

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

Office Use Only

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

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

ADDRESS (number and street)

409 12TH STREET, SW

Check if different
than previously
reported. (ACC)

WASHINGTON

DC

20024

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00364158

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

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

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

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

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

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

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

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

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12G)

Election on

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

General (30G)



Runoff (30R)



Special (30S)

Election on

in the
State of

5. Covering Period

04

01

2010

through

04

30

2010

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

Type or Print Name of Treasurer

STACIE MISCIKOWSKI

Signature of Treasurer

Electronically Filed by STACIE MISCIKOWSKI

Date

05

07

2010

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

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

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

2 / 58

Write or Type Committee Name

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

Report Covering the Period:

From:

M M
0 4D D
0 1Y Y Y Y
2 0 1 0

To:

M M
0 4D D
3 0Y Y Y Y
2 0 1 0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 Y Y Y Y 2010		49181.92
(b) Cash on Hand at Beginning of Reporting Period	231506.84	
(c) Total Receipts (from Line 19)	76405.00	323165.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	307911.84	372346.92
7. Total Disbursements (from Line 31)	35796.71	100231.79
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	272115.13	272115.13
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

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

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

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

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Write or Type Committee Name

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

Report Covering the Period:

From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	1	0

To:

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	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)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	76405.00	323165.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	76405.00	323165.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	76405.00	323165.00

DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	11796.71	15731.79	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	11796.71	15731.79	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	24000.00	84500.00	
24. Independent Expenditure (use Schedule E)	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00	
29. Other Disbursements.....	0.00	0.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	35796.71	100231.79	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	35796.71	100231.79	

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	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

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

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

FOR LINE NUMBER: PAGE 6 / 58

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

RIDDICK ACKERMAN, III

Mailing Address 400 CONSTANCE STREET

City

WALTERBORO

State

SC

Zip Code

29488

FEC ID number of contributing
federal political committee.

C

Name of Employer
WALTERBORO OB/GYN

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 8 / 2 0 1 0

Transaction ID: SA11AI.18743

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

CHARLES D. ADAIR

Mailing Address 902 MCCALLIE AVENUE

City

CHATTANOOGA

State

TN

Zip Code

37403

FEC ID number of contributing
federal political committee.

C

Name of Employer
REGIONAL OBSTETRICS

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 1 / 2 0 1 0

Transaction ID: SA11AI.18691

Amount of Each Receipt this Period

2500.00

C.

Full Name (Last, First, Middle Initial)

JOHN S. ADAMS

Mailing Address 1930 AVIARA DRIVE

City

CHATTANOOGA

State

TN

Zip Code

37421

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 1 / 2 0 1 0

Transaction ID: SA11AI.18692

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

3750.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 7 / 58

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

EMAN AL-JANABI

Mailing Address 367 BAYRIDGE PARKWAY

City

BROOKLYN

State

NY

Zip Code

11209

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.18876

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

LESLIE ANDREWS-DETRICH

Mailing Address 824 PINE STREET

City

MOUNT SHASTA

State

CA

Zip Code

96067

FEC ID number of contributing
federal political committee.

C

Name of Employer
SISKIYOU MEDICAL GROUP

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 9 / 2 0 1 0

Transaction ID: SA11AI.18853

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

YUZURU ANZAI

Mailing Address 285 CENTRAL PARK WEST

City

NEW YORK

State

NY

Zip Code

10024

FEC ID number of contributing
federal political committee.

C

Name of Employer
NEW YORK MIDTOWN OB/GYN

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 1 / 2 0 1 0

Transaction ID: SA11AI.18693

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 8 / 58

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

PATRICIA F. ARNETT

Mailing Address 901 EAST BRADY STREET

City

BUTLER

State

PA

Zip Code

16001

FEC ID number of contributing
federal political committee.

C

Name of Employer
ADVANCED OB/GYN

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 1 / 2 0 1 0

Transaction ID: SA11AI.18694

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

LIANG R. BARTKOWIAK

Mailing Address 432 WINDSOR DRIVE

City

ALTOONA

State

PA

Zip Code

16601

FEC ID number of contributing
federal political committee.

C

Name of Employer
ALTOONA OB/GYN

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 8 / 2 0 1 0

Transaction ID: SA11AI.18744

Amount of Each Receipt this Period

1100.00

C.

Full Name (Last, First, Middle Initial)

DENISE M. BAYUSZIK

Mailing Address P.O. BOX 131

City

PESHASTIN

State

WA

Zip Code

98847

FEC ID number of contributing
federal political committee.

C

Name of Employer
PLANNED PARENTHOOD

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 1 / 2 0 1 0

Transaction ID: SA11AI.18695

Amount of Each Receipt this Period

600.00

SUBTOTAL of Receipts This Page (optional)

1950.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 58

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

OWEN R. BELL

Mailing Address 2501 EAST 42ND STREET

City

ANCHORAGE

State

AK

Zip Code

99508

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 1 / 2 0 1 0

Transaction ID: SA11AI.18696

Amount of Each Receipt this Period

2000.00

B.

Full Name (Last, First, Middle Initial)

CHARLES M. BERRY, III

Mailing Address 15748 MEDICAL ARTS PLAZA

City

HAMMOND

State

LA

Zip Code

70403

FEC ID number of contributing
federal political committee.

C

Name of Employer
NORTH OAKS OB/GYN

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 3 / 2 0 1 0

Transaction ID: SA11AI.18823

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

RONNIE Z. BOCHNER

Mailing Address 10 CANDLE LANE

City

EAST BRUNSWICK

State

NJ

Zip Code

08816

FEC ID number of contributing
federal political committee.

C

Name of Employer
RWJ OB/GYN ASSOCIATES

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 1 / 2 0 1 0

Transaction ID: SA11AI.18697

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

2750.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 10 / 58

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

MARY A. BURNS

Mailing Address 1181 FIRST COLONIAL ROAD

City

VIRGINIA BEACH

State

VA

Zip Code

23454

FEC ID number of contributing
federal political committee.

C

Name of Employer
VIRGINIA BEACH OB/GYN

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.18877

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

P.D. BURSTEIN

Mailing Address 2634 WEST LAKE PARK COURT

City

MEQUON

State

WI

Zip Code

53092

FEC ID number of contributing
federal political committee.

C

Name of Employer
COLUMBIA-ST. MARY'S

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 1 0

Transaction ID: SA11AI.18678

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

JAMES C. CAILLOUETTE

Mailing Address 685 OAK KNOLL CIRCLE

City

PASADENA

State

CA

Zip Code

91106

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 1 0

Transaction ID: SA11AI.18679

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 58

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

EALENA S. CALLENDER

Mailing Address 776 WINDBROOK CIRCLE

City

NEWPORT NEWS

State

VA

Zip Code

23602

FEC ID number of contributing
federal political committee.

C

Name of Employer

CENTER FOR WOMEN'S HEALTH

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.18878

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

SHARON CALLISON

Mailing Address 910 ADAMS STREET

City

HUNTSVILLE

State

AL

Zip Code

35801

FEC ID number of contributing
federal political committee.

C

Name of Employer

TENNESSEE VALLEY OB/GYN

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.18838

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

DAWN A. CASHIE

Mailing Address 2031 WEST ALAMEDA AVENUE

City

BURBANK

State

CA

Zip Code

91506

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 6 / 2 0 1 0

Transaction ID: SA11AI.18909

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 12 / 58

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

B. CHITRABANU

Mailing Address 1470 EAST VALENTINE CIRCLE

City

CANTON

State

OH

Zip Code

44708

FEC ID number of contributing
federal political committee.

C

Name of Employer
JANANI WOMEN'S CENTER

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 3 / 2 0 1 0

Transaction ID: SA11AI.18825

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

J. FLOYD CLINGENPEEL

Mailing Address 305 HUNTERALE ROAD

City

FRANKLIN

State

VA

Zip Code

23851

FEC ID number of contributing
federal political committee.

C

Name of Employer
OB/GYN PHYSICIANS

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 7 / 2 0 1 0

Transaction ID: SA11AI.18763

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

CHERI L. COYLE

Mailing Address 106 FLAG CREEK

City

YORKTOWN

State

VA

Zip Code

23693

FEC ID number of contributing
federal political committee.

C

Name of Employer
CENTER FOR WOMEN'S HEALTH

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 7 / 2 0 1 0

Transaction ID: SA11AI.18765

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 13 / 58

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

MONIQUE S. CRABB

Mailing Address 4504 PLUMSTEAD DRIVE

City

VIRGINIA BEACH

State

VA

Zip Code

23462

FEC ID number of contributing
federal political committee.

C

Name of Employer
COMPLETE WOMEN'S CARE

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 7 / 2 0 1 0

Transaction ID: SA11AI.18767

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

JON L. CROCKFORD

Mailing Address 320 FAIRFAX AVENUE

City

NORFOLK

State

VA

Zip Code

23507

FEC ID number of contributing
federal political committee.

C

Name of Employer
THE GROUP FOR WOMEN

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 7 / 2 0 1 0

Transaction ID: SA11AI.18769

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

ELIZABETH A. CROW

Mailing Address 1640 HIDDEN LANE

City

ANCHORAGE

State

AK

Zip Code

99501

FEC ID number of contributing
federal political committee.

C

Name of Employer
OB/GYN ASSOCIATES

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 1 / 2 0 1 0

Transaction ID: SA11AI.18698

Amount of Each Receipt this Period

600.00

SUBTOTAL of Receipts This Page (optional)

1100.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 14 / 58

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

WALTER R.S. CURTIS

Mailing Address 12 RIDING PATH

City

HAMPTON

State

VA

Zip Code

23669

FEC ID number of contributing
federal political committee.

C

Name of Employer
OB/GYN OF HAMPTON

Occupation

PHYSICIAN

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.18880

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

RICHARD S. CYBULSKY

Mailing Address 2208 BAXTER CIRCLE

City

BIRMINGHAM

State

AL

Zip Code

35216

FEC ID number of contributing
federal political committee.

C

Name of Employer
PREMIER WOMEN'S CARE

Occupation

PHYSICIAN

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.18840

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

DOUGLAS C. DECKER

Mailing Address 6409 KIRKWOOD ROAD

City

FORT WORTH

State

TX

Zip Code

76116

FEC ID number of contributing
federal political committee.

C

Name of Employer
TEXAS HEALTH CARE

Occupation

PHYSICIAN

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 7 / 2 0 1 0

Transaction ID: SA11AI.18770

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 15 / 58

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

OMAN E. DEMENT

Mailing Address 1532 WEST 32ND STREET

City

JOPLIN

State

MO

Zip Code

64804

FEC ID number of contributing
federal political committee.

C

Name of Employer
WOMEN'S HEALTH CARE ASSOC-
IATES

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.18882

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

MARYBETH R. DIXON

Mailing Address 510 CARLISLE WAY

City

NORFOLK

State

VA

Zip Code

23505

FEC ID number of contributing
federal political committee.

C

Name of Employer
WOMANCARE CENTERS

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 7 / 2 0 1 0

Transaction ID: SA11AI.18771

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

PAUL A. DUBRICK

Mailing Address 633 CRAYTON CIRCLE NORTH

City

DEKALB

State

IL

Zip Code

60115

FEC ID number of contributing
federal political committee.

C

Name of Employer
PRAIRIE POINT OBSTETRICS

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 1 / 2 0 1 0

Transaction ID: SA11AI.18699

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 16 / 58

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

KAY R. EIGENBROD

Mailing Address 131 ULEN BOULEVARD

City

LEBANON

State

IN

Zip Code

46052

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 7 / 2 0 1 0

Transaction ID: SA11AI.18772

Amount of Each Receipt this Period

400.00

B.

Full Name (Last, First, Middle Initial)

KATHERINE FARIAS

Mailing Address 6035 EAST SAN CRISTOBAL STREET

City

TUCSON

State

AZ

Zip Code

85715

FEC ID number of contributing
federal political committee.

C

Name of Employer
COPPER STATE OB/GYN

Occupation

PHYSICIAN

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 5 / 2 0 1 0

Transaction ID: SA11AI.18732

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

BENIGNO D. FEDERICI

Mailing Address 5026 RIVERFRONT DRIVE

City

SUFFOLK

State

VA

Zip Code

23434

FEC ID number of contributing
federal political committee.

C

Name of Employer
SPECIALISTS FOR WOMEN

Occupation

PHYSICIAN

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 7 / 2 0 1 0

Transaction ID: SA11AI.18774

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1150.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 58

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

MARTHA T. FERNANDEZ

Mailing Address 1308 LITCHFIELD COURT

City

VIRGINIA BEACH

State

VA

Zip Code

23452

FEC ID number of contributing
federal political committee.

C

Name of Employer
THE GROUP FOR WOMEN

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 7 / 2 0 1 0

Transaction ID: SA11AI.18775

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

BRENT P. FLETCHER

Mailing Address 420 DEWEY STREET

City

WISCONSIN RAPIDS

State

WI

Zip Code

54494

FEC ID number of contributing
federal political committee.

C

Name of Employer
ASPIRUS DOCTOR'S CLINIC

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 1 / 2 0 1 0

Transaction ID: SA11AI.18700

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

AMANDA B. FLICKER

Mailing Address 2029 GOLDENROD DRIVE

City

MACUNGIE

State

PA

Zip Code

18062

FEC ID number of contributing
federal political committee.

C

Name of Employer
LEHIGH VALLEY HEALTH NETW-
ORK

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 3 / 2 0 1 0

Transaction ID: SA11AI.18826

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 18 / 58

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

ARLENE J. FONTANARES

Mailing Address 1013 SAW PEN POINT TRAIL

City

VIRGINIA BEACH

State

VA

Zip Code

23455

FEC ID number of contributing
federal political committee.

C

Name of Employer

TIDEWATER PHYSICIANS FOR
WOMEN

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 9 / 2 0 1 0

Transaction ID: SA11AI.18854

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

EARL S. FULLER

Mailing Address 508 ELINOR DRIVE

City

FULLERTON

State

CA

Zip Code

92835

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 1 0

Transaction ID: SA11AI.18682

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

GEORGE H. FULLER, JR.

Mailing Address 4630 AMBASSADOR CAFFERY

City

LAFAYETTE

State

LA

Zip Code

70508

FEC ID number of contributing
federal political committee.

C

Name of Employer
HAMILTON MEDICAL GROUP

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.18883

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 19 / 58

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

KAREN L. GAIO-HANSBERGER

Mailing Address 25455 BARTMAN ROAD

City

LOMA LINDA

State

CA

Zip Code

92354

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.18884

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

PAMELA G. GALLUP

Mailing Address 113 GRAYS CREEK COURT

City

SAVANNAH

State

GA

Zip Code

31410

FEC ID number of contributing
federal political committee.

C

Name of Employer
PROVIDENT OB/GYN ASSOCIAT-
ES

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 6 / 2 0 1 0

Transaction ID: SA11AI.18910

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

SHERYL P. GARDNER

Mailing Address 95-1249 MEHEULA PARKWAY

City

MILILANI

State

HI

Zip Code

96789

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 3 / 2 0 1 0

Transaction ID: SA11AI.18827

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 20 / 58

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

JENNIFER D. GEORGE

Mailing Address 3185 PAGE AVENUE

City

VIRGINIA BEACH

State

VA

Zip Code

23451

FEC ID number of contributing
federal political committee.

C

Name of Employer
COMPLETE WOMEN'S CARE

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 7 / 2 0 1 0

Transaction ID: SA11AI.18776

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

WILLIAM B. GODDARD

Mailing Address P.O. BOX 563

City

WHEAT RIDGE

State

CO

Zip Code

80034

FEC ID number of contributing
federal political committee.

C

Name of Employer
UNIVERSITY OF COLORADO

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 8 / 2 0 1 0

Transaction ID: SA11AI.18746

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

ELIZABETH B. GOLPIRA

Mailing Address 1702 CLONCURRY ROAD

City

NORFOLK

State

VA

Zip Code

23505

FEC ID number of contributing
federal political committee.

C

Name of Employer
WOMANCARE CENTERS

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 7 / 2 0 1 0

Transaction ID: SA11AI.18778

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 21 / 58

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

ALBERT T. GROS

Mailing Address 203 TREE TOP WAY

City

BUDA

State

TX

Zip Code

78610

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 1 / 2 0 1 0

Transaction ID: SA11AI.18701

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

C. DWIGHT GROVES

Mailing Address 109 HARBOR WATCH DRIVE

City

CHESAPEAKE

State

VA

Zip Code

23320

FEC ID number of contributing
federal political committee.

C

Name of Employer
THE GROUP FOR WOMEN

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 7 / 2 0 1 0

Transaction ID: SA11AI.18779

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

LISBET M. HANSON

Mailing Address 1501 MCCULLOUGH LANE

City

VIRGINIA BEACH

State

VA

Zip Code

23454

FEC ID number of contributing
federal political committee.

C

Name of Employer
VIRGINIA BEACH OB/GYN

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 7 / 2 0 1 0

Transaction ID: SA11AI.18780

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 22 / 58

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

DENISE L. HARRIS

Mailing Address 880 KEMPSVILLE ROAD

City

NORFOLK

State

VA

Zip Code

23502

FEC ID number of contributing
federal political committee.

C

Name of Employer
THE GROUP FOR WOMEN

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 7 / 2 0 1 0

Transaction ID: SA11AI.18782

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

STEVEN B. HARTER

Mailing Address 8228 TIVOLI COVE DRIVE

City

LAS VEGAS

State

NV

Zip Code

89128

FEC ID number of contributing
federal political committee.

C

Name of Employer
WOMEN'S SPECIALTY CARE

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 3 / 2 0 1 0

Transaction ID: SA11AI.18828

Amount of Each Receipt this Period

750.00

C.

Full Name (Last, First, Middle Initial)

KATHY D. HARTKE

Mailing Address 20611 WATERTOWN ROAD

City

WAUKESHA

State

WI

Zip Code

53136

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 1 / 2 0 1 0

Transaction ID: SA11AI.18702

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 23 / 58

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

PAUL B. HELLER

Mailing Address 100 MADISON AVENUE

City

MORRISTOWN

State

NJ

Zip Code

07960

FEC ID number of contributing
federal political committee.

C

Name of Employer

MORRISTOWN MEMORIAL HOSPI-
TAL

Occupation

PHYSICIAN

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 9 / 2 0 1 0

Transaction ID: SA11AI.18856

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

GARY D. HELMBRECHT

Mailing Address 600 PETER JEFFERSON PARKWAY

City

CHARLOTTESVILLE

State

VA

Zip Code

22911

FEC ID number of contributing
federal political committee.

C

Name of Employer

PRENATAL DIAGNOSIS CENTER

Occupation

PHYSICIAN

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.18868

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

TZONG L. HUANG

Mailing Address 559 DESEO AVENUE

City

CAMARILLO

State

CA

Zip Code

93010

FEC ID number of contributing
federal political committee.

C

Name of Employer

OXNARD HUENEME OB/GYN GRO-
UP

Occupation

PHYSICIAN

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 1 / 2 0 1 0

Transaction ID: SA11AI.18703

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 24 / 58

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

G. THEODORE HUGHES

Mailing Address 6069 RIVER CRESCENT

City

NORFOLK

State

VA

Zip Code

23505

FEC ID number of contributing
federal political committee.

C

Name of Employer
WOMANCARE CENTER

Occupation

PHYSICIAN

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 7 / 2 0 1 0

Transaction ID: SA11AI.18784

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

NARED JAFRI

Mailing Address 21 LESSIES DRIVE

City

POQUOSON

State

VA

Zip Code

23662

FEC ID number of contributing
federal political committee.

C

Name of Employer
MID-ATLANTIC WOMEN'S CARE

Occupation

PHYSICIAN

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 9 / 2 0 1 0

Transaction ID: SA11AI.18857

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

OBAID H. JAFRI

Mailing Address 128 YORKSHIRE DRIVE

City

YORKTOWN

State

VA

Zip Code

23693

FEC ID number of contributing
federal political committee.

C

Name of Employer
OB/GYN OF HAMPTON

Occupation

PHYSICIAN

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 9 / 2 0 1 0

Transaction ID: SA11AI.18859

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 25 / 58

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

GARY M. JOFFE

Mailing Address 201 CEDAR STREET

City

ALBUQUERQUE

State

NM

Zip Code

87106

FEC ID number of contributing
federal political committee.

C

Name of Employer
PERINATAL ASSOCIATES

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 5 / 2 0 1 0

Transaction ID: SA11AI.18733

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

AMOUR M. JOHNSON

Mailing Address 1549 BAY POINT DRIVE

City

VIRGINIA BEACH

State

VA

Zip Code

23545

FEC ID number of contributing
federal political committee.

C

Name of Employer
COMPLETE WOMEN'S CARE

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 7 / 2 0 1 0

Transaction ID: SA11AI.18785

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

ERIKA L. JOHNSON

Mailing Address 610 30TH AVENUE WEST

City

ALEXANDRIA

State

MN

Zip Code

56308

FEC ID number of contributing
federal political committee.

C

Name of Employer
ALEXANDRIA CLINIC

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 1 / 2 0 1 0

Transaction ID: SA11AI.18704

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 26 / 58

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

KIMBERLY M. JOHNSON

Mailing Address 49 CLEVELAND STREET

City

CROSSVILLE

State

TN

Zip Code

38555

FEC ID number of contributing
federal political committee.

C

Name of Employer

CROSSVILLE WOMEN'S CENTER

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 1 / 2 0 1 0

Transaction ID: SA11AI.18871

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

LESLEY H. JOHNSTONE

Mailing Address 2034 NORTH 3RD STREET

City

PHOENIX

State

AZ

Zip Code

85004

FEC ID number of contributing
federal political committee.

C

Name of Employer

CENTRAL PHOENIX OB/GYN

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 6 / 2 0 1 0

Transaction ID: SA11AI.18911

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

HOWARD W. JONES

Mailing Address 100 VANDERBILT MEDICAL CENTER

City

NASHVILLE

State

TN

Zip Code

37232

FEC ID number of contributing
federal political committee.

C

Name of Employer

VANDERBILT MEDICAL CENTER

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 3 / 2 0 1 0

Transaction ID: SA11AI.18830

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 27 / 58

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)
KRISHNA K. KAKANI

Mailing Address 910 ADAMS STREET

City State Zip Code
HUNTSVILLE AL 35801

FEC ID number of contributing
federal political committee.

C

Name of Employer
TENNESSEE VALLEY OB/GYN

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 3 / 2 0 1 0

Transaction ID: SA11AI.18831

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)
ANNE H. KALTER

Mailing Address 15 OLD ROLLINSFORD ROAD

City State Zip Code
DOVER NH 03820

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFERTILITY ASSOCIATES

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 5 / 2 0 1 0

Transaction ID: SA11AI.18734

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)
VISHVANATH C. KARANDE

Mailing Address 1585 NORTH BARRINGTON ROAD

City State Zip Code
HOFFMAN ESTATES IL 60194

FEC ID number of contributing
federal political committee.

C

Name of Employer
KARANDE & ASSOCIATES

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 8 / 2 0 1 0

Transaction ID: SA11AI.18747

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 28 / 58

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

ELANA S. KASTNER

Mailing Address 751 GILBERT PLACE

City

VALLEY STREAM

State

NY

Zip Code

11581

FEC ID number of contributing
federal political committee.

C

Name of Employer
WINTHROP UNIVERSITY HOSPI-
TAL

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 5 / 2 0 1 0

Transaction ID: SA11AI.18735

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

PETER J. KEMP

Mailing Address 925 OXFORD DRIVE

City

VIRGINIA BEACH

State

VA

Zip Code

23542

FEC ID number of contributing
federal political committee.

C

Name of Employer
CHESAPEAKE WOMEN'S CARE

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 7 / 2 0 1 0

Transaction ID: SA11AI.18787

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

KRIS E. KENNEDY

Mailing Address 1812 UPPER JAMES COURT

City

VIRGINIA BEACH

State

VA

Zip Code

23454

FEC ID number of contributing
federal political committee.

C

Name of Employer
COMPLETE WOMEN'S CARE

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 7 / 2 0 1 0

Transaction ID: SA11AI.18788

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 29 / 58

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

GAIL S. KING

Mailing Address 605 WEST MAIN STREET

City

ASPEN

State

CO

Zip Code

81611

FEC ID number of contributing
federal political committee.

C

Name of Employer
ASPEN CENTER FOR WOMEN

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.18885

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

MICHAEL M. KLOTZ

Mailing Address 8407 NORTHWEST REED DRIVE

City

PORTLAND

State

OR

Zip Code

97229

FEC ID number of contributing
federal political committee.

C

Name of Employer
COLUMBIA WOMEN'S CLINIC

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.18886

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

RENDA K. KNAPP

Mailing Address 2951 WEST FRONT STREET

City

RICHLANDS

State

VA

Zip Code

24641

FEC ID number of contributing
federal political committee.

C

Name of Employer
THE WOMEN'S GROUP OF RICH-
LAND

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.18844

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 30 / 58

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

BEDROS H. KOJIAN

Mailing Address 1310 WEST STEWART DRIVE

City

ORANGE

State

CA

Zip Code

92868

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 6 / 2 0 1 0

Transaction ID: SA11AI.18913

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

SUSAN M. KOMOROWSKI

Mailing Address 6221 HEMPSTEAD MEWS

City

DAYTON

State

OH

Zip Code

45459

FEC ID number of contributing
federal political committee.

C

Name of Employer
OB/GYN SOUTH, INC.

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 7 / 2 0 1 0

Transaction ID: SA11AI.18789

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)

JULIE B. KWATRA

Mailing Address 9823 NORTH 95TH STREET

City

SCOTTSDALE

State

AZ

Zip Code

85258

FEC ID number of contributing
federal political committee.

C

Name of Employer
ARIZONA WOMEN'S CARE

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.18887

Amount of Each Receipt this Period

600.00

SUBTOTAL of Receipts This Page (optional)

1300.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 31 / 58

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

JENNIFER M. LANDES

Mailing Address 1696 INDIAN PATH COURT

City

QUAKERTOWN

State

PA

Zip Code

18951

FEC ID number of contributing
federal political committee.

C

Name of Employer
GRAND VIEW HOSPITAL

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 1 / 2 0 1 0

Transaction ID: SA11AI.18705

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

ZENETTE M. LEAO

Mailing Address 1608 BEARDSLY COURT

City

CHESAPEAKE

State

VA

Zip Code

23322

FEC ID number of contributing
federal political committee.

C

Name of Employer
GYNECOLOGY SPECIALISTS

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 7 / 2 0 1 0

Transaction ID: SA11AI.18790

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

KATHLEEN T. LEVECK

Mailing Address 200 LERNA ROAD SOUTH

City

MATTOON

State

IL

Zip Code

61938

FEC ID number of contributing
federal political committee.

C

Name of Employer
CARLE FOUNDATION

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 1 / 2 0 1 0

Transaction ID: SA11AI.18872

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 32 / 58

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

JANICE P. LEVIN

Mailing Address 2100 CHAMBERLING

City

VIRGINIA BEACH

State

VA

Zip Code

23454

FEC ID number of contributing
federal political committee.

C

Name of Employer
COMPLETE WOMEN'S CARE

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 7 / 2 0 1 0

Transaction ID: SA11AI.18791

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

CHARLES J. LOCKWOOD

Mailing Address 33 LIBERTY STREET

City

MADISON

State

CT

Zip Code

06443

FEC ID number of contributing
federal political committee.

C

Name of Employer
YALE MATERNAL FETAL MEDIC-
INE

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 9 / 2 0 1 0

Transaction ID: SA11AI.18862

Amount of Each Receipt this Period

1500.00

C.

Full Name (Last, First, Middle Initial)

LINDA M. LONG

Mailing Address 3072 FALMOUTH DRIVE

City

CHESAPEAKE

State

VA

Zip Code

23321

FEC ID number of contributing
federal political committee.

C

Name of Employer
GYNECOLOGY SPECIALISTS

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 7 / 2 0 1 0

Transaction ID: SA11AI.18792

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 33 / 58

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

WILLIAM H. LONG

Mailing Address 4324 MCGIRTS BOULEVARD

City

JACKSONVILLE

State

FL

Zip Code

32210

FEC ID number of contributing
federal political committee.

C

Name of Employer
NORTH FLORIDA OB/GYN

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 1 0

Transaction ID: SA11AI.18684

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

CHAD C. LUNT

Mailing Address 515 SOUTH 300 EAST

City

ST. GEORGE

State

UT

Zip Code

84790

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 6 / 2 0 1 0

Transaction ID: SA11AI.18914

Amount of Each Receipt this Period

3000.00

C.

Full Name (Last, First, Middle Initial)

EDAKANDYIL MANOHARAN

Mailing Address P.O. BOX 640

City

BIG STONE GAP

State

VA

Zip Code

24219

FEC ID number of contributing
federal political committee.

C

Name of Employer
WELLMONT PHYSICIAN SERVICE

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 1 / 2 0 1 0

Transaction ID: SA11AI.18706

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

3500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 34 / 58

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

DIMITRIOS S. MASTROGIANNIS

Mailing Address 342 EAST LANCASTER AVENUE

City

WYNNEWOOD

State

PA

Zip Code

19096

FEC ID number of contributing
federal political committee.

C

Name of Employer
TEMPLE UNIVERSITY

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 1 / 2 0 1 0

Transaction ID: SA11AI.18707

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

LISA R. MATTSON

Mailing Address 12920 32ND AVENUE NORTH

City

PLYMOUTH

State

MN

Zip Code

55441

FEC ID number of contributing
federal political committee.

C

Name of Employer
ALLINA MEDICAL CLINIC

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 8 / 2 0 1 0

Transaction ID: SA11AI.18907

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

MARYANNE MCDONNELL

Mailing Address 19 MAPLE VALLEY ROAD

City

BOLTON

State

CT

Zip Code

06043

FEC ID number of contributing
federal political committee.

C

Name of Employer
OB/GYN GROUP OF MANCHESTER

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 1 0

Transaction ID: SA11AI.18685

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 35 / 58

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

THERMUTUS MCKENZIE

Mailing Address 550 PEACHTREE STREET

City

ATLANTA

State

GA

Zip Code

30308

FEC ID number of contributing
federal political committee.

C

Name of Employer
COMPREHENSIVE WOMEN'S HEA-
LTH

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 1 / 2 0 1 0

Transaction ID: SA11AI.18708

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

G. TETTEH MENSAH

Mailing Address 3817 ARBOR LANE

City

CINCINNATI

State

OH

Zip Code

45255

FEC ID number of contributing
federal political committee.

C

Name of Employer
WOMEN'S CARE SPECIALIST

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.18845

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

CONNIE D. MICKLAVZINA

Mailing Address 104 WEST MILLER STREET

City

ORLANDO

State

FL

Zip Code

32806

FEC ID number of contributing
federal political committee.

C

Name of Employer
WINNIE PALMER HOSPITAL

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 1 / 2 0 1 0

Transaction ID: SA11AI.18709

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 36 / 58

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

ROBERT D. MIXSON

Mailing Address 104 LAKESHORE DRIVE

City

ST. MARY'S

State

GA

Zip Code

31558

FEC ID number of contributing
federal political committee.

C

Name of Employer
CAMDEN MEDICAL CENTER

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 3 / 2 0 1 0

Transaction ID: SA11AI.18832

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

WILLIAM T. MIXSON

Mailing Address 124 FAIRWAY COTTAGE

City

HIGHLANDS

State

NC

Zip Code

28741

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 1 / 2 0 1 0

Transaction ID: SA11AI.18710

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

JOHN P. MONTGOMERY

Mailing Address 501 MIDWESTERN PARKWAY EAST

City

WICHITA FALLS

State

TX

Zip Code

76302

FEC ID number of contributing
federal political committee.

C

Name of Employer
CLINIC OF NORTH TEXAS

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 1 / 2 0 1 0

Transaction ID: SA11AI.18711

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 37 / 58

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

THOMAS R. MOORE

Mailing Address 200 WEST ARBOR DRIVE

City

SAN DIEGO

State

CA

Zip Code

92103

FEC ID number of contributing
federal political committee.

C

Name of Employer
UNIVERSITY OF CALIFORNIAOccupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	0	8	/	2	0	1	0

Transaction ID: SA11AI.18748

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

FRANKLIN G. MORGAN, JR.

Mailing Address 1444 CLONCURRY ROAD

City

NORFOLK

State

VA

Zip Code

23505

FEC ID number of contributing
federal political committee.

C

Name of Employer
TIDEWATER PHYSICIANS FOR
WOMENOccupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	9	/	2	0	1	0

Transaction ID: SA11AI.18863

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

KENNETH MUHLENDORF

Mailing Address 3790-B JEFFERSON BOULEVARD

City

VIRGINIA BEACH

State

VA

Zip Code

23455

FEC ID number of contributing
federal political committee.

C

Name of Employer
MID-ATLANTIC IMAGINGOccupation
MEDICAL DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	7	/	2	0	1	0

Transaction ID: SA11AI.18796

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 38 / 58

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

KATE M. MUSELLO

Mailing Address 881 LEAD AVENUE

City

ALBUQUERQUE

State

NM

Zip Code

87102

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.18869

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

WADE A. NEIMAN

Mailing Address 1300 CRENSHAW COURT

City

LYNCHBURG

State

VA

Zip Code

24503

FEC ID number of contributing
federal political committee.

C

Name of Employer
WOMEN'S HEALTH SERVICES

Occupation

PHYSICIAN

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 7 / 2 0 1 0

Transaction ID: SA11AI.18798

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

ELIZABETH D. NELSON

Mailing Address 100 WEST GORE STREET

City

ORLANDO

State

FL

Zip Code

32806

FEC ID number of contributing
federal political committee.

C

Name of Employer
WOMEN'S HEALTH SPECIALISTS

Occupation

PHYSICIAN

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 1 / 2 0 1 0

Transaction ID: SA11AI.18713

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 39 / 58

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

ANTOINETTE NIGRO

Mailing Address 1825 COMMERCE STREET

City

YORKTOWN HEIGHTS

State

NY

Zip Code

10598

FEC ID number of contributing
federal political committee.

C

Name of Employer
MOUNT KISCO MEDICAL

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.18890

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

VIRGINIA M. NISBET

Mailing Address 251 MEDICAL CENTER BOULEVARD

City

WEBSTER

State

TX

Zip Code

77598

FEC ID number of contributing
federal political committee.

C

Name of Employer
CLEAR LAKE OB/GYN

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 8 / 2 0 1 0

Transaction ID: SA11AI.18908

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

DANIEL L. NOFFSINGER

Mailing Address 627LYNN SHORES DRIVE

City

VIRGINIA BEACH

State

VA

Zip Code

23452

FEC ID number of contributing
federal political committee.

C

Name of Employer
THE GROUP FOR WOMEN

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 7 / 2 0 1 0

Transaction ID: SA11AI.18799

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 40 / 58

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

JAMES NUNN

Mailing Address 10124 MARGO LANE

City

MUNSTER

State

IN

Zip Code

46321

FEC ID number of contributing
federal political committee.

C

Name of Employer
TEN WEST MEDICAL CENTER

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 1 / 2 0 1 0

Transaction ID: SA11AI.18873

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

PATRICK D. NUNNELLY

Mailing Address 1301 WEST 38TH STREET

City

AUSTIN

State

TX

Zip Code

78705

FEC ID number of contributing
federal political committee.

C

Name of Employer
OB/GYN GROUP OF AUSTIN

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 1 / 2 0 1 0

Transaction ID: SA11AI.18714

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

KATHY K. O'CONNELL

Mailing Address 402 CHINQUAPIN ORCHARD

City

YORKTOWN

State

VA

Zip Code

23693

FEC ID number of contributing
federal political committee.

C

Name of Employer
PENINSULA WOMEN'S CARE

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 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

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 41 / 58

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

TIMOTHY A. O'CONNELL

Mailing Address 68 COLOMBIA DRIVE

City

NEWPORT NEWS

State

VA

Zip Code

23608

FEC ID number of contributing
federal political committee.

C

Name of Employer

CENTER FOR WOMEN'S HEALTH

Occupation

PHYSICIAN

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	0	/	2	0	1	0

Transaction ID: SA11AI.18891

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

SHARI L. ORSER

Mailing Address 620 BIRCHWOOD DRIVE

City

BISMARCK

State

ND

Zip Code

58504

FEC ID number of contributing
federal political committee.

C

Name of Employer

WOMEN'S MEDICAL CENTER

Occupation

PHYSICIAN

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	3	/	2	0	1	0

Transaction ID: SA11AI.18833

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

MAYUR V. PATEL

Mailing Address 111 WILLOW GROVE DRIVE

City

LINCROFT

State

NJ

Zip Code

07738

FEC ID number of contributing
federal political committee.

C

Name of Employer

PLAINFIELD HEALTH CENTER

Occupation

PHYSICIAN

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	3	/	2	0	1	0

Transaction ID: SA11AI.18834

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 42 / 58

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

JOHN J. PEET

Mailing Address 7334 TEASWOOD DRIVE

City

CONROE

State

TX

Zip Code

77304

FEC ID number of contributing
federal political committee.

C

Name of Employer
SADLER CLINIC

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 1 0

Transaction ID: SA11AI.18686

Amount of Each Receipt this Period

350.00

B.

Full Name (Last, First, Middle Initial)

STACY L. PINTER

Mailing Address 910 NORTH EAST STREET

City

BENTON

State

AR

Zip Code

72015

FEC ID number of contributing
federal political committee.

C

Name of Employer
CENTRAL ARKANSAS CLINIC

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 5 / 2 0 1 0

Transaction ID: SA11AI.18736

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

GINIENE M. PIRKLE

Mailing Address 317 WHITE DOGWOOD DRIVE

City

CHESAPEAKE

State

VA

Zip Code

23322

FEC ID number of contributing
federal political committee.

C

Name of Employer
THE GROUP FOR WOMEN

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 1 0

Transaction ID: SA11AI.18904

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1100.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 43 / 58

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

SCOT G. PRINGLE

Mailing Address 1111 NORTH MT. AUBURN ROAD

City

CAPE GIRARDEAU

State

MO

Zip Code

63701

FEC ID number of contributing
federal political committee.

C

Name of Employer
WOMEN FIRST

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 6 / 2 0 1 0

Transaction ID: SA11AI.18915

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

HOLLY S. PURITZ

Mailing Address 7940 NORTH SHORE ROAD

City

NORFOLK

State

VA

Zip Code

23505

FEC ID number of contributing
federal political committee.

C

Name of Employer
THE GROUP FOR WOMEN

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 7 / 2 0 1 0

Transaction ID: SA11AI.18802

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

PAMELA G. PYLE

Mailing Address 1304 KINGFISHER COURT

City

VIRGINIA BEACH

State

VA

Zip Code

23451

FEC ID number of contributing
federal political committee.

C

Name of Employer
VIRGINIA BEACH OB/GYN

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 7 / 2 0 1 0

Transaction ID: SA11AI.18803

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 44 / 58

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

KAREN RAIFORD

Mailing Address 910 ADAMS STREET

City

HUNTSVILLE

State

AL

Zip Code

35801

FEC ID number of contributing
federal political committee.

C

Name of Employer
TENNESSEE VALLEY OB/GYN

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.18846

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

KALA G. REDDY

Mailing Address 5685 PAINT VALLEY DRIVE

City

ROCHESTER

State

MI

Zip Code

48306

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 1 0

Transaction ID: SA11AI.18687

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

ANNE M. REIDY

Mailing Address 910 ADAMS STREET

City

HUNTSVILLE

State

AL

Zip Code

35801

FEC ID number of contributing
federal political committee.

C

Name of Employer
TENNESSEE VALLEY OB/GYN

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.18848

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1300.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 45 / 58

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

CRAIG H. RUETZEL

Mailing Address 2613 WIMBLEDON POINT DRIVE

City

VIRGINIA BEACH

State

VA

Zip Code

23454

FEC ID number of contributing
federal political committee.

C

Name of Employer
COMPLETE WOMEN'S CARE

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 7 / 2 0 1 0

Transaction ID: SA11AI.18805

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

JAMES A. RUIZ

Mailing Address P.O. BOX 2149

City

KEALAKEKUA

State

HI

Zip Code

96750

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 1 / 2 0 1 0

Transaction ID: SA11AI.18718

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

NEGAR N. SADR

Mailing Address 1184 BELMEADE DRIVE

City

VIRGINIA BEACH

State

VA

Zip Code

23455

FEC ID number of contributing
federal political committee.

C

Name of Employer
TIDEWATER PHYSICIANS FOR
WOMEN

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 7 / 2 0 1 0

Transaction ID: SA11AI.18806

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 46 / 58

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

RONALD SANCETTA

Mailing Address 9275 SOUTHWEST 152ND STREET

City

MIAMI

State

FL

Zip Code

33157

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.18893

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

ORLANDO M. SANCHEZ

Mailing Address PARQUE FORESTAL

City

RIO PIEDRAS

State

PR

Zip Code

00926

FEC ID number of contributing
federal political committee.

C

Name of Employer
UNIVERSITY OF PUERTO RICO

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 8 / 2 0 1 0

Transaction ID: SA11AI.18752

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

KATHERINE L. SCRUGGS.

Mailing Address 145 LICK BRANCH

City

BRISTOL

State

TN

Zip Code

37620

FEC ID number of contributing
federal political committee.

C

Name of Employer
SEASONS WOMEN'S HEALTH

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 1 / 2 0 1 0

Transaction ID: SA11AI.18874

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1550.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 47 / 58

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

SHARON L. SHEFFIELD

Mailing Address 32121 O BERRY ROAD

City

FRANKLIN

State

VA

Zip Code

23851

FEC ID number of contributing
federal political committee.

C

Name of Employer
OB/GYN PHYSICIANS

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 7 / 2 0 1 0

Transaction ID: SA11AI.18808

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

SUSHMA SIDH

Mailing Address 826 WASHINGTON ROAD

City

WESTMINSTER

State

MD

Zip Code

21157

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 6 / 2 0 1 0

Transaction ID: SA11AI.18918

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

ELIZABETH A. SIMONEAU

Mailing Address 10182 EAST DESERT GORGE DRIVE

City

TUCSON

State

AZ

Zip Code

85747

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 3 / 2 0 1 0

Transaction ID: SA11AI.18836

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 48 / 58

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

ESTELA SOSA

Mailing Address 402 POWELL PLACE

City

HARLINGEN

State

TX

Zip Code

78550

FEC ID number of contributing
federal political committee.

C

Name of Employer
DEVI WOMEN'S CENTER

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 1 / 2 0 1 0

Transaction ID: SA11AI.18719

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

RALPH M. STEIGER

Mailing Address 1150 NORTH INDIAN CANYON DRIVE

City

PALM SPRINGS

State

CA

Zip Code

92262

FEC ID number of contributing
federal political committee.

C

Name of Employer
DESERT REGIONAL MEDICAL
CENTER

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 9 / 2 0 1 0

Transaction ID: SA11AI.18865

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

JOANNE L. STONE

Mailing Address 5 EAST 98TH STREET

City

NEW YORK

State

NY

Zip Code

10029

FEC ID number of contributing
federal political committee.

C

Name of Employer
MT. SINAI MEDICAL CENTER

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.18850

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 49 / 58

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

ELIZABETH M. STREET

Mailing Address 574 CHURCH STREET

City

MARIETTA

State

GA

Zip Code

30060

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 5 / 2 0 1 0

Transaction ID: SA11AI.18739

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

JEAN R. TALATI

Mailing Address 369 PINEHURST DRIVE

City

EAST LONGMEADOW

State

MA

Zip Code

01028

FEC ID number of contributing
federal political committee.

C

Name of Employer
RIVERBEND MEDICAL

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 1 / 2 0 1 0

Transaction ID: SA11AI.18720

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

DOUGLAS THOM

Mailing Address 234 KINGS GRANT

City

YORKTOWN

State

VA

Zip Code

23692

FEC ID number of contributing
federal political committee.

C

Name of Employer
CENTER FOR WOMEN'S HEALTH

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 7 / 2 0 1 0

Transaction ID: SA11AI.18811

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 50 / 58

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

JANICE E. TILDON-BURTON

Mailing Address 1700 TALLEY ROAD

City

WILMINGTON

State

DE

Zip Code

19803

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	8		2	0	1	0

Transaction ID: SA11AI.18754

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

PAUL D. URNES

Mailing Address 880 NORTH LAKE SHORE DRIVE

City

CHICAGO

State

IL

Zip Code

60611

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

PHYSICIAN

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	5		2	0	1	0

Transaction ID: SA11AI.18851

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

JESSICA M. VAUGHT

Mailing Address 8048 OLD TOWN DRIVE

City

ORLANDO

State

FL

Zip Code

32819

FEC ID number of contributing
federal political committee.

C

Name of Employer
ORLANDO HEALTH

Occupation

PHYSICIAN

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	5		2	0	1	0

Transaction ID: SA11AI.18740

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 51 / 58

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

JOHN T. VENUS

Mailing Address 120 PARTRIDGE LANE

City

ELKIN

State

NC

Zip Code

28621

FEC ID number of contributing
federal political committee.

C

Name of Employer

BLUE RIDGE WOMEN'S CENTER

Occupation

PHYSICIAN

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 1 / 2 0 1 0

Transaction ID: SA11AI.18721

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

REX G. WATERBURY

Mailing Address 1268 LASKIN ROAD

City

VIRGINIA BEACH

State

VA

Zip Code

23451

FEC ID number of contributing
federal political committee.

C

Name of Employer

TIDEWATER PHYSICIANS FOR
WOMEN

Occupation

PHYSICIAN

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 7 / 2 0 1 0

Transaction ID: SA11AI.18813

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

JEFFREY M. WENTWORTH

Mailing Address 332 BAY DUNES DRIVE

City

NORFOLK

State

VA

Zip Code

23503

FEC ID number of contributing
federal political committee.

C

Name of Employer

THE GROUP FOR WOMEN

Occupation

PHYSICIAN

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 7 / 2 0 1 0

Transaction ID: SA11AI.18816

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 52 / 58

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

THERESA W. WHIBLEY

Mailing Address 1658 LONGWOOD DRIVE

City

NORFOLK

State

VA

Zip Code

23508

FEC ID number of contributing
federal political committee.

C

Name of Employer
WOMEN CARING

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 7 / 2 0 1 0

Transaction ID: SA11AI.18817

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

CONNIE G. WHITE

Mailing Address 203 WILKINSON STREET

City

FRANKFORT

State

KY

Zip Code

60601

FEC ID number of contributing
federal political committee.

C

Name of Employer
COMMONWEALTH OF KENTUCKY

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 9 / 2 0 1 0

Transaction ID: SA11AI.18866

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

HUGH D. WOLCOTT

Mailing Address 1202 YANCEY CIRCLE

City

VIRGINIA BEACH

State

VA

Zip Code

23454

FEC ID number of contributing
federal political committee.

C

Name of Employer
WOMANCARE CENTERS

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 7 / 2 0 1 0

Transaction ID: SA11AI.18819

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 53 / 58

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

TRACY B. WRIGHT

Mailing Address 2403 WHALER COURT

City

VIRGINIA BEACH

State

VA

Zip Code

23451

FEC ID number of contributing
federal political committee.

C

Name of Employer
COMPLETE WOMEN'S CARE

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 7 / 2 0 1 0

Transaction ID: SA11AI.18820

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

KRISTIN F. YONKER

Mailing Address 100 LARKIN RUN

City

YORKTOWN

State

VA

Zip Code

23692

FEC ID number of contributing
federal political committee.

C

Name of Employer
PENINSULA WOMEN'S CARE

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 7 / 2 0 1 0

Transaction ID: SA11AI.18821

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

TINA ZIANIA

Mailing Address 6573 DANDELION WAY

City

SAN DIEGO

State

CA

Zip Code

92130

FEC ID number of contributing
federal political committee.

C

Name of Employer
SHARP-REES- STEALY MEDICAL

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 6 / 2 0 1 0

Transaction ID: SA11AI.18919

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

72500.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 54 / 58

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

AMERICAN EXPRESS

Mailing Address P.O. BOX 53852

City
PHOENIX

State
AZ

Zip Code
85072

Purpose of Disbursement
CREDIT CARD TRANSACTION FEES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21B.18722

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1417.18

B.

Full Name (Last, First, Middle Initial)

ASCEND INTEGRATED MEDIA

Mailing Address P.O. BOX 870939

City
KANSAS CITY

State
MO

Zip Code
64187

Purpose of Disbursement
GENERIC PRINTING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21B.18896

Date of Disbursement

/ /

Amount of Each Disbursement this Period

7830.00

C.

Full Name (Last, First, Middle Initial)

FIRST NATIONAL MERCHANT SOLUTIONS

Mailing Address 1620 DODGE STREET

City
OMAHA

State
NE

Zip Code
68197

Purpose of Disbursement
CREDIT CARD TRANSACTION FEES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21B.18723

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2542.53

SUBTOTAL of Disbursements This Page (optional)

11789.71

TOTAL This Period (last page this line number only)

11789.71

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 55 / 58

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

CASTLE CAMPAIGN FUND

Mailing Address P.O. BOX 133

City
WILMINGTONState
DEZip Code
19899Purpose of Disbursement
CONTRIBUTIONCandidate Name
MICHAEL N. CASTLECategory/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: DE District: 00

Transaction ID: SB23.18755

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	5		2	0	1	0

Amount of Each Disbursement this Period

2000.00

B.

Full Name (Last, First, Middle Initial)

DEMOCRATIC SENATORIAL CAMPAIGN COMMITTEE

Mailing Address 120 MARYLAND AVENUE, NE

City
WASHINGTONState
DCZip Code
20002Purpose of Disbursement
CONTRIBUTION

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.18901

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	0

Amount of Each Disbursement this Period

2500.00

C.

Full Name (Last, First, Middle Initial)

DIRIGO PAC

Mailing Address P.O. BOX 1355

City
ALEXANDRIAState
VAZip Code
22313Purpose of Disbursement
CONTRIBUTION

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.18905

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	0

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

7000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

FRIENDS OF ROSA DELAURO

Mailing Address 12 TRUMBULL STREET

City
NEW HAVENState
CTZip Code
06511Purpose of Disbursement
CONTRIBUTIONCandidate Name
ROSA DELAUROCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: CT District: 03

Transaction ID: SB23.18761

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	5		2	0	1	0

Amount of Each Disbursement this Period

2000.00

B.

Full Name (Last, First, Middle Initial)

GINGREY FOR CONGRESS

Mailing Address P.O. BOX U

City
MARIETTAState
GAZip Code
30060Purpose of Disbursement
CONTRIBUTIONCandidate Name
J. PHILLIP GINGREYCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: GA District: 11

Transaction ID: SB23.18730

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	2		2	0	1	0

Amount of Each Disbursement this Period

2000.00

C.

Full Name (Last, First, Middle Initial)

GRASSLEY COMMITTEE

Mailing Address P.O. BOX 1000

City
DES MOINESState
IAZip Code
50304Purpose of Disbursement
CONTRIBUTIONCandidate Name
CHARLES E. GRASSLEYCategory/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: IA District: 00

Transaction ID: SB23.18724

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	6		2	0	1	0

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) INSLEE FOR CONGRESS	Transaction ID: SB23.18899 Date of Disbursement
Mailing Address P.O. BOX 33027	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 3 0 / 2 0 1 0</div> </div>
City SEATTLE State WA Zip Code 98133	Amount of Each Disbursement this Period
Purpose of Disbursement CONTRIBUTION	<div>1000.00</div>
Candidate Name JAY R. INSLEE	<div>Category/ Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 01	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) JOHN D. DINGELL FOR CONGRESS COMMITTEE	Transaction ID: SB23.18898 Date of Disbursement
Mailing Address 607 14TH STREET, NW	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 3 0 / 2 0 1 0</div> </div>
City WASHINGTON State DC Zip Code 20005	Amount of Each Disbursement this Period
Purpose of Disbursement CONTRIBUTION	<div>1500.00</div>
Candidate Name JOHN D. DINGELL	<div>Category/ Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 15	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) MATHESON FOR CONGRESS	Transaction ID: SB23.18900 Date of Disbursement
Mailing Address P.O. BOX 521048	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 3 0 / 2 0 1 0</div> </div>
City SALT LAKE CITY State UT Zip Code 84152	Amount of Each Disbursement this Period
Purpose of Disbursement CONTRIBUTION	<div>1500.00</div>
Candidate Name JAMES MATHESON	<div>Category/ Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: UT District: 02	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 58 / 58

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

MIKULSKI FOR SENATE

Mailing Address P.O. BOX 13147

City
BALTIMORE

State
MD

Zip Code
21203

Purpose of Disbursement
CONTRIBUTION

Candidate Name
BARBARA MIKULSKI

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

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

State: MD District: 00

Transaction ID: SB23.18725

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2000.00

B.

Full Name (Last, First, Middle Initial)

NATIONAL REPUBLICAN SENATORIAL COMMITTEE

Mailing Address 425 SECOND STREET, NE

City
WASHINGTON

State
DC

Zip Code
20002

Purpose of Disbursement
CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB23.18731

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

7000.00

TOTAL This Period (last page this line number only)

24000.00