code VA 23320	1 1 1 1	Date of Receipt M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
For: mary General ner (specify) e (Last, First, Middle Initial) HT GROVES ddress 109 HARBOR WATC PEAKE number of contributing	H DRIVE State Zip Code VA 23320	1 1 1 1	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
mary General ner (specify) e (Last, First, Middle Initial) HT GROVES ddress 109 HARBOR WATC PEAKE number of contributing	H DRIVE State Zip Code VA 23320	1 1 1 1	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
HT GROVES ddress 109 HARBOR WATC PEAKE number of contributing	State Zip Code VA 23320		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
PEAKE	State Zip Code VA 23320		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
number of contributing	VA 23320		Amount of Each Receipt this Period
number of contributing			
	C		
olitical committee.			250.00
Employer OUP FOR WOMEN	Occupation PHYSICIAN		
For: mary General ner (specify)	Aggregate Year-to-Date	450.00	
e (Last, First, Middle Initial) 1. HANSON			Date of Receipt
ddress 1501 MCCULLOUGH	LANE		$ \begin{bmatrix} \begin{smallmatrix} M & M \\ D & 4 \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 7 \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 0 \end{smallmatrix}] $
	State Zip Code		Transaction ID: SA11AI.18780
IA BEACH	VA 23454		Amount of Each Receipt this Period
number of contributing plitical committee.	C		250.00
Employer A BEACH OB/GYN	Occupation PHYSICIAN		
For: mary General ner (specify) The specify The specific The s	Aggregate Year-to-Date	250.00	
	HANSON IA BEACH umber of contributing litical committee. Employer A BEACH OB/GYN or: nary General	A BEACH OB/GYN Codress 1501 MCCULLOUGH LANE State Zip Code VA 23454 C C C C C C C C C C C C C	A BEACH OB/GYN Cor: Control Cory Cory

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 58 (check only one) X 11a 11b 11c 12
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	d Statements may the 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.
THE AMERICAN CONGRESS OF C	OB-GYNS PAC	C (OB-GYN PAC)	
Full Name (Last, First, Middle Initial) DENISE L. HARRIS			Date of Receipt
Mailing Address 880 KEMPSVILLE F	ROAD State	Zip Code	0 4 27 2010
NORFOLK	VA	23502	Transaction ID: SA11AI.18782 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20002	250.00
Name of Employer THE GROUP FOR WOMEN	Occupation PHYSICI		7
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) STEVEN B. HARTER Mailing Address 8228 TIVOLI COVE	DRIVE		Date of Receipt
City	State	Zip Code	0 4 1 3 2 0 1 0 Transaction ID: SA11AI.18828
LAS VEGAS	NV	89128	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		750.00
Name of Employer WOMEN'S SPECIALTY CARE	Occupation PHYSICI		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 750.00]
Full Name (Last, First, Middle Initial) KATHY D. HARTKE			Date of Receipt
Mailing Address 20611 WATERTOW	/N ROAD		$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
City	State	Zip Code	Transaction ID: SA11AI.18702
WAUKESHA	WI	53136	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer SELF-EMPLOYED	Occupation PHYSICI		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00]
SUBTOTAL of Receipts This Page (optional))		2000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 58 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any pene name and address of any political committee	erson for the purpose of soliciting contributions
THE AMERICAN CONGRESS OF C	B-GYNS PAC (OB-GYN PAC)	
Full Name (Last, First, Middle Initial) PAUL B. HELLER	uue.	Date of Receipt
Mailing Address 100 MADISON AVEI	NUE State Zip Code	0 4 1 9 2 0 1 0 Transaction ID: SA11AI.18856
MORRISTOWN	NJ 07960	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer MORRISTOWN MEMORIAL HOSPI- TAL	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) GARY D. HELMBRECHT		Date of Receipt
Mailing Address 600 PETER JEFFEF	SON PARKWAY	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
City	State Zip Code	Transaction ID: SA11AI.18868
CHARLOTTESVILLE	VA 22911	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	500.00
Name of Employer PRENATAL DIAGNOSIS CENTER	Occupation PHYSICIAN	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) TZONG L. HUANG		Date of Receipt
Mailing Address 559 DESEO AVENU	E	0 4 0 1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.18703
CAMARILLO	CA 93010	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer OXNARD HUENEME OB/GYN GRO- UP	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SURTOTAL of Receipts This Page (optional)		2000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 58 (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 to NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS OF CO	Statements may not be sold or used by any personal Statements may not be sold or used by any personal statements and address of any political committee to PB-GYNS PAC (OB-GYN PAC)	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) G. THEODORE HUGHES Mailing Address 6069 RIVER CRESC City NORFOLK FEC ID number of contributing federal political committee. Name of Employer WOMANCARE CENTER Receipt For: Primary General Other (specify)	State Zip Code VA 23505 C Occupation PHYSICIAN Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) NARED JAFRI Mailing Address 21 LESSIES DRIVE City POQUOSON FEC ID number of contributing federal political committee. Name of Employer MID-ATLANTIC WOMEN'S CARE Receipt For: Primary General Other (specify)	State Zip Code VA 23662 C Occupation PHYSICIAN Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y O 4 1 9 2 0 1 0 Transaction ID: SA11AI.18857 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) OBAID H. JAFRI Mailing Address 128 YORKSHIRE DR City YORKTOWN FEC ID number of contributing federal political committee. Name of Employer OB/GYN OF HAMPTON Receipt For: Primary General Other (specify)	State Zip Code VA 23693 C Occupation PHYSICIAN Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	······	750.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS Any information copied from such Reports a	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 58 (check only one) X
or for commercial purposes, other than using NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS OF	g the name and address of any political committee to s	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) GARY M. JOFFE Mailing Address 2004 OFFIAR OFFIAR		Date of Receipt
Mailing Address 201 CEDAR STRE	EI	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
City	State Zip Code	Transaction ID: SA11AI.18733
ALBUQUERQUE	NM 87106	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer PERINATAL ASSOCIATES	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) AMOUR M. JOHNSON		Date of Receipt
Mailing Address 1549 BAY POINT I	DRIVE	0 4 2 7 2 0 1 0
City VIRGINIA BEACH	State Zip Code VA 23545	Transaction ID: SA11AI.18785 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer COMPLETE WOMEN'S CARE	Occupation PHYSICIAN	1
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) ERIKA L. JOHNSON		Date of Receipt
Mailing Address 610 30TH AVENUE	E WEST	0 4 0 1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.18704
<u>ALEXANDRIA</u>	MN 56308	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer ALEXANDRIA CLINIC	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (options	al)	1750.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS Any information copied from such Reports and or for commercial purposes, other than using	for each category of the Detailed Summary Page d Statements may not be sold or used by any person	FOR LINE NUMBER: PAGE 26 / 58 (check only one) X 11a 11b 11c 12 13 14 15 16 17 In for the purpose of soliciting contributions solicitic contributions from such committees.
NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS OF C	the name and address of any political committee to DB-GYNS PAC (OB-GYN PAC)	Solicit contributions from Such committee.
Full Name (Last, First, Middle Initial) KIMBERLY M. JOHNSON Mailing Address 49 CLEVELAND ST	REET	Date of Receipt
City	State Zip Code	0 4 2 1 2 0 1 0 Transaction ID: SA11AI.18871
CROSSVILLE	TN 38555	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer CROSSVILLE WOMEN'S CENTER	Occupation PHYSICIAN	_
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) LESLEY H. JOHNSTONE		Date of Receipt
Mailing Address 2034 NORTH 3RD 9	STREET	0 4
City	State Zip Code	Transaction ID: SA11AI.18911
PHOENIX	AZ 85004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer CENTRAL PHOENIX OB/GYN	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) . HOWARD W. JONES		Date of Receipt
Mailing Address 100 VANDERBILT M	0 4 1 3 2 0 1 0	
City NASHVILLE	State Zip Code TN 37232	Transaction ID: SA11AI.18830 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer VANDERBILT MEDICAL CENTER	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional)	2500.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate sched for each category of Detailed Summary F	the Collect Only One)
Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	atements may not be sold or used by name and address of any political con	any person for the purpose of soliciting contributions mmittee to solicit contributions from such committee.
THE AMERICAN CONGRESS OF OB-	GYNS PAC (OB-GYN PAC)	
Full Name (Last, First, Middle Initial) KRISHNA K. KAKANI		Date of Receipt
Mailing Address 910 ADAMS STREET		0 4 1 3 2 0 1 0
City	State Zip Code	Transaction ID: SA11AI.18831
HUNTSVILLE	AL 35801	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer TENNESSEE VALLEY OB/GYN	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	0.00
Full Name (Last, First, Middle Initial) ANNE H. KALTER		Date of Receipt
Mailing Address 15 OLD ROLLINSFOR	ROAD	0 4 0 5 2 0 1 0
City	State Zip Code	Transaction ID: SA11AI.18734
DOVER	NH 03820	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer INFERTILITY ASSOCIATES	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	0.00
Full Name (Last, First, Middle Initial) VISHVANATH C. KARANDE		Date of Receipt
Mailing Address 1585 NORTH BARRING	GTON ROAD	0 4 0 8 2 0 1 0
City	State Zip Code	Transaction ID: SA11AI.18747
HOFFMAN ESTATES	IL 60194	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer KARANDE & ASSOCIATES	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼	0.00
SUBTOTAL of Receipts This Page (optional)		2000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and	for each category of the Detailed Summary Page Statements may not be sold or used by any person	FOR LINE NUMBER: PAGE 28 / 58 (check only one) X
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS OF O	ne name and address of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) ELANA S. KASTNER Mailing Address 751 GILBERT PLACI		Date of Receipt
		04 05 2010
City VALLEY STREAM	State Zip Code NY 11581	Transaction ID: SA11AI.18735 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer WINTHROP UNIVERSITY HOSPI- TAL	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) PETER J. KEMP		Date of Receipt
Mailing Address 925 OXFORD DRIVE		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City VIRGINIA BEACH	State Zip Code VA 23542	Transaction ID: SA11Al.18787 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer CHESAPEAKE WOMEN'S CARE	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) KRIS E. KENNEDY		Date of Receipt
Mailing Address 1812 UPPER JAMES	COURT	0 4 2 7 2 0 1 0
City	State Zip Code	Transaction ID: SA11AI.18788
VIRGINIA BEACH	VA 23454	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer COMPLETE WOMEN'S CARE	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)		750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 29 / 58 (check only one) X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS OF OB	name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) GAIL S. KING Mailing Address 605 WEST MAIN STR City ASPEN FEC ID number of contributing federal political committee. Name of Employer ASPEN CENTER FOR WOMEN Receipt For: Primary General	State Zip Code CO 81611 C Occupation PHYSICIAN Aggregate Year-to-Date	Date of Receipt M M M / D D / Y Y Y Y Y 2 0 1 0 Transaction ID: SA11AI.18885 Amount of Each Receipt this Period 1000.00
Other (specify) ▼ Full Name (Last, First, Middle Initial) MICHAEL M. KLOTZ Mailing Address 8407 NORTHWEST R City PORTLAND FEC ID number of contributing federal political committee. Name of Employer COLUMBIA WOMEN'S CLINIC Receipt For: Primary General Other (specify) ▼	State Zip Code OR 97229 C Occupation PHYSICIAN Aggregate Year-to-Date 500.00	Date of Receipt M M M D D D D Y Y Y Y Y Y O 4 20 2010 Transaction ID: SA11AI.18886 Amount of Each Receipt this Period 500.00
Full Name (Last, First, Middle Initial) RENDA K. KNAPP Mailing Address 2951 WEST FRONT S City RICHLANDS FEC ID number of contributing federal political committee. Name of Employer THE WOMEN'S GROUP OF RICH-LAND	State Zip Code VA 24641 C Occupation PHYSICIAN	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary General Other (specify) ▼ SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number		2000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 30 / 58 (check only one) X
Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may no name and addres	t be sold or used by any persons of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
THE AMERICAN CONGRESS OF OB-	-GYNS PAC (C	B-GYN PAC)	
Full Name (Last, First, Middle Initial) BEDROS H. KOJIAN			Date of Receipt
Mailing Address 1310 WEST STEWAR	T DRIVE		04 26 2010
City	State	Zip Code	Transaction ID: SA11AI.18913
ORANGE	CA	92868	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer SELF-EMPLYED	Occupation PHYSICIAN		
Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ar-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) SUSAN M. KOMOROWSKI			Date of Receipt
Mailing Address 6221 HEMPSTEAD ME	EWS		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.18789
DAYTON	ОН	45459	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		200.00
Name of Employer OB/GYN SOUTH, INC.	Occupation PHYSICIAN		
Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ar-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) JULIE B. KWATRA			Date of Receipt
Mailing Address 9823 NORTH 95TH ST	TREET		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.18887
SCOTTSDALE	AZ	85258	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		600.00
Name of Employer ARIZONA WOMEN'S CARE	Occupation PHYSICIAN		
Receipt For: Primary General Other (specify)	Aggregate Ye	ar-to-Date ▼ 600.00	
SUBTOTAL of Receipts This Page (optional)			1300.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 31 / 58 (check only one) X 11a 11b 11c 12 13 14 15 16 11
or for commercial purposes, other than usi NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any persing the name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) JENNIFER M. LANDES		Date of Receipt
Mailing Address 1696 INDIAN PA	TH COURT	0 4
City	State Zip Code PA 18951	Transaction ID: SA11AI.18705
QUAKERTOWN FEC ID number of contributing federal political committee.	PA 18951	Amount of Each Receipt this Period 250.00
Name of Employer GRAND VIEW HOSPITAL	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) ZENETTE M. LEAO		Date of Receipt
Mailing Address 1608 BEARDSLY	COURT	0 4 2 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City CHESAPEAKE	State Zip Code VA 23322	Transaction ID: SA11AI.18790 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer GYNECOLOGY SPECIALISTS	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) KATHLEEN T. LEVECK		Date of Receipt
Mailing Address 200 LERNA ROA	ND SOUTH	04 21 2010
City MATTOON	State Zip Code IL 61938	Transaction ID: SA11AI.18872 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer CARLE FOUNDATION	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optic	onal)	1000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 32 / 58 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using th	Statements may not be sold or used by any perso e name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS OF OR	B-GYNS PAC (OB-GYN PAC)	
Full Name (Last, First, Middle Initial) JANICE P. LEVIN Mailing Address 2100 CHAMBERLING		Date of Receipt
City	State Zip Code	M M / 27 / 2010 Transaction ID: SA11AI.18791
VIRGINIA BEACH	VA 23454	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer COMLETE WOMEN'S CARE	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) CHARLES J. LOCKWOOD		Date of Receipt
Mailing Address 33 LIBERTY STREET		04 19 2010
City	State Zip Code	Transaction ID: SA11AI.18862
MADISON	CT 06443	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	1500.00
Name of Employer YALE MATERNAL FETAL MEDIC- INE	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	
Full Name (Last, First, Middle Initial) LINDA M. LONG		Date of Receipt
Mailing Address 3072 FALMOUTH DR		04 27 2010
City	State Zip Code	Transaction ID: SA11AI.18792
CHESAPEAKE FEC ID number of contributing federal political committee.	VA 23321	Amount of Each Receipt this Period 250.00
Name of Employer GYNECOLOGY SPECIALISTS	Occupation PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional) .		2000.00
TOTAL This Period (last page this line numbe	·	

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	(3)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 33 / 58 (check only one) X
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS OF (the 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) WILLIAM H. LONG Mailing Address 4324 MCGIRTS BO	ULEVARD		Date of Receipt 0 4 0 6 2 0 1 0
City JACKSONVILLE FEC ID number of contributing	State FL	Zip Code 32210	Transaction ID: SA11AI.18684 Amount of Each Receipt this Period 250.00
Receipt For: Primary Other (specify) General	Occupation PHYSICI		1
Full Name (Last, First, Middle Initial) CHAD C. LUNT Mailing Address 515 SOUTH 300 EA	AST		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City ST. GEORGE FEC ID number of contributing federal political committee.	State UT	Zip Code 84790	Transaction ID: SA11AI.18914 Amount of Each Receipt this Period 3000.00
Name of Employer SELF-EMPLOYED Receipt For: Primary General Other (specify) ▼	Occupation PHYSICI Aggregate]
Full Name (Last, First, Middle Initial) EDAKANDYIL MANOHARAN Mailing Address P.O. BOX 640			Date of Receipt
City BIG STONE GAP FEC ID number of contributing federal political committee.	State VA	Zip Code 24219	Transaction ID: SA11AI.18706 Amount of Each Receipt this Period 250.00
Name of Employer WELLMONT PHYSICIAN SERVICE Receipt For:	Occupation PHYSICI Aggregate		
Primary General Other (specify) ▼	, iggi egate	250.00	
SUBTOTAL of Receipts This Page (optional)		3500.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 34 / 58 (check only one) X 11a 11b 11c 12
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	ne name and add	dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
THE AMERICAN CONGRESS OF O	B-GYNS PAC	C (OB-GYN PAC)	
Full Name (Last, First, Middle Initial) DIMITRIOS S. MASTROGIANNIS			Date of Receipt
Mailing Address 342 EAST LANCAST			04 01 2010
City <u>WYNNEWOOD</u>	State PA	Zip Code	Transaction ID: SA11AI.18707
FEC ID number of contributing federal political committee.	C	19096	Amount of Each Receipt this Period 500.00
Name of Employer TEMPLE UNIVERSITY	Occupatio PHYSICI		
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) LISA R. MATTSON Mailing Address 12920 32ND AVENUI	E NORTH		Date of Receipt
City	State	Zip Code	0 4 2 8 2 0 1 0 Transaction ID: SA11AI.18907
PLYMOUTH	MN	55441	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer ALLINA MEDICAL CLINIC	Occupatio PHYSICI		7
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) MARYANNE MCDONNELL			Date of Receipt
Mailing Address 19 MAPLE VALLEY F	ROAD		$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
City	State	Zip Code	Transaction ID: SA11AI.18685
BOLTON	CT	06043	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer OB/GYN GROUP OF MANCHESTER	Occupatio PHYSICI		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional))	1250.00

City State Zip Code ATLANTA GA 30308 FEC ID number of contributing federal political committee. Name of Employer COMPREHENSIVE WOMEN'S HEA-LITH Receipt For: □ Primary □ General Other (specify) ▼	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 35 / 58 (check only one) X 11a 11b 11c 12 13 14 15 16 1
Full Name (Last, First, Middle Initial) THERMUTUS MCKENZIE Mailing Address 550 PEACHTREE STREET City State Zip Code ATLANTA GA 30308 FEC ID number of contributing federal political committee. Name of Employer COMPREMENSIVE WOMEN'S HEA- LTH Receipt For: Primary General Other (specify) ▼ Interpretation (Last, First, Middle Initial) City State Zip Code OH 45255 Transaction ID: SA11AI.14 Amount of Each Receipt this Date of Receipt Transaction ID: SA11AI.14 Amount of Each Receipt this Date of Receipt Interpretation ID: SA11AI.14 Amount of Each Receipt this Date of Receipt Interpretation ID: SA11AI.14 Amount of Each Receipt this Date of Receipt Interpretation ID: SA11AI.14 Amount of Each Receipt this Date of Receipt Interpretation ID: SA11AI.14 Interpretation	or for commercial purposes, other than using the r	atements may not be sold or used by any pers name and address of any political committee to	on for the purpose of soliciting contributions
THERMUTUS MCKENZIE Mailing Address 550 PEACHTREE STREET City State Zip Code GA 30308 FEC ID number of contributing federal political committee. Name of Employer COMPRENSIVE WOMEN'S HEALITH Receipt For: Primary General OH 45255 Nere of Employer Comprensive Miller State Zip Code OH 45255 Name of Cartibuting federal political committee. Name (Last, First, Middle Initial) City State Zip Code OH 45255 Transaction ID: SA11AI.14 Amount of Each Receipt this FEC ID number of contributing federal political committee. Name of Employer Occupation PHYSICIAN Receipt For: Occupation PHYSICIAN Mailing Address 104 WEST MILLER STREET City State Zip Code FL 32806 Full Name (Last, First, Middle Initial) CONNIE D. MICKLAVZINA Mailing Address 104 WEST MILLER STREET City State Zip Code FL 32806 FEC ID number of contributing federal political committee. City State Zip Code FL 32806 FULL Name (Last, First, Middle Initial) CONNIE D. MICKLAVZINA Mailing Address 104 WEST MILLER STREET City State Zip Code FL 32806 FEC ID number of contributing federal political committee. Name of Employer Comprensive Miller Receipt This Fec ID number of contributing federal political committee. Name of Employer Comprensive Miller Receipt This Feceipt For: PHYSICIAN Receipt For: Aggregate Year-to-Date ▼	THE AMERICAN CONGRESS OF OB-	GYNS PAC (OB-GYN PAC)	
City State Zip Code ATLANTA GA 30308 FEC ID number of contributing federal political committee. Name of Employer Women's HEA-LTH Mailing Address 3817 ARBOR LANE City State Zip Code OH 45255 City State Zip Code OH 45255 City State Zip Code OH 45255 FEC ID number of contributing federal political committee. Name of Employer Women's CARE SPECIALIST Primary General Occupation PHYSICIAN Receipt For: OCCUPATION OH A5255 FUI Name (Last, First, Middle Initial) CONNIE D. MICKLAVZINA Mailing Address 104 WEST MILLER STREET City State Zip Code OH 45255 CCUPATION OH A5255 Full Name (Last, First, Middle Initial) CONNIE D. MICKLAVZINA Mailing Address 104 WEST MILLER STREET City State Zip Code OH 7 Transaction ID: SA11AI.14 Amount of Each Receipt this Date of Receipt M M O D D OH M M O D OH M M O D OH M M O D OH M OH M	THERMUTUS MCKENZIE		Date of Receipt
ATLANTA GA 30308 Amount of Each Receipt this FEC ID number of contributing federal political committee. Name of Employer COMPREHENSIVE WOMEN'S HEA-LIH Receipt For: Primary General Other (specify) ▼ Pull Name (Last, First, Middle Initial) City State Zip Code CINCINNATI OH 45255 City State Zip Code CINCINNATI OH 45255 Amount of Each Receipt this FEC ID number of contributing federal political committee. Name of Employer WOMEN'S CARE SPECIALIST Primary General Occupation PHYSICIAN Receipt For: Primary General Occupation PHYSICIAN Aggregate Year-to-Date ▼ Date of Receipt Transaction ID: SA11AI.18 Amount of Each Receipt this Date of Receipt Transaction ID: SA11AI.18 Amount of Each Receipt this Date of Receipt Transaction ID: SA11AI.18 Amount of Each Receipt this Date of Receipt Transaction ID: SA11AI.18 Amount of Each Receipt this Date of Receipt Transaction ID: SA11AI.18 Amount of Each Receipt this Date of Receipt Transaction ID: SA11AI.18 Amount of Each Receipt this Date of Receipt Aggregate Year-to-Date ▼ Transaction ID: SA11AI.18 Amount of Each Receipt this			04 01 2010
FEC ID number of contributing federal political committee. Name of Employer COMPREHENSIVE WOMEN'S HEALTH Receipt For: Primary General Other (specify) ▼ 1000.00 Full Name (Last, First, Middle Initial) G. TETTEH MENSAH Mailing Address 3817 ARBOR LANE City State Zip Code CINCINNATI OH 45255 City State Zip Code CINCINNATI OH 45255 FEC ID number of contributing federal political committee. Name of Employer WOMEN'S CARE SPECIALIST Primary General Other (specify) ▼ 250.00 Full Name (Last, First, Middle Initial) CONNIE D. MICKLAYZINA Mailing Address 104 WEST MILLER STREET City State Zip Code OTHER SPECIALIST Primary General Other (specify) ▼ 250.00 Date of Receipt Transaction ID: SA11AI.14 Amount of Each Receipt this Date of Receipt Transaction ID: SA11AI.14 Amount of Each Receipt this Full Name (Last, First, Middle Initial) CONNIE D. MICKLAYZINA Mailing Address 104 WEST MILLER STREET City State Zip Code ORLANDO FL 32806 FEC ID number of contributing federal political committee. C Name of Employer WINNE PALMER HOSPITAL Name of Employer WINNE PALMER HOSPITAL Aggregate Year-to-Date ▼ PHYSICIAN Aggregate Year-to-Date ▼	-		Transaction ID: SA11AI.18708
LTH Receipt For: Primary	FEC ID number of contributing		1000.00
Primary General Other (specify) ▼ 1000.00 Full Name (Last, First, Middle Initial) G. TETTEH MENSAH Mailing Address 3817 ARBOR LANE City State Zip Code CINCINNATI OH 45255 FEC ID number of contributing federal political committee. Name of Employer WOMEN'S CARE SPECIALIST Primary General Other (specify) ▼ 250.00 Full Name (Last, First, Middle Initial) CONNIE D. MICKLAVZINA Mailing Address 104 WEST MILLER STREET City State Zip Code ORLANDO FL 32806 FEC ID number of contributing federal political committee. City State Zip Code ORLANDO FL 32806 Name of Employer WINNIE PALMER HOSPITAL Receipt For: Primary General Occupation PHYSICIAN Amount of Each Receipt A 4	<u>LTH</u>	· '	
Date of Receipt Mailing Address 3817 ARBOR LANE City State Zip Code CINCINNATI OH 45255 FEC ID number of contributing federal political committee. Name of Employer WOMEN'S CARE SPECIALIST Primary General Other (specify) ▼ CONNIE D. MICKLAVZINA Mailing Address 104 WEST MILLER STREET City State Zip Code ORLANDO FL 32806 FEC ID number of contributing federal political committee. City State Zip Code ORLANDO FL 32806 FEC ID number of contributing federal political committee. Name of Employer WEST MILLER STREET City State Zip Code ORLANDO FL 32806 FEC ID number of contributing federal political committee. Name of Employer WINNIE PALMER HOSPITAL Receipt For: Primary General Date of Receipt Transaction ID: SA11AI.18 Amount of Each Receipt this	Primary General	1000.00	
City State Zip Code Transaction ID: SA11Al.18 CINCINNATI OH 45255 FEC ID number of contributing federal political committee. Name of Employer WOMEN'S CARE SPECIALIST Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) CONNIE D. MICKLAVZINA Mailing Address 104 WEST MILLER STREET City State Zip Code ORLANDO FL 32806 FEC ID number of contributing federal political committee. Name of Employer WINNIE PALMER HOSPITAL Name of Employer WINNIE PALMER HOSPITAL Receipt For: Primary General Occupation PHYSICIAN Aggregate Year-to-Date ▼ Transaction ID: SA11Al.18 Amount of Each Receipt this C Amount of Each Receipt this	G. TETTEH MENSAH		<u> </u>
CINCINNATI OH 45255 Amount of Each Receipt this FEC ID number of contributing federal political committee. Name of Employer WOMEN'S CARE SPECIALIST Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) CONNIE D. MICKLAVZINA Mailing Address 104 WEST MILLER STREET City State Zip Code FL 32806 FEC ID number of contributing federal political committee. Name of Employer WINNIE PALMER HOSPITAL Name of Employer WINNIE PALMER HOSPITAL Receipt For: Primary General Occupation PHYSICIAN Amount of Each Receipt this Transaction ID: SA11AI.18 Amount of Each Receipt this	Mailing Address 3817 ARBOR LANE		
FEC ID number of contributing federal political committee. Name of Employer WOMEN'S CARE SPECIALIST Receipt For: Primary General Other (specify) ▼ Page 10 1 1 250.00 Date of Receipt Date of Receipt Date of Receipt Transaction ID: SA11AI.18 Amount of Each Receipt this PEC ID number of contributing federal political committee. Name of Employer WINNIE PALMER HOSPITAL Receipt For: Primary General Occupation PHYSICIAN Aggregate Year-to-Date ▼ Occupation PHYSICIAN Receipt For: Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼	City	State Zip Code	Transaction ID: SA11AI.18845
Name of Employer WOMEN'S CARE SPECIALIST Receipt For: Primary Other (specify) ▼ Page 250.00 Full Name (Last, First, Middle Initial) CONNIE D. MICKLAVZINA Mailing Address 104 WEST MILLER STREET City ORLANDO FL 32806 FEC ID number of contributing federal political committee. Name of Employer WINNIE PALMER HOSPITAL Receipt For: Primary General Occupation PHYSICIAN Aggregate Year-to-Date ▼ C Aggregate Year-to-Date ▼ Transaction ID: SA11AI.18 Amount of Each Receipt this C Aggregate Year-to-Date ▼	CINCINNATI	OH 45255	Amount of Each Receipt this Period
Receipt For: Primary Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00 Full Name (Last, First, Middle Initial) CONNIE D. MICKLAVZINA Mailing Address 104 WEST MILLER STREET City ORLANDO FL 32806 Transaction ID: SA11AI.18 Amount of Each Receipt this FEC ID number of contributing federal political committee. Name of Employer WINNIE PALMER HOSPITAL Receipt For: Primary General Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼		C	250.00
Primary General Other (specify) ▼ Primary Other (specify) ▼ Primary Other (specify) ▼ Primary Other (specify) ▼ Primary Other (specify) ▼ Primary Other (specify) ▼ Primary Other (specify) ▼ Primary Other (specify) ▼ Primary Other (specify) ▼ Primary Other (specify) ▼ Primary Other (specify) ▼ Primary Other (specify) ▼ Primary Other (specify) ▼ Primary Other (specify) ▼ Primary Other (specify) ▼ Primary Other (specify) ▼ Primary Other (specify) ▼ Primary Other (specify) ▼ Primary Other (specify) ▼ Primary Other (specify) ▼ Primary Other (specify) ▼ Primary Other (specify) ▼ Primary Other (specify) ▼ Primary Other (specify) ▼ Primary Other (specify) ▼ Primary Other (specify) ▼ Primary Other (specify) ▼ Primary Other (specify) ▼ Primary Other (specify) ▼ Primar	Name of Employer WOMEN'S CARE SPECIALIST	· '	
CONNIE D. MICKLAVZINA Mailing Address 104 WEST MILLER STREET City State Zip Code ORLANDO FL 32806 FEC ID number of contributing federal political committee. Name of Employer WINNIE PALMER HOSPITAL Receipt For: Primary General Date of Receipt M M M D D D D D D D D D D D D D D D D	Primary General		
City State Zip Code Transaction ID: SA11AI.18 ORLANDO FL 32806 FEC ID number of contributing federal political committee. Name of Employer WINNIE PALMER HOSPITAL Receipt For: Primary General O4 01 Transaction ID: SA11AI.18 Amount of Each Receipt this Occupation PHYSICIAN Aggregate Year-to-Date ▼	,		Date of Receipt
City State Zip Code Transaction ID: SA11AI.18 ORLANDO FL 32806 FEC ID number of contributing federal political committee. Name of Employer WINNIE PALMER HOSPITAL Receipt For: Primary General State Zip Code Transaction ID: SA11AI.18 Amount of Each Receipt this Amount of Each Receipt this	Mailing Address 104 WEST MILLER STI	REET	
FEC ID number of contributing federal political committee. Name of Employer WINNIE PALMER HOSPITAL Receipt For: Primary General C Occupation PHYSICIAN Aggregate Year-to-Date	•		Transaction ID: SA11AI.18709
Receipt For: Primary General Aggregate Year-to-Date FOO OO	FEC ID number of contributing		500.00
Primary General 500.00	Name of Employer WINNIE PALMER HOSPITAL	l '	
	Primary General		
SUBTOTAL of Receipts This Page (optional)	SUBTOTAL of Receipts This Page (optional)		1750.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 36 / 58 (check only one) X 11a 11b 11c 12
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	the name and add	dress of any political committee to	13 14 15 16 1 16 1 17 1 18 1 19 1 19 1 19 1 19 1 19 1 19
THE AMERICAN CONGRESS OF (OB-GYNS PAC	(OB-GYN PAC)	
Full Name (Last, First, Middle Initial) ROBERT D. MIXSON			Date of Receipt
Mailing Address 104 LAKESHORE [04 / 13 / 2010
City	State	Zip Code	Transaction ID: SA11Al.18832
ST. MARY'S	GA	31558	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer CAMDEN MEDICAL CENTER	Occupation PHYSICI		
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	500.00	
Full Name (Last, First, Middle Initial) WILLIAM T. MIXSON	I		Date of Receipt
Mailing Address 124 FAIRWAY COT	TTAGE		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.18710
HIGHLANDS	NC	28741	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer RETIRED	Occupation PHYSICI		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) JOHN P. MONTGOMERY			Date of Receipt
Mailing Address 501 MIDWESTERN	I PARKWAY EA	AST	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.18711
WICHITA FALLS	TX	76302	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer CLINIC OF NORTH TEXAS	Occupation PHYSICI		
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	250.00	
SUBTOTAL of Receipts This Page (optional	l)		1750.00

	ILE A (FEC Form 3X) D RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 37 / 58 (check only one) X 11a
or for comme	rcial purposes, other than using the	tatements ma name and ad	y not be sold or used by any pers dress of any political committee t	on for the purpose of soliciting contributions o solicit contributions from such committee.
1 \	FCOMMITTEE (In Full) ERICAN CONGRESS OF OB	-GYNS PAC	C (OB-GYN PAC)	
A. THOMAS I	(Last, First, Middle Initial) R. MOORE			Date of Receipt
Mailing Ac	ddress 200 WEST ARBOR DF	RIVE		04 08 2010
City	-00	State	Zip Code	Transaction ID: SA11AI.18748
SAN DIE		CA	92103	Amount of Each Receipt this Period
	umber of contributing litical committee.	C		1000.00
Name of E UNIVERS	mployer SITY OF CALIFORNIA	Occupation PHYSIC		
Receipt Fo		Aggregate	e Year-to-Date ▼	
Prim Othe	nary		1000.00	
Full Name B. FRANKLIN	(Last, First, Middle Initial) I G. MORGAN, JR.			Date of Receipt
Mailing Ac	ddress 1444 CLONCURRY Ro	DAC		04 / 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.18863
NORFO!		VA	23505	Amount of Each Receipt this Period
	umber of contributing litical committee.	C		250.00
Name of E TIDEWA WOMEN	Employer FER PHYSICIANS FOR	Occupation PHYSIC		
Receipt Fo		Aggregate	e Year-to-Date ▼	
Prim Othe	er (specify) 🔻		250.00	
	(Last, First, Middle Initial) I MUHLENDORF			Date of Receipt
Mailing Ac	ddress 3790-B JEFFERSON E	BOULEVAR	D	04 27 2010
City	A BEACH	State VA	Zip Code 23455	Transaction ID: SA11AI.18796
FEC ID nu	umber of contributing litical committee.	C	23433	Amount of Each Receipt this Period 250.00
	Employer ANTIC IMAGING	Occupation	on LL DIRECTOR	
Receipt Fo	or:		e Year-to-Date	
Prim Othe	nary General er (specify) ▼		250.00	
SUBTOTAL	of Receipts This Page (optional)			1500.00
	s Period (last page this line number		<u>'</u>	

SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC For ITEMIZED RECEIPTS	m 3X) Use separate sche for each category of Detailed Summary	of the
or for commercial purposes, other that NAME OF COMMITTEE (In Full)	oorts and Statements may not be sold or used to using the name and address of any political costs of OB-GYNS PAC (OB-GYN PAC)	by any person for the purpose of soliciting contributions ommittee to solicit contributions from such committee.
Full Name (Last, First, Middle Initi KATE M. MUSELLO Mailing Address 881 LEAD A	/ENUE	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City ALBUQUERQUE	State Zip Code NM 87102	Transaction ID: SA11AI.18869
FEC ID number of contributing federal political committee.	C 87102	Amount of Each Receipt this Period 500.00
Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	00.00
Full Name (Last, First, Middle Initi WADE A. NEIMAN Mailing Address 1300 CRENS	HAW COURT	Date of Receipt 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.18798
<u>LYNCHBURG</u>	VA 24503	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer WOMEN'S HEALTH SERVICES	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	00.00
Full Name (Last, First, Middle Initi ELIZABETH D. NELSON	<u> </u>	Date of Receipt
Mailing Address 100 WEST G	ORE STREET	04 01 2010
City	State Zip Code	Transaction ID: SA11AI.18713
ORLANDO	FL 32806	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	1000.00
Name of Employer WOMEN'S HEALTH SPECIALIS	PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	00.00
SUPTOTAL of Descipts This Dags	optional)	2000.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 39 / 58 (check only one) X
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any pe the name and address of any political committee	
THE AMERICAN CONGRESS OF	OB-GYNS PAC (OB-GYN PAC)	
Full Name (Last, First, Middle Initial) ANTOINETTE NIGRO Mailing Address 1825 COMMERCE	OTDEET	Date of Receipt
City	State Zip Code	0 4 2 0 7 2 0 1 0 Transaction ID: SA11AI.18890
YORKTOWN HEIGHTS	NY 10598	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer MOUNT KISCO MEDICAL	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) VIRGINIA M. NISBET		Date of Receipt
Mailing Address 251 MEDICAL CEN	TER BOULEVARD	04 28 2010
City	State Zip Code	Transaction ID: SA11AI.18908
WEBSTER	TX 77598	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	1000.00
Name of Employer CLEAR LAKE OB/GYN	Occupation PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) DANIEL L. NOFFSINGER		Date of Receipt
Mailing Address 627LYNN SHORES	DRIVE	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
City VIRGINIA BEACH	State Zip Code VA 23452	Transaction ID: SA11AI.18799 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer THE GROUP FOR WOMEN	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	
OUDTOTAL (D TI. D / .:)	1750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 40 / 58 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS OF O	Statements may not be sold or used by any persone name and address of any political committee to B-GYNS PAC (OB-GYN PAC)	
Full Name (Last, First, Middle Initial) JAMES NUNN Mailing Address 10124 MARGO LANE City MUNSTER FEC ID number of contributing federal political committee. Name of Employer TEN WEST MEDICAL CENTER Receipt For: Primary General Other (specify)	,	Date of Receipt M M M / D D / Y Y Y Y Y O 4 2 1 2 0 1 0 Transaction ID: SA11AI.18873 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) PATRICK D. NUNNELLY Mailing Address 1301 WEST 38TH ST City AUSTIN FEC ID number of contributing federal political committee. Name of Employer OB/GYN GROUP OF AUSTIN Receipt For: Primary General Other (specify)	State Zip Code TX 78705 C Occupation PHYSICIAN Aggregate Year-to-Date 500.00	Date of Receipt M M M O 1 2 0 1 0 Transaction ID: SA11AI.18714 Amount of Each Receipt this Period 500.00
Full Name (Last, First, Middle Initial) KATHY K. O'CONNELL Mailing Address 402 CHINQUAPIN O City YORKTOWN FEC ID number of contributing federal political committee. Name of Employer PENINSULA WOMEN'S CARE Receipt For: Primary General Other (specify)	RCHARD State Zip Code VA 23693 C Occupation PHYSICIAN Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y O 4 2 7 2 0 1 0 Transaction ID: SA11AI.18800 Amount of Each Receipt this Period 250.00
SUBTOTAL of Receipts This Page (optional)		1000.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 41 / 58 (check only one) X 11a 11b 11c 12 13 14 15 16 17
(Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS OF OR	e name and ad	dress of any political committee t	son for the purpose of soliciting contributions o solicit contributions from such committee.
. ∠ . .	Full Name (Last, First, Middle Initial) TIMOTHY A. O'CONNELL	J-GTNOT AC	J (OB CITY I AO)	Date of Receipt
•	Mailing Address 68 COLOMBIA DRIVI	Ξ		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.18891
	NEWPORT NEWS FEC ID number of contributing federal political committee.	C	23608	Amount of Each Receipt this Period 250.00
	Name of Employer CENTER FOR WOMEN'S HEALTH	Occupation PHYSIC		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
_ 3.	Full Name (Last, First, Middle Initial) SHARI L. ORSER Mailing Address 620 BIRCHWOOD DI	I		Date of Receipt
	- Walling Address 020 Bill of IWOOD Bi	11 V L		04 13 2010
	City	State	Zip Code	Transaction ID: SA11AI.18833
	BISMARCK FEC ID number of contributing federal political committee.	C	58504	Amount of Each Receipt this Period 250.00
	Name of Employer WOMEN'S MEDICAL CENTER	Occupation PHYSIC		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
_	Full Name (Last, First, Middle Initial) MAYUR V. PATEL			Date of Receipt
	Mailing Address 111 WILLOW GROVI	E DRIVE		0 4 1 3 Y Y Y Y Y
	City LINCROFT	State NJ	Zip Code 07738	Transaction ID: SA11AI.18834 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer PLAINFIELD HEALTH CENTER	Occupation PHYSIC		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional) .	1		750.00
	TOTAL This Period (last page this line numbe	r only)		

SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form 3X TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 42 / 58 (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 NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS OF COMMITTEE (In Full)	d Statements may not be sold or used by any persthe name and address of any political committee to DB-GYNS PAC (OB-GYN PAC)	son for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) JOHN J. PEET Mailing Address 7334 TEASWOOD I City CONROE FEC ID number of contributing federal political committee. Name of Employer SADLER CLINIC Receipt For: Primary General Other (specify)	State Zip Code TX 77304 C Occupation PHYSICIAN Aggregate Year-to-Date 350.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) STACY L. PINTER Mailing Address 910 NORTH EAST S City BENTON FEC ID number of contributing federal political committee. Name of Employer CENTRAL ARKANSAS CLINIC Receipt For: Primary General Other (specify)	STREET State Zip Code AR 72015 C Occupation PHYSICIAN Aggregate Year-to-Date 500.00	Date of Receipt M M O D O O O O O O O Transaction ID: SA11AI.18736 Amount of Each Receipt this Period 500.00
Full Name (Last, First, Middle Initial) GINIENE M. PIRKLE Mailing Address 317 WHITE DOGW City CHESAPEAKE FEC ID number of contributing federal political committee. Name of Employer THE GROUP FOR WOMEN Receipt For: Primary General Other (specify)	OOD DRIVE State Zip Code VA 23322 C Occupation PHYSICIAN Aggregate Year-to-Date 450.00	Date of Receipt M M M
SUBTOTAL of Receipts This Page (optional)	1100.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 43 / 58 (check only one) X 11a
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma e name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	THE AMERICAN CONGRESS OF OR	B-GYNS PAC	C (OB-GYN PAC)	
Α.	Full Name (Last, First, Middle Initial) SCOT G. PRINGLE			Date of Receipt
	Mailing Address 1111 NORTH MT. AU	BURN RUA	U	04 26 2010
	City	State	Zip Code	Transaction ID: SA11Al.18915
	CAPE GIRARDEAU	MO	63701	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer WOMEN FIRST	Occupation PHYSIC		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		1000.00	
В.	Full Name (Last, First, Middle Initial) HOLLY S. PURITZ	·		Date of Receipt
	Mailing Address 7940 NORTH SHORE	ROAD		04 27 2010
	City	State	Zip Code	Transaction ID: SA11Al.18802
	NORFOLK	VA	23505	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer THE GROUP FOR WOMEN	Occupation PHYSIC		
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Other (specify)		450.00	
C.	Full Name (Last, First, Middle Initial) PAMELA G. PYLE	l		Date of Receipt
	Mailing Address 1304 KINGFISHER C	OURT		0 4 2 7 2 0 1 0
	City	State	Zip Code	Transaction ID: SA11AI.18803
	VIRGINIA BEACH	VA	23451	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer VIRGINIA BEACH OB/GYN	Occupation PHYSIC	IAN	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	_
	Other (specify) ▼		250.00	
	SUBTOTAL of Receipts This Page (optional) .			1500.00
	TOTAL This Period (last page this line number		<u> </u>	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 44 / 58 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using the	Statements may not be sold or used by any perso e name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS OF OE	B-GYNS PAC (OB-GYN PAC)	
Full Name (Last, First, Middle Initial) KAREN RAIFORD		Date of Receipt
Mailing Address 910 ADAMS STREET City	State Zip Code	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
HUNTSVILLE	AL 35801	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer TENNESSEE VALLEY OB/GYN	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) KALA G. REDDY		Date of Receipt
Mailing Address 5685 PAINT VALLEY	DRIVE	0 4
City	State Zip Code	Transaction ID: SA11AI.18687
ROCHESTER	MI 48306	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) ANNE M. REIDY	<u> </u>	Date of Receipt
Mailing Address 910 ADAMS STREET		0 4 1 5 2 0 1 0
City HUNTSVILLE	State Zip Code AL 35801	Transaction ID: SA11AI.18848
FEC ID number of contributing federal political committee.	C 33001	Amount of Each Receipt this Period 500.00
Name of Employer TENNESSEE VALLEY OB/GYN	Occupation PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (optional)		1300.00
TOTAL This Period (last page this line number	· ·	

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 45 / 58 (check only one) X 11a 11b 11c 12 13 14 15 16 11
A	ny information copied from such Reports and r for commercial purposes, other than using the	Statements mage name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS OF O	B-GYNS PAC	C (OB-GYN PAC)	
۷.	Full Name (Last, First, Middle Initial) CRAIG H. RUETZEL			Date of Receipt
	Mailing Address 2613 WIMBLEDON F			04 27 2010
	City VIRGINIA BEACH	State VA	Zip Code 23454	Transaction ID: SA11AI.18805 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20101	250.00
	Name of Employer COMPLETE WOMEN'S CARE	Occupatio PHYSIC		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) JAMES A. RUIZ			Date of Receipt
	Mailing Address P.O. BOX 2149			0 4 0 1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.18718
	KEALAKEKUA	HI	96750	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer SELF-EMPLOYED	Occupatio PHYSIC		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) NEGAR N. SADR			Date of Receipt
	Mailing Address 1184 BELMEADE DF	RIVE		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City VIRGINIA BEACH	State VA	Zip Code 23455	Transaction ID: SA11AI.18806
	FEC ID number of contributing federal political committee.	C	23433	Amount of Each Receipt this Period 250.00
	Name of Employer TIDEWATER PHYSICIANS FOR WOMEN	Occupatio PHYSICI		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional)	1		750.00
	SUBTOTAL of Receipts This Page (optional) FOTAL This Period (last page this line number		<u> </u>	750.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 46 / 58 (check only one) X 11a 11b 11c 12 13 14 15 16 17
A C	ny information copied from such Reports and S r for commercial purposes, other than using the	tatements ma name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS OF OB-	-GYNS PAC	C (OB-GYN PAC)	
۷.	Full Name (Last, First, Middle Initial) RONALD SANCETTA			Date of Receipt
	Mailing Address 9275 SOUTHWEST 15		ET Zip Code	0 4 2 0 7 2 0 1 0 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
	City MIAMI	State FL	2ip Code 33157	Transaction ID: SA11AI.18893 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer SELF-EMPLOYED	Occupatio PHYSICI		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
 3.	Full Name (Last, First, Middle Initial) ORLANDO M. SANCHEZ			Date of Receipt
	Mailing Address PARQUE FORESTAL			0 4
	City	State	Zip Code	Transaction ID: SA11AI.18752
	RIO PIEDRAS	PR	00926	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer UNIVERSITY OF PUERTO RICO	Occupatio PHYSICI		
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00	
_).	Full Name (Last, First, Middle Initial) KATHERINE L. SCRUGGS.			Date of Receipt
	Mailing Address 145 LICK BRANCH			$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City	State	Zip Code	Transaction ID: SA11AI.18874
	BRISTOL FEC ID number of contributing federal political committee.	C	37620	Amount of Each Receipt this Period 1000.00
	Name of Employer SEASONS WOMEN'S HEALTH	Occupatio PHYSICI		
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 1000.00	1
Г	Guidi (openil) 🖣	0 0	0 0 0 0 0 0 0	
	SUBTOTAL of Receipts This Page (optional))	1550.00
	TOTAL This Period (last page this line number	only))	

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 47 / 58 (check only one) X 11a 11b 11c 12 13 14 15 16 1
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 OB-GYNS PAC (OB-GYN PAC)	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) SHARON L. SHEFFIELD Mailing Address 32121 O BERRY	ROAD	Date of Receipt
City FRANKLIN FEC ID number of contributing	State Zip Code VA 23851	Transaction ID: SA11AI.18808 Amount of Each Receipt this Period 250.00
Receipt For: Primary Other (specify)	Occupation PHYSICIAN Aggregate Year-to-Date ▼	230.00
Full Name (Last, First, Middle Initial) SUSHMA SIDH Mailing Address 826 WASHINGTO	DN ROAD	Date of Receipt 0 4 2 6 2 0 1 0
City WESTMINSTER FEC ID number of contributing federal political committee.	State Zip Code MD 21157	Transaction ID: SA11AI.18918 Amount of Each Receipt this Period 500.00
Name of Employer SELF-EMPLOYED Receipt For: Primary General Other (specify)	Occupation PHYSICIAN Aggregate Year-to-Date 500.00]
Full Name (Last, First, Middle Initial) ELIZABETH A. SIMONEAU Mailing Address 10182 EAST DES	EERT GORGE DRIVE	Date of Receipt
City TUCSON FEC ID number of contributing federal political committee.	State Zip Code AZ 85747	Transaction ID: SA11AI.18836 Amount of Each Receipt this Period 500.00
Name of Employer RETIRED	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optio	nal)	1250.00

Full Name (Last, ESTELA SOSA Mailing Address City HARLINGEN FEC ID number of federal political control of the	orposes, other than using the natural process. The results of the contributing committee. General	ements may not be sold or used by any personance and address of any political committee to any politic	Date of Receipt M M O 1 2 0 1 0 Transaction ID: SA11AI.18719 Amount of Each Receipt this Period
Full Name (Last, ESTELA SOSA Mailing Address City HARLINGEN FEC ID number of federal political company DEVI WOMEN'S Receipt For: Primary Other (specific of the state of th	First, Middle Initial) 402 POWELL PLACE of contributing ommittee. er CENTER General cify)	State Zip Code TX 78550 C Occupation PHYSICIAN Aggregate Year-to-Date ▼	Transaction ID: SA11AI.18719 Amount of Each Receipt this Period
A. ESTELA SOSA Mailing Address City HARLINGEN FEC ID number of federal political colored political co	402 POWELL PLACE of contributing ommittee. CENTER General cify)	TX 78550 C Occupation PHYSICIAN Aggregate Year-to-Date ▼	Transaction ID: SA11AI.18719 Amount of Each Receipt this Period
City HARLINGEN FEC ID number of federal political colored politica	of contributing ommittee. CENTER General cify)	TX 78550 C Occupation PHYSICIAN Aggregate Year-to-Date ▼	Transaction ID: SA11AI.18719 Amount of Each Receipt this Period
HARLINGEN FEC ID number of federal political consideral political consideration of Employed DEVI WOMEN'S Receipt For: Primary Other (specific Specific Speci	CENTER General General	TX 78550 C Occupation PHYSICIAN Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
FEC ID number of federal political consideral political consideral political consideration of Employed DEVI WOMEN'S Receipt For: Primary Other (specific political political consideration) Full Name (Last, RALPH M. STEIG	CENTER General General	Occupation PHYSICIAN Aggregate Year-to-Date	
Receipt For: Primary Other (spec	General cify) ▼	PHYSICIAN Aggregate Year-to-Date ▼	
Primary Other (spec	cify) ▼		
RALPH M. STEIG	First, Middle Initial)		_
Mailing Address	ER		Date of Receipt
	1150 NORTH INDIAN CA	ANYON DRIVE	04 19 2010
City	20	State Zip Code	Transaction ID: SA11AI.18865
PALM SPRING FEC ID number of federal political co	of contributing	CA 92262	Amount of Each Receipt this Period 1000.00
Name of Employe DESERT REGIO CENTER	er DNAL MEDICAL	Occupation PHYSICIAN	
Receipt For: Primary Other (spec	General	Aggregate Year-to-Date ▼ 1000.00]
Full Name (Last, JOANNE L. STON	First, Middle Initial) E		Date of Receipt
Mailing Address	5 EAST 98TH STREET		0 4 1 5 2 0 1 0
City		State Zip Code	Transaction ID: SA11AI.18850
NEW YORK FEC ID number of federal political co		NY 10029	Amount of Each Receipt this Period 1000.00
Name of Employe MT. SINAI MEDI	er CAL CENTER	Occupation PHYSICIAN	7
Receipt For: Primary Other (spec	General Gify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Rec	einte This Page (antional)		2500.00

Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS OF OB Full Name (Last, First, Middle Initial) ELIZABETH M. STREET Mailing Address 574 CHURCH STREET City	name and add	lress of any political committee to	Date of Receipt 0 4 0 5 0 5 0 7 0 7 0 7 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS OF OB Full Name (Last, First, Middle Initial) ELIZABETH M. STREET Mailing Address 574 CHURCH STREET	-GYNS PAC T	ress of any political committee to	Date of Receipt 0 4 0 5 0 5 0 7 0 7 0 7 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0 10 0
THE AMERICAN CONGRESS OF OB Full Name (Last, First, Middle Initial) ELIZABETH M. STREET Mailing Address 574 CHURCH STREET	T State	,	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ELIZABETH M. STREET Mailing Address 574 CHURCH STREE	State	Zip Code	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	State	Zip Code	04 05 2010
City		Zip Code	CA44A140700
A A A DUETT A	GA		Transaction ID: SA11AI.18739
MARIETTA		30060	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer SELF-EMPLOYED	Occupation PHYSICIA		
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	500.00]
Full Name (Last, First, Middle Initial) JEAN R. TALATI			Date of Receipt
Mailing Address 369 PINEHURST DRIV	/E		$ \begin{bmatrix} \begin{smallmatrix} M & M & M \\ O & 4 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ O & 1 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 0 \end{smallmatrix}] $
City	State	Zip Code	Transaction ID: SA11AI.18720
EAST LONGMEADOW	MA	01028	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer RIVERBEND MEDICAL	Occupation PHYSICIA		
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) DOUGLAS THOM			Date of Receipt
Mailing Address 234 KINGS GRANT			04 27 2010
City	State	Zip Code	Transaction ID: SA11AI.18811
YORKTOWN	VA	23692	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer CENTER FOR WOMEN'S HEALTH	Occupation PHYSICIA		
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		250.00]
SUBTOTAL of Receipts This Page (optional)			1000.00

TOTAL This Period (last page this line number only)

ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 50 / 58 (check only one)
Any information copied from such Reports a or for commercial purposes, other than using	nd Statements may g the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions a solicit contributions from such committee.
NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS OF	OB-GYNS PAC	(OB-GYN PAC)	
Full Name (Last, First, Middle Initial) JANICE E. TILDON-BURTON			Date of Receipt
Mailing Address 1700 TALLEY ROA	AD		04 08 7 2010
City WILMINGTON	State DE	Zip Code 19803	Transaction ID: SA11AI.18754 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer SELF-EMPLOYED	Occupation PHYSICI		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) PAUL D. URNES			Date of Receipt
Mailing Address 880 NORTH LAKE	SHORE DRIVE		0 4 1 5 2 0 1 0
City CHICAGO	State IL	Zip Code 60611	Transaction ID: SA11AI.18851 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer RETIRED	Occupation PHYSICI		
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) JESSICA M. VAUGHT			Date of Receipt
Mailing Address 8048 OLD TOWN	DRIVE		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City ORLANDO	State FL	Zip Code 32819	Transaction ID: SA11AI.18740 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer ORLANDO HEALTH	Occupation PHYSICI		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (options	I		1000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 51 / 58 (check only one) X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS OF OB	e name and add	ress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) JOHN T. VENUS Mailing Address 120 PARTRIDGE LAN City ELKIN FEC ID number of contributing federal political committee. Name of Employer BLUE RIDGE WOMEN'S CENTER Receipt For: Primary General Other (specify)	State NC C Occupation PHYSICIA	Zip Code 28621	Date of Receipt M M M O 1 Transaction ID: SA11AI.18721 Amount of Each Receipt this Period 500.00
Full Name (Last, First, Middle Initial) REX G. WATERBURY Mailing Address 1268 LASKIN ROAD City VIRGINIA BEACH FEC ID number of contributing federal political committee. Name of Employer TIDEWATER PHYSICIANS FOR WOMEN Receipt For: Primary General Other (specify)	State VA C Occupation PHYSICIA Aggregate		Date of Receipt M M / D D / Y Y Y Y Y O 4 27 2010 Transaction ID: SA11AI.18813 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) JEFFREY M. WENTWORTH Mailing Address 332 BAY DUNES DRI City NORFOLK FEC ID number of contributing federal political committee. Name of Employer THE GROUP FOR WOMEN Receipt For: Primary General Other (specify)	State VA C Occupation PHYSICIA		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number			1000.00

SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC FOI ITEMIZED RECEIPTS	Use separate schedule(for each category of the Detailed Summary Page	(Crieck Orlly Orle)
or for commercial purposes, other that NAME OF COMMITTEE (In Full)	ports and Statements may not be sold or used by any nusing the name and address of any political commit	person for the purpose of soliciting contributions ittee to solicit contributions from such committee.
/	S OF OB-GYNS PAC (OB-GYN PAC)	
Full Name (Last, First, Middle Init	·	Date of Receipt
Mailing Address 1658 LONG		04 27 2010
City NORFOLK	State Zip Code VA 23508	Transaction ID: SA11AI.18817 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer WOMEN CARING	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.0	0
Full Name (Last, First, Middle Init	l	Date of Receipt
Mailing Address 203 WILKIN	SON STREET	0 4
City	State Zip Code	Transaction ID: SA11AI.18866
FRANKFORT FEC ID number of contributing federal political committee.	KY 60601	Amount of Each Receipt this Period 250.00
Name of Employer COMMONWEALTH OF KENTU	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.0	0
Full Name (Last, First, Middle Init	(k)	Date of Receipt
Mailing Address 1202 YANCE	Y CIRCLE	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City VIRGINIA BEACH	State Zip Code VA 23454	Transaction ID: SA11AI.18819 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer WOMANCARE CENTERS	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.0	0
SURTOTAL of Receipts This Page	optional)	750.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 53 / 58 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using	d Statements may not be sold or used by any person the name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS OF C	DB-GYNS PAC (OB-GYN PAC)	
Full Name (Last, First, Middle Initial) TRACY B. WRIGHT		Date of Receipt
Mailing Address 2403 WHALER COI City	JRT State Zip Code	0 4 2 7 2 0 1 0 Transaction ID: SA11AI.18820
VIRGINIA BEACH	VA 23451	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer COMPLETE WOMEN'S CARE	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) KRISTIN F. YONKER Mailing Address 100 LARKIN RUN		Date of Receipt
		0 4 2 7 2 0 1 0
City	State Zip Code	Transaction ID: SA11AI.18821
YORKTOWN FEC ID number of contributing federal political committee.	VA 23692	Amount of Each Receipt this Period 250.00
Name of Employer PENINSULA WOMEN'S CARE	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) C. TINA ZIAINIA		Date of Receipt
Mailing Address 6573 DANDELION	WAY	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code CA 92130	Transaction ID: SA11AI.18919
SAN DIEGO FEC ID number of contributing federal political committee.	CA 92130	Amount of Each Receipt this Period 250.00
Name of Employer SHARP-REES- STEALY MEDICAL	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line numb	·	72500.00

A.

В.

C.

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)		NUMBER:	PAC	GE 54/	58	
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	y one) 7 22 7 23	☐ 24 ·	25 🗆 2		
	Detailed Guillinary Fage	27	28a 28b	28c	29	30b	
Any Information copied from such Reports and S or for commercial purposes, other than using the						3	
NAME OF COMMITTEE (In Full)	, p						
THE AMERICAN CONGRESS OF OB	-GYNS PAC (OB-GYN PAC)						
Full Name (Last, First, Middle Initial) AMERICAN EXPRESS			Transaction I Date of Disbu	rsement	.18722		
Mailing Address P.O. BOX 53852			04 /	05	2 0 1 () ^Y	
City PHOENIX	State Zip Code AZ 85072		Amount of Ea				
Purpose of Disbursement CREDIT CARD TRANSACTION FEES					1417.18	3	
Candidate Name		Category/ Type					
Senate President	oursement For: Primary General Other (specify) ▼						
State: District: Full Name (Last, First, Middle Initial)			Transaction	ID. CDOID	10006		
ASCEND INTEGRATED MEDIA				rsement		Υ	
Mailing Address P.O. BOX 870939			0 4	3 0	ž 0 1 ()	
City KANSAS CITY	State Zip Code MO 64187		Amount of Ea	ch Disbursen	nent this I	Period	
Purpose of Disbursement GENERIC PRINTING	1,1107				7830.00)	
Candidate Name		Category/ Type					
Senate President	oursement For: Primary General Other (specify) ▼						
State: District: Full Name (Last, First, Middle Initial)			Transaction I	In CD01D	10700		
FIRST NATIONAL MERCHANT SOLU	TIONS		Date of Disbu		.10/23		
Mailing Address 1620 DODGE STRE	ET		04 /	0 2 Y	ž 0 1 () Y	
City OMAHA	State Zip Code NE 68197		Amount of Ea				
Purpose of Disbursement CREDIT CARD TRANSACTION FEES					2542.53	3	
Candidate Name		Category/					
Office Sought: House Dist	oursement For: Primary General Other (specify) ▼	Туре					
State: District:	Other (Specify) \						
SUBTOTAL of Disbursements This Page (optic	nal)			1	1789.71		

TOTAL This Period (last page this line number only)

11789.71

ITI		Use sepa	arate schedule(s)	FOR LINE	NUMBER: PAGE 55 / 58
	EMIZED DISBURSEMENTS	for each	category of the Summary Page	(check only 21b 27	y one) 22 X 23 24 25 2 28a 28b 28c 29 3
	Information copied from such Reports and Stater or commercial purposes, other than using the name				
1 \	NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS OF OB-GY	NS PAC (OB-GYN PAC)		
	Full Name (Last, First, Middle Initial) CASTLE CAMPAIGN FUND				Transaction ID: SB23.18755 Date of Disbursement
	Mailing Address P.O. BOX 133				0 4 M / D 1 5 / Y 2 0 1 0 Y
	City WILMINGTON	State DE	Zip Code 19899		Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION Candidate Name			2-1	2000.00
	MICHAEL N. CASTLE	ement For:	2010	Category/ Type	
		Primary Other (spe	General		
	Full Name (Last, First, Middle Initial) DEMOCRATIC SENATORIAL CAMPAIGN	I COMMIT	TEE		Transaction ID: SB23.18901 Date of Disbursement
	Mailing Address 120 MARYLAND AVENU	JE, NE			$\begin{bmatrix} \begin{smallmatrix} M & M \\ 0 & 4 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & 3 & D \\ 3 & 0 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 0 \end{smallmatrix} \end{bmatrix}$
	Cit.	State	7: OI-		A . (E D)
	City WASHINGTON	DC	Zip Code 20002		Amount of Each Disbursement this Period
	WASHINGTON Purpose of Disbursement CONTRIBUTION				Amount of Each Disbursement this Period 2500.00
	WASHINGTON Purpose of Disbursement CONTRIBUTION Candidate Name	DC		Category/ Type	
	WASHINGTON Purpose of Disbursement CONTRIBUTION Candidate Name Office Sought: House Senate President		20002 General		
	WASHINGTON Purpose of Disbursement CONTRIBUTION Candidate Name Office Sought: House Disburs Senate	ement For:	20002 General		
	WASHINGTON Purpose of Disbursement CONTRIBUTION Candidate Name Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial)	ement For:	20002 General		2500.00 Transaction ID: SB23.18905
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r 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) THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC) Full Name (Last, First, Middle Initial) INSLEE FOR CONGRESS Mailing Address P.O. BOX 33027 City State Zip Code WA 98133 Purpose of Disbursement CONTRIBUTION Candidate Name JAY R. INSLEE Office Sought: Senate President State: WA District: 01 Full Name (Last, First, Middle Initial) JOHN D. DINGELL FOR CONGRESS COMMITTEE Mailing Address 607 14TH STREET, NW City State Zip Code WASHINGTON DC 20005 Purpose of Disbursement CONTRIBUTION Candidate Name JOHN D. DINGELL Office Sought: X House President State: MI District: 15 Full Name (Last, First, Middle Initial) Office Sought: X House President State: MI District: 15 Full Name (Last, First, Middle Initial) Mathreson For Congress Mailing Address P.O. BOX 521048 City State Zip Code UT S4152 Mailing Address P.O. BOX 521048 City State Zip Code Other (specify) ▼ State Zip Code Other (specify) ▼ Transaction ID: SB23.18990 Date of Disbursement for: 2010 Category' Type Other (specify) ▼ Amount of Each Disbursement this Perival S4152 Transaction ID: SB23.18900 Date of Disbursement this Perival S4152 Transaction ID: SB23.18900 Date of Disbursement this Perival S4152 Transaction ID: SB23.18900 Date of Disbursement this Perival S4152 Transaction ID: SB23.18900 Date of Disbursement this Perival S4152 Transaction ID: SB23.18900 Date of Disbursement this Perival S4152 Transaction ID: SB23.18900 Date of Disbursement this Perival S4152 Transaction ID: SB23.18900 Date of Disbursement this Perival S4152 Transaction ID: SB23.18900 Date of Disbursement this Perival S4152 Transaction ID: SB23.18900 Date of Disbursement this Perival S4152 Transaction ID: SB23.18900 Date of Disbursement this Perival S4152 Transaction ID: SB23.18900 Date of Disbursement this Perival S4152 Transaction ID: SB23.18900 Date of Disbursement this Perival S4152 Transac		Detailed	Summary Page	21b 27	22 X 23 24 25 28a 28b 28c 29
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City State Zip Code SALT LAKE CITY UT 84152 Purpose of Disbursement CONTRIBUTION Candidate Name JAMES MATHESON Office Sought: X House Senate President President Other (specify) ▼ Other (specify) ▼ Other (specify) ▼	Full Name (Last, First, Middle Initial)				
SALT LAKE CITY Purpose of Disbursement CONTRIBUTION Candidate Name JAMES MATHESON Office Sought: X House Senate President Disbursement For: 2010 X Primary General Other (specify)	Mailing Address P.O. BOX 521048				04
CONTRIBUTION Candidate Name JAMES MATHESON Office Sought: X House Senate President Disbursement For: 2010 X Primary General Other (specify)					Amount of Each Disbursement this Period
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ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 26 28a 28b 28c 29 30b
Any Information copied from such Reports and Staten or for commercial purposes, other than using the nam	nents may not be sold or used e and address of any political of	by any person for	or the purpose of soliciting contributions icit contributions from such committee
NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS OF OB-GY	NS PAC (OB-GYN PAC)		
Full Name (Last, First, Middle Initial) MIKULSKI FOR SENATE Mailing Address P.O. BOX 13147			Transaction ID: SB23.18725 Date of Disbursement M A M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City BALTIMORE Purpose of Disbursement	State Zip Code MD 21203		Amount of Each Disbursement this Period 2000.00
CONTRIBUTION Candidate Name BARBARA MIKULSKI		Category/ Type	
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Mailing Address 425 SECOND STREET,	NE		04 12 2010
City WASHINGTON	State Zip Code DC 20002		Amount of Each Disbursement this Period
Purpose of Disbursement CONTRIBUTION			5000.00
Candidate Name		Category/ Type	
Office Sought: House Disburse Senate President	ement For: Primary General Other (specify) \(\bigvery \)		

SUBTOTAL of Disbursements This Page (optional)	<u> </u>	7000.00
TOTAL This Period (last page this line number only)	•	24000.00

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