

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

ADDRESS (number and street) 409 12TH STREET, SW

Check if different than previously reported. (ACC) WASHINGTON DC 20024

2. **FEC IDENTIFICATION NUMBER** CITY STATE ZIPCODE

C00364158

3. IS THIS REPORT NEW (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:
- | | | | |
|--------------------------------------|--------------------------------------|---|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input checked="" type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

- (c) 12-Day PRE-Election Report for the:
- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P) | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12G) | |

Election on _____ in the State of _____

- (d) 30-Day Post -Election Report for the:
- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on _____ in the State of _____

5. Covering Period 08 01 2009 through 08 31 2009

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

Type or Print Name of Treasurer STACIE MISCIKOWSKI

Signature of Treasurer Electronically Filed by STACIE MISCIKOWSKI Date 09 09 2009

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

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

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name

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

Report Covering the Period: From:

M	M
0	8

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	8

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		19853.06
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	52985.92									
(c) Total Receipts (from Line 19)	40504.00	272779.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	93489.92	292632.06								
7. Total Disbursements (from Line 31)	16121.32	215263.46								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	77368.60	77368.60								
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)	6403.00									

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)

Write or Type Committee Name

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

Report Covering the Period: From: To:

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)	19750.00	224550.00
(ii) Unitemized	20754.00	48229.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	40504.00	272779.00
(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)	40504.00	272779.00
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))	40504.00	272779.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	40504.00	272779.00

DETAILED SUMMARY PAGE

of Disbursements

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.....	15121.32	70013.46
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	15121.32	70013.46
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1000.00	142500.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	1750.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	1750.00
29. Other Disbursements.....	0.00	1000.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	16121.32	215263.46
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	16121.32	215263.46

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	40504.00	272779.00
34. Total Contribution Refunds (from Line 28(d))	0.00	1750.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	40504.00	271029.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	15121.32	70013.46
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	15121.32	70013.46

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 28
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) MARCELO ANDREOLI		Date of Receipt MM / DD / YYYY 08 / 14 / 2009		
	Mailing Address 2353 CONIFER LANE		Transaction ID: SA11AI.17191		
	City FALLS CHURCH	State VA	Zip Code 22046	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00			

B.	Full Name (Last, First, Middle Initial) ZBIGNIEW ANIOL		Date of Receipt MM / DD / YYYY 08 / 07 / 2009		
	Mailing Address 600 NORTH MERRILL STREET		Transaction ID: SA11AI.16998		
	City PARK RIDGE	State IL	Zip Code 60068	Amount of Each Receipt this Period 300.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00			

C.	Full Name (Last, First, Middle Initial) HAROLD R. BASS		Date of Receipt MM / DD / YYYY 08 / 24 / 2009		
	Mailing Address 5 FERNWOOD DRIVE		Transaction ID: SA11AI.17233		
	City WESTFORD	State MA	Zip Code 01886	Amount of Each Receipt this Period 300.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00			

SUBTOTAL of Receipts This Page (optional)	▶	1600.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 28
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) ERIKA M. BLANTON	Date of Receipt MM / DD / YYYY 08 / 04 / 2009
	Mailing Address 7605 FOREST AVENUE	Transaction ID: SA11AI.17068
	City State Zip Code RICHMOND VA 23229	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
Name of Employer HENRICO DOCTORS' HOSPITAL	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

B.	Full Name (Last, First, Middle Initial) ROBERT E. BLEDSOE, JR.	Date of Receipt MM / DD / YYYY 08 / 07 / 2009
	Mailing Address 1537 CRESTWAY DRIVE	Transaction ID: SA11AI.17000
	City State Zip Code ATHENS TN 37303	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer ATHENS WOMEN'S CLINIC	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) LAWRENCE E. BRUNEL	Date of Receipt MM / DD / YYYY 08 / 11 / 2009
	Mailing Address 900 GREENLEY ROAD	Transaction ID: SA11AI.17093
	City State Zip Code SONORA CA 95370	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	
Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

SUBTOTAL of Receipts This Page (optional)	▶	1550.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 28
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) ERNEST K. BUSSINGER	Date of Receipt MM / DD / YYYY 08 / 03 / 2009
	Mailing Address 3911 AVENUE B	Transaction ID: SA11AI.17072
	City State Zip Code SCOTTSBLUFF NE 69361	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation THE WOMEN'S CENTER PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

B.	Full Name (Last, First, Middle Initial) SARAH A. CADA	Date of Receipt MM / DD / YYYY 08 / 28 / 2009
	Mailing Address 8101 SOUTH 34TH STREET	Transaction ID: SA11AI.17281
	City State Zip Code LINCOLN NE 68516	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation GYNECOLOGY & FERTILITY, PC PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) ERIC F. CALFEE	Date of Receipt MM / DD / YYYY 08 / 07 / 2009
	Mailing Address 2108 CHATHAM	Transaction ID: SA11AI.17001
	City State Zip Code DALTON GA 30720	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation ASSOCIATES IN OB/GYN PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	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: (check only one)	PAGE 9 / 28
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) SUSAN H. CHAPMAN		Date of Receipt MM / DD / YYYY 08 / 05 / 2009		
	Mailing Address 642 ULUKAHIKI STREET		Transaction ID: SA11AI.17039		
	City KAILUA	State HI	Zip Code 96734	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer PALI WOMEN'S HEALTH CENTER	Occupation PHYSICIAN			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

B.	Full Name (Last, First, Middle Initial) SCOTT T. CHATHAM		Date of Receipt MM / DD / YYYY 08 / 28 / 2009		
	Mailing Address 405 5TH STREET PLACE		Transaction ID: SA11AI.17283		
	City CONOVER	State NC	Zip Code 28613	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer CATAWBA WOMEN'S CENTER	Occupation PHYSICIAN			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

C.	Full Name (Last, First, Middle Initial) PATRICK W. CONNELLY		Date of Receipt MM / DD / YYYY 08 / 07 / 2009		
	Mailing Address 5171 CUB LAKE ROAD		Transaction ID: SA11AI.17111		
	City SHOW LOW	State AZ	Zip Code 85901	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer UNIVERSITY OB/GYN	Occupation PHYSICIAN			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

SUBTOTAL of Receipts This Page (optional)	▶	1500.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 28
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) GREGORY L. DAVIS	Date of Receipt MM / DD / YYYY 08 / 03 / 2009
	Mailing Address 111 RALEY BOULEVARD	Transaction ID: SA11AI.17073
	City State Zip Code CHICO CA 95928	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer SELF-EMPLOYED Occupation PHYSICIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 500.00	

B.	Full Name (Last, First, Middle Initial) LAWRENCE A. DOLKART	Date of Receipt MM / DD / YYYY 08 / 05 / 2009
	Mailing Address 600 FITCH STREET	Transaction ID: SA11AI.17044
	City State Zip Code ELMIRA NY 14905	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer SELF-EMPLOYED Occupation PHYSICIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 700.00	

C.	Full Name (Last, First, Middle Initial) DARLA E. EISENHAUER-SPIRES	Date of Receipt MM / DD / YYYY 08 / 28 / 2009
	Mailing Address 9200 FOXEN CIRCLE	Transaction ID: SA11AI.17284
	City State Zip Code LINCOLN NE 68526	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer GYNECOLOGY & FERTILITY, PC Occupation PHYSICIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 250.00	

SUBTOTAL of Receipts This Page (optional)	950.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 28
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) DENISE M. ELSER	Date of Receipt MM / DD / YYYY 08 / 05 / 2009
	Mailing Address 5716 WEST 95TH STREET	Transaction ID: SA11AI.17045
	City State Zip Code OAK LAWN IL 60453	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation ILLINOIS UROGYNECOLOGY PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) LYNN A. FESEMYER	Date of Receipt MM / DD / YYYY 08 / 07 / 2009
	Mailing Address 325 SOUTH 6TH STREET	Transaction ID: SA11AI.17114
	City State Zip Code ST. CHARLES IL 60174	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation DUPAGE OB/GYN PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) ANNA M. FIELDMAN	Date of Receipt MM / DD / YYYY 08 / 05 / 2009
	Mailing Address 40 TURF LANE	Transaction ID: SA11AI.17046
	City State Zip Code ROSLYN HEIGHTS NY 11577	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation SELF-EMPLOYED PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	950.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 28
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
ROBIN H. FOGLE

Mailing Address 3687 CANYON RIDGE COURT

City ATLANTA State GA Zip Code 30319

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

Name of Employer ATLANTA CENTER Occupation PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 08 / 05 / 2009

Transaction ID: SA11AI.17047

Amount of Each Receipt this Period 300.00

B.

Full Name (Last, First, Middle Initial)
DAVID L. FRANCISCO

Mailing Address 2485 HOSPITAL DRIVE

City MOUNTAIN VIEW State CA Zip Code 94040

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 08 / 03 / 2009

Transaction ID: SA11AI.17076

Amount of Each Receipt this Period 1000.00

C.

Full Name (Last, First, Middle Initial)
LENNARD R. GILDINER

Mailing Address 406 GIBBSBORO ROAD

City LINDENWOLD State NJ Zip Code 08021

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

Name of Employer OB/GYN CARE Occupation PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 25 / 2009

Transaction ID: SA11AI.17269

Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) ► 2300.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 28
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
EUGENE E. GREGUSH

Mailing Address 2525 HARBOR BOULEVARD

City State Zip Code
PORT CHARLOTTE FL 33952

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
08 / 24 / 2009

Transaction ID: SA11AI.17262

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
GABRIEL G. HAKIM

Mailing Address 18 MERRILL STREET

City State Zip Code
WATERBURY CT 06708

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 ▼ 700.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 03 / 2009

Transaction ID: SA11AI.17080

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
FRANK N. HARRISON, JR.

Mailing Address 3741 HEARTHSTONE COURT

City State Zip Code
CHARLOTTE NC 28211

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

Name of Employer WOMEN'S INSTITUTE 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
08 / 07 / 2009

Transaction ID: SA11AI.17013

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► 850.00

TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 28
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) DAVID Y. HENDERSON	Date of Receipt MM / DD / YYYY 08 / 21 / 2009
	Mailing Address 2417 ATRIUM DRIVE	Transaction ID: SA11AI.17255
	City State Zip Code RALEIGH NC 27607	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation ATRIUM OB/GYN PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) DEANNA L. HUTCHINS	Date of Receipt MM / DD / YYYY 08 / 28 / 2009
	Mailing Address 6321 OAKS HOLLOW	Transaction ID: SA11AI.17288
	City State Zip Code LINCOLN NE 68516	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation GYNECOLOGY & FERTILITY, PC PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) G. DAN KIMBERLIN	Date of Receipt MM / DD / YYYY 08 / 04 / 2009
	Mailing Address 215 COUNTRY WOOD DRIVE	Transaction ID: SA11AI.17070
	City State Zip Code PARIS TN 38242	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation SELF-EMPLOYED PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 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: (check only one)	PAGE 15 / 28
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) KOTESWARA R. KUNDA	Date of Receipt MM / DD / YYYY 08 / 11 / 2009
	Mailing Address 5113 PRAIRIE DUNES DRIVE	Transaction ID: SA11AI.17099
	City State Zip Code AUSTIN TX 78747	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation SAN MARCOS OB/GYN PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

B.	Full Name (Last, First, Middle Initial) CRAIG M. LANDWEHR	Date of Receipt MM / DD / YYYY 08 / 04 / 2009
	Mailing Address 4 CYPRESS COVE PLACE	Transaction ID: SA11AI.16991
	City State Zip Code COVINGTON LA 70433	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation DOCTORS FOR WOMEN PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) DOUGLAS W. LAUBE	Date of Receipt MM / DD / YYYY 08 / 24 / 2009
	Mailing Address 1 SOUTH PARK STREET	Transaction ID: SA11AI.17252
	City State Zip Code MADISON WI 53715	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation UNIVERSITY OF WISCONSIN PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	

SUBTOTAL of Receipts This Page (optional)	1350.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 28
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) BRIAN A. LEVITT		Date of Receipt	
	Mailing Address 1700 TREE LANE		M M / D D / Y Y Y Y Y 08 / 19 / 2009	
	City	State	Zip Code	Transaction ID: SA11AI.17182
	SNELLVILLE	CA	30078	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer SELF-EMPLOYED		Occupation PHYSICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 375.00		

B.	Full Name (Last, First, Middle Initial) SUYANG LI		Date of Receipt	
	Mailing Address 32933 49TH PLACE, SW		M M / D D / Y Y Y Y Y 08 / 17 / 2009	
	City	State	Zip Code	Transaction ID: SA11AI.17148
	FEDERAL WAY	WA	98023	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		500.00	
Name of Employer FEDERAL WAY WOMEN'S HEALTH		Occupation PHYSICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

C.	Full Name (Last, First, Middle Initial) KAREN E. MCSHANE		Date of Receipt	
	Mailing Address 383 PINK STREET		M M / D D / Y Y Y Y Y 08 / 07 / 2009	
	City	State	Zip Code	Transaction ID: SA11AI.17020
	COOPERSTOWN	NY	13326	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		200.00	
Name of Employer BASSETT HEALTHCARE		Occupation PHYSICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 700.00		

SUBTOTAL of Receipts This Page (optional)	▶	950.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 28
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
DIEGO MENDEZ

Mailing Address 2917 NILES STREET

City State Zip Code
BAKERSFIELD CA 93306

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

Name of Employer Occupation
MENDEZ MEDICAL CENTER PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
08 / 24 / 2009

Transaction ID: SA11AI.17210

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
MICHAEL C. MESBAH

Mailing Address 877 STEWART AVENUE

City State Zip Code
GARDEN CITY NY 11530

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

Name of Employer Occupation
SELF-EMPLOYED PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
08 / 03 / 2009

Transaction ID: SA11AI.17081

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
KEVIN J. MITCHELL

Mailing Address 6 KENT ROAD

City State Zip Code
NEWTOWN CT 06470

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

Name of Employer Occupation
PHYSICIANS FOR WOMEN'S HEALTH PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
08 / 05 / 2009

Transaction ID: SA11AI.17057

Amount of Each Receipt this Period
300.00

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 18 / 28
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
JOSEPH S. MONTGOMERY

Mailing Address 8202 NORTH TAHOE

City HOUSTON State TX Zip Code 77040

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 ▼ 550.00

Date of Receipt: 08 / 28 / 2009
Transaction ID: SA11AI.17294
Amount of Each Receipt this Period: 50.00

B. Full Name (Last, First, Middle Initial)
DONNA L. MUSGRAVE

Mailing Address 21 HIGHLAND AVENUE

City ROANOKE State VA Zip Code 24013

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

Name of Employer PHYSICIANS TO WOMEN Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 08 / 07 / 2009
Transaction ID: SA11AI.17122
Amount of Each Receipt this Period: 300.00

C. Full Name (Last, First, Middle Initial)
SURESH R. NAYAK

Mailing Address 200 JOSE FIGUERES AVENUE

City SAN DIEGO State CA Zip Code 95116

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: 08 / 07 / 2009
Transaction ID: SA11AI.17123
Amount of Each Receipt this Period: 300.00

SUBTOTAL of Receipts This Page (optional) ▶ **650.00**

TOTAL This Period (last page this line number only) ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 28
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) JOHN C. NULSEN	Date of Receipt MM / DD / YYYY 08 / 24 / 2009
	Mailing Address 70 CHELTENHAM WAY	Transaction ID: SA11AI.17216
	City State Zip Code AVON CT 06301	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation UNIVERSITY OF CONNECTICUT PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

B.	Full Name (Last, First, Middle Initial) LARRY F. OVERCASH	Date of Receipt MM / DD / YYYY 08 / 03 / 2009
	Mailing Address 900 MAIN STREET	Transaction ID: SA11AI.17083
	City State Zip Code PEORIA IL 61602	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation WOMEN'S HEALTH INSTITUTE PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) JAY L. PADRATZIK	Date of Receipt MM / DD / YYYY 08 / 17 / 2009
	Mailing Address 20 NORTH WALLING DRIVE	Transaction ID: SA11AI.17157
	City State Zip Code ST. LOUIS MO 63141	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MERCY MEDICAL GROUP PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

SUBTOTAL of Receipts This Page (optional)	550.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 28
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
ANTHONY C. PAGEDAS

Mailing Address 8401 WEST EDGERTON AVENUE

City GREENDALE State WI Zip Code 53129

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

Name of Employer PHYSICIANS OF OB/GYN Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 08 / 07 / 2009
Transaction ID: SA11AI.17124
Amount of Each Receipt this Period: 500.00

B.

Full Name (Last, First, Middle Initial)
VINAY R. RANADE

Mailing Address 345 NORTH MAIN STREET

City WEST HARTFORD State CT Zip Code 06117

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

Name of Employer HARTFORD WOMEN'S ASSOCIAT-ES Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 08 / 05 / 2009
Transaction ID: SA11AI.17059
Amount of Each Receipt this Period: 500.00

C.

Full Name (Last, First, Middle Initial)
MANUEL E. RIVERA-ALSINA

Mailing Address 352 DOGWOOD TRAIL

City COPPELL State TX Zip Code 75019

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

Name of Employer METHODIST MEDICAL CENTER Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 08 / 03 / 2009
Transaction ID: SA11AI.17085
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: (check only one)	PAGE 21 / 28
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) MATTIE M. SCOTT	Date of Receipt MM / DD / YYYY 08 / 05 / 2009
	Mailing Address 8220 SOUTH SAGINAW STREET	Transaction ID: SA11AI.17064
	City State Zip Code GRAND BLANC MI 48439	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation GRAND BLANC OB/GYN PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

B.	Full Name (Last, First, Middle Initial) RAYZE SIMONSON	Date of Receipt MM / DD / YYYY 08 / 21 / 2009
	Mailing Address 246 GRAYSON PLACE	Transaction ID: SA11AI.17256
	City State Zip Code TEANECK NJ 07666	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation WEST CARE MEDICAL ASSOCIATES PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) EDWARD C. SPOON, JR.	Date of Receipt MM / DD / YYYY 08 / 07 / 2009
	Mailing Address 2010 GOLDRING AVENUE	Transaction ID: SA11AI.17126
	City State Zip Code LAS VEGAS NV 89106	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation LAS VEGAS OB/GYN PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

SUBTOTAL of Receipts This Page (optional)	▶	650.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 28
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) CHARLES M. STEDMAN	Date of Receipt MM / DD / YYYY 08 / 28 / 2009
	Mailing Address 18 IDLEWOOD PLACE	Transaction ID: SA11AI.17301
	City State Zip Code RIVER RIDGE LA 70123	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation WOMEN'S HOSPITAL PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) JANETTE H. STRATHY	Date of Receipt MM / DD / YYYY 08 / 17 / 2009
	Mailing Address 3209 GALLERIA	Transaction ID: SA11AI.17163
	City State Zip Code EDINA MN 55435	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation PARK NICOLLET HEALTH SERVICES PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00	

C.	Full Name (Last, First, Middle Initial) SEETHA D. SUREDDI	Date of Receipt MM / DD / YYYY 08 / 17 / 2009
	Mailing Address 1904 ESTELLE LANE	Transaction ID: SA11AI.17166
	City State Zip Code DURANT OK 74701	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation DOCTOR'S CLINIC OF DURANT PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	▶	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 23 / 28	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

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

A.	Full Name (Last, First, Middle Initial) ELIZABETH F. WU		Date of Receipt	
	Mailing Address 2504 SAMARITAN DRIVE		M M / D D / Y Y Y Y 08 / 11 / 2009	
	City	State	Zip Code	Transaction ID: SA11AI.17106
	SAN JOSE	CA	95124	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
	C		500.00	
Name of Employer SAN JOSE WOMEN'S GROUP		Occupation PHYSICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional)	500.00
TOTAL This Period (last page this line number only)	19750.00

**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)

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

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) AMERICAN EXPRESS <hr/> Mailing Address P.O. BOX 53852 <hr/> City PHOENIX State AZ Zip Code 85072 <hr/> Purpose of Disbursement CREDIT CARD TRANSACTION FEES Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.16985 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 5 / 2 0 0 9
	Amount of Each Disbursement this Period 200.07
	Category/ Type
	Category/ Type
B. Full Name (Last, First, Middle Initial) FIRST NATIONAL MERCHANT SOLUTIONS <hr/> Mailing Address 1620 DODGE STREET <hr/> City OMAHA State NE Zip Code 68197 <hr/> Purpose of Disbursement CREDIT CARD TRANSACTION FEES Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.16986 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 3 / 2 0 0 9
	Amount of Each Disbursement this Period 603.75
	Category/ Type
	Category/ Type
C. Full Name (Last, First, Middle Initial) SUSANNE HAESSLER <hr/> Mailing Address 3700 MASSACHUSETTS AVENUE, NW <hr/> City WASHINGTON State DC Zip Code 20016 <hr/> Purpose of Disbursement ACCOUNTING Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.16983 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 0 / 2 0 0 9
	Amount of Each Disbursement this Period 1740.00
	Category/ Type
	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶

2543.82

TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)
NATIONAL CAPITAL TELESERVICES

Mailing Address 300 FIFTH STREET, NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement
GENERIC TELEPHONE SOLICITATIONS

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B.16984

Date of Disbursement

08 / 10 / 2009

Amount of Each Disbursement this Period

6600.50

B.

Full Name (Last, First, Middle Initial)
NATIONAL CAPITAL TELESERVICES

Mailing Address 300 FIFTH STREET, NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement
GENERIC TELEPHONE SOLICITATIONS

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B.17091

Date of Disbursement

08 / 17 / 2009

Amount of Each Disbursement this Period

5977.00

SUBTOTAL of Disbursements This Page (optional) ►

12577.50

TOTAL This Period (last page this line number only) ►

15121.32

**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 26 / 28

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

MONTANANS FOR TESTER

Mailing Address P.O. BOX 1135

City HELENA State MT Zip Code 59624

Purpose of Disbursement
CONTRIBUTION

Candidate Name
JON TESTER

Office Sought: House
 Senate
 President

State: MT District: 00

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Transaction ID: SB23.16987

Date of Disbursement

MM / DD / YYYY
08 / 10 / 2009

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

1000.00

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor SUSANNE HAESSLER			Nature of Debt (Purpose): ACCOUNTING
Mailing Address 3700 MASSACHUSETTS AVENUE, NW			
City WASHINGTON	State DC	ZIP Code 20016	

Outstanding Balance Beginning This Period 1740.00		Transaction ID: SD10.16979	
Amount Incurred This Period 0.00	Payment This Period 1740.00	Outstanding Balance at Close of This Period 0.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor SUSANNE HAESSLER			Nature of Debt (Purpose): ACCOUNTING
Mailing Address 3700 MASSACHUSETTS AVENUE, NW			
City WASHINGTON	State DC	ZIP Code 20016	

Outstanding Balance Beginning This Period 0.00		Transaction ID: SD10.17313	
Amount Incurred This Period 3081.25	Payment This Period 0.00	Outstanding Balance at Close of This Period 3081.25	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor NATIONAL CAPITAL TELESERVICES			Nature of Debt (Purpose): GENERIC TELEPHONE SOLICITATIONS
Mailing Address 300 FIFTH STREET, NE			
City WASHINGTON	State DC	ZIP Code 20002	

Outstanding Balance Beginning This Period 12577.50		Transaction ID: SD10.16980	
Amount Incurred This Period 0.00	Payment This Period 12577.50	Outstanding Balance at Close of This Period 0.00	

1) SUBTOTALS This Period This Page (optional).....	▶	3081.25
2) TOTALS This Period (last page this line number only).....	▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 28 / 28	
	FOR LINE NUMBER: (check only one)	<input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor NATIONAL CAPITAL TELESERVICES			Nature of Debt (Purpose): GENERIC TELEPHONE SOLICITATIONS
Mailing Address 300 FIFTH STREET, NE			
City WASHINGTON	State DC	ZIP Code 20002	

Outstanding Balance Beginning This Period		Transaction ID: SD10.17314	
0.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
3321.75	0.00	3321.75	

1) SUBTOTALS This Period This Page (optional).....	▶	3321.75
2) TOTALS This Period (last page this line number only).....	▶	6403.00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	▶	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	6403.00