FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

	For Othe	THAILAILAUMOHZ	eu Commute		Office Use Only	
NAME OF COMMITTEE (in full)			xample:If typing, t ver the lines	type		
OB-GYNS FOR WO	DMEN'S HEALTH P		1 1 1 1 1			
1						1
	ı 409 12	TH STREET SW				
ADDRESS (number and s	treet)					
Check if differe than previously reported. (ACC	, WASH	NGTON		DC	20024	-
2. FEC IDENTIFICATI	ON NUMBER 🖫	CITY A		STATE	A ZIPCO	DE 🛕
C00364158		3. IS THIS REPOR		OR	AMENDED (A)	
4. TYPE OF REPOR	`´ Re	eport Feb 20 (Mi ue On:		ay 20 (M5)	Aug 20 (M8)	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12)
(a) Quarterly Repo	rts:	Mar 20 (M	3) Ju	ın 20 (M6)	Sep 20 (M9)	(Non-Election Year Only)
April 15		Apr 20 (M	l) Ju	ıl 20 (M7)	Oct 20 (M10)	Jan 31 (YE)
July 15	Report(Q1) (c)	12-Day PRE-Election	Primary (12P)	G	eneral (12G)	Runoff (12R)
Quarterly l	Report(Q2)	Report for the:	Convention (12	2C) X SI	pecial (12G)	
January 3	Report(Q3)		0.6	19 2007	in the	GA
	Report(YE)	Election on			State o	
July 31 Mi Report(No Year Only)	n-election (d)	30-Day Post -Election Report for the:	General (30G)	R	unoff (30R)	Special (30S)
Terminatio (TER)	n Report	report for the.			in the	
		Election on			State o	of L
5. Covering Period	01 01	2007	through	0.5	0 2007	
I certify that I have exami	ned this Report and	to the best of my knowledge	e and belief it is tr	rue, correct and cor	mplete.	
Type or Print Name of Tr	easurer ELIZA	ВЕТН В. СОІТ				
Signature of Treasurer	Electronically Filed	by ELIZABETH B. COI	Г	Date	06 01	2007
NOTE : Submission of fa	lse, erroneous, or in	complete information may s	subject the persor	n sianina this Reno	rt to the penalties of 2 U.	S.C 437a.
Office				1 - 3 - 1 - 5 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	i i	
Use Only					FEC FOR (Rev. 02/20	

SUMMARY PAGE

	FEC Form 3X (Rev. 02/2003)	OF RECEIPTS AND DISBURSEMENTS	Page 2
V	rite or Type Committee Name OB-GYNS FOR WOMEN'S HEALTH	PAC	
F	eport Covering the Period: From:	M M D D D 2 0 0 7	To: 0 5 3 0 Y Y Y Y Y
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1		44748.37
	(b) Cash on Hand at Begining of Reporting Period	44748.37	
	(c) Total Receipts (from Line 19)	133146.00	133146.00
	(d) Subtotal (add lines 6(b) and		
	6(c) for Column A and Lines 6(a) and 6(c) for Column B)	177894.37	177894.37
7.	Total Disbursements (from Line 31)	137509.14	137509.14
3.	Cash on Hand at Close of	-	
	Reporting Period (subtract Line 7 from Line 6(d))	40385.23	40385.23
).	Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
0.	Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	6898.75	

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. 02/2003) Page 3

Write or Type Committee Name

OB-GYNS FOR WOMEN'S HEALTH PAC

0 1 3^D0 м N 0 1 м м 0 5 2007 2007 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 120916.00 120916.00 (i) Itemized (use Schedule A) 11210.00 11210.00 (ii) Unitemized (iii) TOTAL (add 132126.00 132126.00 Lines 11(a)(i) and (ii) 0.00 0.00 (b) Political Party Committees Other Political Committees 0.00 0.00 (such as PACs) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 132126.00 132126.00 Totals to Line 33, page 5) 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees 0.00 0.00 13. All Loans Received 0.00 0.00 14. Loan Repayments Received 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 1020.00 1020.00 (Carry Totals to Line 37, page 5) 16. Refunds of Contributions Made to Federal candidates and Other 0.00 0.00 Political Committees 17. Other Federal Receipts 0.00 0.00 (Dividends, Interest, etc.) 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3) 0.00 0.00 (b) Levin Funds (from Schedule H5) 0.00 0.00 (c) Total Transfer (add 18(a) and 18(b)). 19. Total Receipts (add Lines 11(d), 133146.00 133146.00 12, 13, 14, 15, 16, 17, and 18(c)) 20. Total Federal Receipts 133146.00 133146.00 (subtract Line 18(c) from Line 19)

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 4 **COLUMN A COLUMN B II. DISBURSEMENTS Total This Period** Calendar Year-to-Date 21. Operating Expenditures: (a) Shared Federal/Non-Federal Activity (from Schedule H4) 0.00 0.00 (i) Federal Share..... 0.00 0.00 (ii) Non-Federal Share..... (b) Other Federal Operating 64647.33 64647.33 Expenditures..... (c) Total Operating Expenditures 64647.33 64647.33 (add 21(a)(i), (a)(ii) and (b))............ 22. Transfers to Affiliated/Other Party 0.00 0.00 Committees..... Contributions to 23. Federal Candidates/Committees.....and Other Political Committees..... 71361.81 71361.81 24. Independent Expenditure 0.00 0.00 0.00 0.00 0.00 0.00 26. Loan Repayments Made..... 0.00 27. Loans Made..... 0.00 28. Refunds of Contributions To: Individuals/Persons Other 1500.00 1500.00 Than Political Committees 0.00 0.00 (b) Political Party Committees (c) Other Political Committees 0.00 0.00 (such as PACs) (d) Total Contribution Refunds 1500.00 1500.00 (add Lines 28(a), (b), and (c)) 0.00 0.00 29. Other Disbursements..... 30. Federal Election Activity (2 U.S.C 431(20)) (a) Shared Federal Election Activity (from Schedule H6) 0.00 0.00 (i) Federal Share

0.00 0.00 (ii) "Levin" Share (b) Federal Election Activity Paid Entirely 0.00 0.00 With Federal Funds (c) Total Federal Election Activity (add 0.00 0.00 Lines 30(a)(i), 30(a)(ii) and 30(b)).... 31. Total Disbursements (add Lines 21(c), 22, 137509.14 137509.14 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. 32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31)..... 137509.14 137509.14

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contril Expend	outions/Operating litures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (from Line 11(d), pag	other than loans)	132126.00	132126.00
34. Total Contribution Re (from Line 28(d))	efunds	1500.00	1500.00
35. Net Contributions (ot (subtract Line 34 fro	ner than loans) m Line 33)	130626.00	130626.00
36. Total Federal Operal (add Line 21(a)(i) an	* '	64647.33	64647.33
37. Offsets to Operating (from Line 15, page	Expenditures 3)	1020.00	1020.00
38. Net Operating Expen (subtract Line 37 fro		63627.33	63627.33

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 112 (check only one) X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may ame and add	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) OB-GYNS FOR WOMEN'S HEALTH PA	С		
Full Name (Last, First, Middle Initial) FOUAD M. ABBAS Mailing Address 2411 WEST BELVEDERE AV City Sta		E AVENU State	E Zip Code	Date of Receipt M M M
	BALTIMORE	MD	21215	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer HARBOR HOSPITAL Receipt For: Primary General Other (specify) ▼		Occupation PHYSICI Aggregate		
Full Name (Last, First, Middle Initial) CHARLES D. ADAIR Mailing Address 979 EAST THIRD STREET				Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City State Zip Code			Transaction ID: SA11A1.11509
	CHATTANOOGA	TN	37403	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer REGIONAL OBSTETRICS	Occupation PHYSICI		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) TED L. ANDERSON			Date of Receipt
	Mailing Address 516 LEANNE WAY			03 07 2007
	City	State	Zip Code	Transaction ID: SA11A1.11372
	FRANKLIN	TN	37069	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1000.00
Name of Employer VANDERBILT UNIVERSITY		Occupation PHYSICI		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
s	UBTOTAL of Receipts This Page (optional)			2250.00
т.	OTAL This Period (last page this line number on	lv)		

PAGE 7/112 FOR LINE NUMBER: Use separate schedule(s) (check only one) or each category of the ITEMIZED RECEIPTS 11a 11b 11c **Detailed Summary Page** 13 l 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 PAC** Full Name (Last, First, Middle Initial) THADDEUS L. ANDERSON Date of Receipt Mailing Address 1500 DELHI STREET 02 28 2007 City State Zip Code Transaction ID: SA11A1.11293 **DUBUQUE** 52001 IΑ Amount of Each Receipt this Period FEC ID number of contributing 250.00 C federal political committee. Name of Employer DUBUQUE OB/GYN Occupation **PHYSICIAN** Aggregate Year-to-Date ▼ Receipt For: Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. THADDEUS L. ANDERSON Date of Receipt Mailing Address 1500 DELHI STREET 0.4 11 2007 City State Zip Code Transaction ID: SA11A1.11462 **DUBUQUE** IΑ 52001 Amount of Each Receipt this Period FEC ID number of contributing C 750.00 federal political committee. Name of Employer DUBUQUE OB/GYN Occupation **PHYSICIAN** Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) C. THOMAS F. ARNOLD Date of Receipt Mailing Address 1145 14TH AVENUE WEST 03 07 2007 Citv State Zip Code Transaction ID: SA11A1.11373 DICKINSON ND 58601 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 C federal political committee. Name of Employer MEDCENTER ONE Occupation PHYSICIAN Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 2000.00 SUBTOTAL of Receipts This Page (optional)

S	SCHEDULE A (FEC Form 3X)		FOR LINE NUMBER: PAGE 8/1			
	•		Use separate schedule(s) or each category of the	(check only one)		
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12		
			_ common common, coge	13 14 15 16 17		
Ar	y information copied from such Reports and Sta	tements may	not be sold or used by any perso	on for the purpose of soliciting contributions		
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full)					
$ \rangle$	OB-GYNS FOR WOMEN'S HEALTH PA	AC				
\angle						
٨	Full Name (Last, First, Middle Initial) TERRENCE E. BABB			Date of Receipt		
Α.	Mailing Address 1661 MOUNT JOY ROA	\D		⊣		
	Mailing Address 1661 MOUNT JOY ROP	AD.		02 28 2007		
	City	State	Zip Code	Transaction ID: SA11A1.11294		
	CLEARFIELD	PA	16830	Amount of Each Receipt this Period		
	FEC ID number of contributing					
	federal political committee.	C		300.00		
	Name of Employer SELF-EMPLOYED	Occupation				
		PHYSICI				
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General	' '	300.00			
	Other (specify)			J		
_	Full Name (Last, First, Middle Initial)					
В.				Date of Receipt		
	Mailing Address 26953 MORGAN RUN			M M / D D / Y Y Y Y		
				04 11 2007		
	City	State	Zip Code	Transaction ID: SA11A1.11463		
	WESTLAKE	OH	44145	Amount of Each Receipt this Period		
	FEC ID number of contributing			500.00		
	federal political committee.	C		500.00		
	Name of Employer	Occupation	`	_		
	Name of Employer CLEVELAND CLINIC	PHYSICI				
	Receipt For:		Year-to-Date ▼			
	Primary General	7 iggi ogalo	Tour to Bate V	1		
	Other (specify) ▼		500.00			
				1		
	Full Name (Last, First, Middle Initial)					
C.	M. ASLAM BARRA			Date of Receipt		
	Mailing Address 930 SUNNYSLOPE RO	AD		0 1 2 5 2 0 0 7		
	Cit.	C+-+-	Zip Code			
	City	State CA	•	Transaction ID: SA11A1.11144		
	HOLLISTER	CA	95023	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		250.00		
	rederai politicai committee.					
	Name of Employer SELF-EMPLOYED	Occupation	า			
	SELT-EMPLOYED	PHYSICI	AN			
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General		250.00	1		
	Other (specify) ▼		250.00			
_						
				1050.00		
S	UBTOTAL of Receipts This Page (optional)	······	······································	1030.00		

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 112 (check only one) X 11a 11b 11c 12
Ar	ny information copied from such Reports and Sta for commercial purposes, other than using the n	itements may	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
<u></u>	NAME OF COMMITTEE (In Full)			
\rangle	OB-GYNS FOR WOMEN'S HEALTH PA	AC.		
Α.	-			Date of Receipt
	Mailing Address 271B SOUTH 74TH			02 08 2007
	City	State	Zip Code	Transaction ID: SA11A1.11193
	FORT SMITH	AR	72403	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer EASTSIDE OB/GYN	Occupation PHYSICI		
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼ 500.00	1
	Other (specify) ▼	0 0	300.00	
В.	Full Name (Last, First, Middle Initial) NICOLE H. BOUDREAU			Date of Receipt
	Mailing Address 15 HARRISON STREET	-		05 14 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11A1.11593
	NATICK	MA	01760	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer CARITAS CHRISTI HEALTH CA- RE	Occupation PHYSICI		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Other (specify) ▼	Primary General Other (specify) ▼		
_	Full Name (Last, First, Middle Initial)			Date of Descript
C.	JAMES T. BREEDEN Mailing Address 1200 NORTH MOUNTA	IN STREE	Т	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11A1.11296
	CARSON CITY	NV	89703	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			1000.00
	Name of Employer SELF-EMPLOYED	Occupation PHYSICI		
	Receipt For:	Aggregate	e Year-to-Date ▼	_ [
	Primary General Other (specify) ▼		1000.00	
<u>-</u>	UBTOTAL of Receipts This Page (optional)			1750.00
1				

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 112 (check only one)
Ar	ny information copied from such Reports and Stat for commercial purposes, other than using the na	ements may	not be sold or used by any pers	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) OB-GYNS FOR WOMEN'S HEALTH PA		ness of any political committee to	y solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) ALBERT L. BROOKS			Date of Receipt
	Mailing Address 2000 MOWRY AVENUE			01 25 2007
	City	State	Zip Code	Transaction ID: SA11A1.11146
	FREMONT CA FEC ID number of contributing federal political committee.		94705	Amount of Each Receipt this Period 250.00
	Name of Employer WASHINGTON HOSPITAL SYSTEM	Occupation PHYSICI		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
В.	Full Name (Last, First, Middle Initial) HAYWOOD L. BROWN			Date of Receipt
	Mailing Address 203 BAKER HOUSE		7: 0	05 22 2007
	City DURHAM	State NC	Zip Code 27710	Transaction ID: SA11A1.11631 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer DUKE UNIVERSITY	Occupation PHYSICI		
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00	
<u> </u>	Full Name (Last, First, Middle Initial) DONALD K. BRYAN			Date of Receipt
	Mailing Address 1315 WEST LANE AVEN	NUE		M M / D D / Y Y Y Y Y Y Y Z 0 0 7
	City COLUMBUS	State OH	Zip Code 43221	Transaction ID: SA11A1.11633 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	TOLLI	250.00
	Name of Employer KINGSDALE GYNECOLOGIC	Occupation PHYSICI		
	Receipt For: Primary General Other (specify)		Year-to-Date ▼ 250.00	
s	UBTOTAL of Receipts This Page (optional)			1000.00
Т	OTAL This Period (last page this line number on	ly)		

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 11 / 112
ITEMIZED RECEIPTS			or each category of the	(check only one)
TI LIVIIZED RECEIF 13			Detailed Summary Page	X 11a 11b 11c 12
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or	y information copied from such Reports and Sta for commercial purposes, other than using the n	atements may	y not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
\angle	OB-GYNS FOR WOMEN'S HEALTH PA	AC		
A.	Full Name (Last, First, Middle Initial) STEVE P. BUCHANAN			Date of Receipt
	Mailing Address 1400 WALLIS ROAD			03 19 2007
	City	State	Zip Code	Transaction ID: SA11A1.11387
	ALEDO	TX	76008	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer UNIVERSITY OF NORTH TEXAS	Occupation PHYSICI		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	, , ,	500.00	1
	Other (specify)	0 0		
— В.	Full Name (Last, First, Middle Initial) JAMES W. BUCKREUS			Date of Receipt
	Mailing Address 5708 ACKERMAN BOU	LEVARD		0 2 2 8 2 0 0 7
	City	State	Zip Code	Transaction ID: SA11A1.11298
	KETTERING	OH	45429	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer SUBURBAN OB/GYN	Occupation PHYSICI		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	1 1	300.00	1
	Other (specify)	0 0	000.00	
_	Full Name (Last, First, Middle Initial) WILLIAM J. BULLIS			Date of Receipt
C.	Mailing Address P.O. BOX 749			M M / D D / Y Y Y Y
	Walling Address F.O. BOX 749			04 11 2007
	City	State	Zip Code	Transaction ID: SA11A1.11466
	SOUTHERN PINES	CA	28388	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			250.00
	Name of Employer SOUTHERN PINES WOMEN'S CE- NTER	Occupation PHYSICI		
	Receipt For:		e Year-to-Date ▼	
	Primary General	11.0		1
	Other (specify) ▼		250.00	
[UBTOTAL of Receipts This Page (optional)			1050.00
13	DEIDIAL OF HOOGIPIS THIS FAYE (UPHOHAI)			

SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 12 / 112		
,		Use separate schedule(s)		(check only one)		
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Ar	ny information copied from such Reports and St for commercial purposes, other than using the	atements may	/ not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full)					
$ \rangle$	OB-GYNS FOR WOMEN'S HEALTH P	AC				
Α.	Full Name (Last, First, Middle Initial) RONALD T. BURKMAN			Date of Receipt		
	Mailing Address 284 ARDSLEY ROAD			0 1 1 5 2 0 0 7		
	City	State	Zip Code	Transaction ID: SA11A1.11094		
	LONGMEADOW	MA	01106	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		500.00		
	Name of Employer BAYSTATE HEALTH	Occupation PHYSICI				
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00			
— В.	Full Name (Last, First, Middle Initial) DAVID M. BURKONS			Date of Receipt		
	Mailing Address 1611 SOUTH GREEN I	ROAD		03 27 2007		
	City	State	Zip Code	Transaction ID: SA11A1.11424		
	CLEVELAND	ОН	44121	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		500.00		
	Name of Employer UNIVERSITY GYNECOLOGY	Occupation PHYSICI	AN			
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00]		
<u> </u>	Full Name (Last, First, Middle Initial) LONNIE S. BURNETT			Date of Receipt		
	Mailing Address 1211 22ND AVENUE S	OUTH		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: SA11A1.11441		
	NASHVILLE	TN	37232	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.			1000.00		
	Name of Employer VANDERBILT UNIVERSITY	Occupation PHYSICI				
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00			
s	UBTOTAL of Receipts This Page (optional))	2000.00		
1						

COLIEDIU E A /EEO E a veza OV)				FOR LINE NUMBER: PAGE 13 / 112		
SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	(check only one)		
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			Detailed Summary Page			
				13 14 15 16 17		
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may name and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full)					
\rangle	OB-GYNS FOR WOMEN'S HEALTH PA	AC				
Α.	Full Name (Last, First, Middle Initial) JOHN E. BUSTER			Date of Receipt		
	Mailing Address 1709 DRYDEN ROAD			04 11 7 2007		
	City	State	Zip Code	Transaction ID: SA11A1.11467		
	HOUSTON	TX	77030	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		500.00		
	Name of Employer SELF-EMPLOYED	Occupation PHYSICI.				
	Receipt For:	Aggregate	Year-to-Date ▼	7		
	Primary General		500,00	1		
	Other (specify)		500.00			
				4		
В.	Full Name (Last, First, Middle Initial) BEVERLY A. BYRD			Date of Receipt		
	Mailing Address 90 SOUTH MAIN STRE	M M / D D / Y Y Y				
		02 08 2007				
	City	State	Zip Code	Transaction ID: SA11A1.11195		
	MIDDLETOWN	CT	06457	Amount of Each Receipt this Period		
	FEC ID number of contributing			500.00		
	federal political committee.			500.00		
	Name of Employer HARBORPARK OB/GYN	Occupation	1	7		
	HARBORPARK OB/GYN	PHYSICI				
	Receipt For:	Aggregate	Year-to-Date V			
	Primary General			1		
	Other (specify) ▼	1	500.00			
С.	Full Name (Last, First, Middle Initial) ANTHONY P. CAGGIANO, JR.			Date of Receipt		
	Mailing Address P.O. BOX 43609			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: SA11A1.11557		
	UPPER MONTCLAIR	NJ	07043	Amount of Each Receipt this Period		
		140	07043	Amount of Lacri Necept this Feriod		
	FEC ID number of contributing federal political committee.			250.00		
	Name of Employer UMDWJ-NJMS	Occupation				
		PHYSICI				
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General		050.00	11		
	Other (specify) ▼		250.00			
s	UBTOTAL of Receipts This Page (optional)			1250.00		
\vdash	- 1			-		

PAGE 14/112 FOR LINE NUMBER: Use separate schedule(s) (check only one) or each category of the ITEMIZED RECEIPTS 11a 11b 11c **Detailed Summary Page** 13 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) **OB-GYNS FOR WOMEN'S HEALTH PAC** Full Name (Last, First, Middle Initial) MIGUEL G. CARBONELL Date of Receipt Mailing Address 4248 NORTH ROXY DRIVE 05 22 2007 City Zip Code Transaction ID: SA11A1.11582 State **MEDFORD** OR 97504 Amount of Each Receipt this Period FEC ID number of contributing 500.00 C federal political committee. Name of Employer ASSOCIATES FOR WOMEN'S HE-Occupation **PHYSICIAN** ALTH Aggregate Year-to-Date ▼ Receipt For: Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. ILONA M. CARLOS Date of Receipt Mailing Address 125 SOUTH JEFFERSON STREET 0.4 25 2007 City State Zip Code Transaction ID: SA11A1.11538 **CHICAGO** IL 60661 Amount of Each Receipt this Period FEC ID number of contributing C 1000.00 federal political committee. Name of Employer LAKEVIEW WOMEN'S HEALTH Occupation **PHYSICIAN** Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) C. FRANCIS E. CARNEY, JR. Date of Receipt Mailing Address 2786 NORTH ARENDELL WAY 04 18 2007 Citv State Zip Code Transaction ID: SA11A1.11511 **TALLAHASSEE** FI 32308 Amount of Each Receipt this Period FEC ID number of contributing 500.00 C federal political committee. Name of Employer RETIRED Occupation PHYSICIAN Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 2000.00 SUBTOTAL of Receipts This Page (optional)

S	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 15/112
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	(check only one) X 11a
Ar	y information copied from such Reports and Statem for commercial purposes, other than using the name	nents may e and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) OB-GYNS FOR WOMEN'S HEALTH PAC			
Α.	Full Name (Last, First, Middle Initial) ELAINE CARROLL			Date of Receipt
	Mailing Address 9 CEDAR COURT			03 05 2007
	- 7	State	Zip Code	Transaction ID: SA11A1.11224
	LEMONT FEC ID number of contributing federal political committee. Name of Employer LOYOLA UNIVERSITY LOYOLA UNIVERSITY LOYOLA UNIVERSITY		60439	Amount of Each Receipt this Period 250.00
			Year-to-Date ▼ 250.00	
В.	Full Name (Last, First, Middle Initial) KAY E. CASE Mailing Address 0700 TUDEE MUELANE			Date of Receipt
	Mailing Address 2700 THREE MILE LANE			05 02 2007
	-	State OR	Zip Code	Transaction ID: SA11A1.11565
	FFC ID asserbes of a satisfaction	C	97128	Amount of Each Receipt this Period 300.00
	WOMEN'S HEALTH CARE	ccupation HYSICI		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	
C.	Full Name (Last, First, Middle Initial) ANNABELLA CASTILLO-JUAT Mailing Address 3019 NORTH LINCOLN AV	/ENUE		Date of Receipt
	City	State	Zip Code	0 5 1 6 2 0 0 7 Transaction ID: SA11A1.11588
	CHICAGO	<u>IL</u>	60657	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			250.00
	MEDI ODOL'ID'	ccupation HYSICI		
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00	
s	UBTOTAL of Receipts This Page (optional)			800.008
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SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER:	PAGE 16/112
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Any information copied from such Reports and	Statements may	y not be sold or used by any pers	on for the purpose of solici	ting contributions
or for commercial purposes, other than using th	e name and add	dress of any political committee to	solicit contributions from	such committee.
NAME OF COMMITTEE (In Full)				
OB-GYNS FOR WOMEN'S HEALTH	PAC			
/				
Full Name (Last, First, Middle Initial) 4. CHARLES A. CASTLE			Date of Receipt	
Mailing Address 690 GOOD DRIVE				/ Y Y Y Y
Mailing Address 690 GOOD DRIVE			02 28	2007
City	State	Zip Code	Transaction ID: SA	A11A1.11300
LANCASTER	PA	17604	Amount of Each Re	
FEC ID number of contributing				· · · · · · ·
federal political committee.	C			250.00
Name of Employer WOMEN & BABIES HOSPITAL	Occupatio			
	PHYSICI	Year-to-Date ▼	_	
Receipt For: Primary General	Aggregate	e fear-to-Date ▼	-	
Other (specify)		250.00		
care (opening), \	0 0	0 0 0 0 0 0 0	_	
Full Name (Last, First, Middle Initial)				
3. CHARLES À CASTLE			Date of Receipt	
Mailing Address 690 GOOD DRIVE			M M / D D	/ Y Y Y Y
-			04 25	2007
City	State	Zip Code	Transaction ID: SA	
<u>LANCASTER</u>	PA	17604	Amount of Each Re	ceipt this Period
FEC ID number of contributing	С			250.00
federal political committee.	9			
Name of Employer	Occupatio	n		
WOMEN & BABIES HOSPITAL	PHYSICI	AN		
Receipt For:	Aggregate	e Year-to-Date ▼		
Primary General		500.00	1	
Other (specify) ▼		300.00		
Full Name (Look First Affalls 1995)				
Full Name (Last, First, Middle Initial) C. WILLIAM H. CASTRO			Date of Receipt	
Mailing Address 18555 NORTH 79TH	AVENUF		M M / D D	/ Y
			04 03	2007
City	State	Zip Code	Transaction ID: SA	\11A1.11442
GLENDALE	AZ	85308	Amount of Each Re	ceipt this Period
FEC ID number of contributing	С			250.00
federal political committee.				200.00
Name of Employer	Occupatio	n	\dashv	
Name of Employer SELF-EMPLOYED	PHYSICI			
Receipt For:		e Year-to-Date ▼		
Primary General			7	
Other (specify)		250.00		
				750.00
SUBTOTAL of Receipts This Page (optional)				750.00
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TOTAL This Period (last page this line number	r only)			

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 17 / 112
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Ar or	ny information copied from such Reports and Sta for commercial purposes, other than using the n	itements may name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
\rangle	OB-GYNS FOR WOMEN'S HEALTH PA	AC		
Α.	Full Name (Last, First, Middle Initial) EVA CHALAS			Date of Receipt
	Mailing Address 994 JERICHO TURNPIN	04 18 2007		
	City	State	Zip Code	Transaction ID: SA11A1.11512
	SMITHTOWN	NY	11787	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer LONG ISLAND OB/GYN	Occupation PHYSICI		
	Receipt For:	Aggregate	e Year-to-Date ▼	7
	Primary General		500.00	1
	Other (specify) ▼	0 0	500.00	
В.	Full Name (Last, First, Middle Initial) CAMILLA K. CHANCE			Date of Receipt
	Mailing Address 631 GARY STREET	05 02 2007		
	City	Zip Code	Transaction ID: SA11A1.11566	
	AUGUSTA	GA	30904	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer SELF-EMPLOYED	Occupation		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	00 0		1
	Other (specify) ▼	0 0	250.00	
<u> </u>	Full Name (Last, First, Middle Initial) STEPHEN B. CHANNEY			Date of Receipt
	Mailing Address 5030 LINCOLN STREE	Т		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11A1.11148
	HOLLYWOOD	FL	33021	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer MEMORIAL REGIONAL HOSPITAL	Occupation PHYSICI		
	Receipt For:	Aggregate	e Year-to-Date ▼	7
	Primary General	1 1	050.00	1
	Other (specify)		250.00	
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SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER:	PAGE 18 / 112	
	ITEMIZED RECEIPTS		or each category of the	(check only one)	. —
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or	for commercial purposes, other than using the r	name and add	dress of any political committee to	solicit contributions from s	such committee.
	NAME OF COMMITTEE (In Full)				
$ \rangle$	OB-GYNS FOR WOMEN'S HEALTH PA				
\angle					
	Full Name (Last, First, Middle Initial)			Data of Danafat	
Α.	BEN H. CHEEK Mailing Address 2000 HAMILTON BOAT	`		Date of Receipt	
	Mailing Address 2000 HAMILTON ROAL	,		02 28	2007
	City	State	Zip Code	Transaction ID: SA	\11A1.11302
	COLUMBUS	GA	31904	Amount of Each Red	
	FEC ID number of contributing				
	federal political committee.	С			250.00
	Name of Employer	Occupation	2	-	
	Name of Employer OB/GYN ASSOCIATES OF COLU-	PHYSICI			
	MBUS Receipt For:		e Year-to-Date ▼		
	Primary General			1	
	Other (specify) ▼		250.00		
ь	Full Name (Last, First, Middle Initial) PETER H. CHEROUNY			Data of Descipt	
Ь.	Mailing Address 43 PHEASANT WAY			Date of Receipt	/ Y Y Y Y Y
	Walling Address 43 FTILASAINT WAT			0 4	2007
	City State		Zip Code	Transaction ID: SA11A1.11468	
	SOUTH BURLINGTON	VT	05403	Amount of Each Red	
	FEC ID number of contributing				1000.00
	federal political committee.	C			1000.00
	Name of Employer	Occupation	 n	\dashv	
	Name of Employer UNIVERSITY OF VERMONT	PHYSICI			
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General	-	1000.00	1	
	Other (specify)	0 0	1000.00		
	Full Name (Leat First Middle Letter)				
C.	Full Name (Last, First, Middle Initial) STEPHEN E. COATS			Date of Receipt	
	Mailing Address 7635 WEST JEFFERSO	ON BOULE	VARD	M M / D D	/ Y Y Y Y
				02 28	2007
	City	State	Zip Code	Transaction ID: SA	
	FORT WAYNE	<u>IN</u>	46804	Amount of Each Red	ceipt this Period
	FEC ID number of contributing	С			500.00
	federal political committee.				
Name of Employer WOMEN'S HEALTH ADVANTAGE		Occupation			
		PHYSICI			
			e Year-to-Date ▼		
Primary General			500.00		
Other (specify) ▼				J .	
s	UBTOTAL of Receipts This Page (optional)		1750.00		
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SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 19/112	
	EMIZED RECEIPTS		or each category of the	(check only one)	
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Ar	y information copied from such Reports and St	atements may	not be sold or used by any pers		
or	for commercial purposes, other than using the	name and add	dress of any political committee to	o solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full)				
OB-GYNS FOR WOMEN'S HEALTH PAC					
Α.	Full Name (Last, First, Middle Initial) IAN M. COHEN			Date of Receipt	
	Mailing Address 140 GRANDVIEW AVE	NUE		04 18 2007	
	City	State	Zip Code	Transaction ID: SA11A1.11513	
	WATERBURY	CT	06708	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		500.00	
	Name of Employer ASSOCIATED WOMEN'S HEALTH	Occupation PHYSICI.			
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General	'''	500.00	1	
	Other (specify)		0 0 0 0 0 0 0	_	
В.	Full Name (Last, First, Middle Initial) GABRIEL M. COHN			Date of Receipt	
	Mailing Address 6 PINE GROVE CIRCL	Mailing Address 6 PINE GROVE CIRCLE			
	City State Zip Code			0 2 2 8 2 0 0 7 Transaction ID: SA11A1.11305	
	EAST LONGMEADOW MA		01028	Amount of Each Receipt this Period	
	FEC ID number of contributing		1 1 1 1 1		
	federal political committee.	C		250.00	
	Name of Employer BAYSTATE MEDICAL CENTER	Occupation		_	
	BAYSTATE MÉDICAL CENTER	PHYSICI			
	Receipt For:	Aggregate Year-to-Date ▼			
	Primary General	' '	250.00	1	
	Other (specify)		0 0 0 0 0 0 0	-	
С.	Full Name (Last, First, Middle Initial) CARL W. COLLISTER			Date of Receipt	
Ο.	Mailing Address 318-388 PORTAGE AV	'ENUE		M M / D D / Y Y Y Y	
				02 28 2007	
	City	State	Zip Code	Transaction ID: SA11A1.11306	
	WINNIPEG	ZZ	00000	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.			250.00	
	Name of Employer SELF-EMPLOYED	Occupation PHYSICI.			
	Receipt For: Primary General Other (specify)		e Year-to-Date ▼		
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SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 20 / 112
	·		Use separate schedule(s) or each category of the	(check only one)
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Ar	ny information copied from such Reports and Stator commercial purposes, other than using the i	atements may name and add	not be sold or used by any persolates of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
\rangle	OB-GYNS FOR WOMEN'S HEALTH P	AC		
Α.	Full Name (Last, First, Middle Initial) ALICIA M. CONSTANTINO			Date of Receipt
	Mailing Address 315 EAST 1ST STREE	Γ		04 25 2007
	City	State	Zip Code	Transaction ID: SA11A1.11540
	TUCSON	AZ	85705	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer MARANA HEALTH CENTER	Occupation PHYSICI		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	, , , ,	1000.00	1
	Other (specify)			1
— В.	Full Name (Last, First, Middle Initial) RAYMOND L. COX			Date of Receipt
	Mailing Address 2111 PARKSIDE DRIVI	M M / D D / Y Y Y Y		
	-		04 25 2007	
	City	State	Zip Code	Transaction ID: SA11A1.11541
	MITCHELLVILLE	MD	20721	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer SAINT AGNES HOSPITAL	Occupation PHYSICI		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
	Full Name (Last, First, Middle Initial) DOUGLAS J. CREEDON			Date of Receipt
٠.	Mailing Address 1119 BUCKRIDGE DRI	VF		M M / D D / Y Y Y Y
				02 28 2007
	City	State	Zip Code	Transaction ID: SA11A1.11308
	ROCHESTER	MN	55906	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer MAYO CLINIC	Occupation PHYSICI		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		500.00	1
	Other (specify)		300.00	1
				1750.00
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S	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 21 / 112		
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or	for commercial purposes, other than using the	name and add	dress of any political committee to	osolicit contributions from such committee.		
\setminus	NAME OF COMMITTEE (In Full)					
$ \rangle$	OB-GYNS FOR WOMEN'S HEALTH P	AC				
\angle				1		
Δ.	Full Name (Last, First, Middle Initial) LUIS B. CURET			Date of Receipt		
	Mailing Address P.O. BOX 50519			M M / D D / Y Y Y Y		
				03 01 2007		
	City	State	Zip Code	Transaction ID: SA11A1.11270		
	ALBUQUERQUE	NM	87181	Amount of Each Receipt this Period		
	FEC ID number of contributing	С		250.00		
	federal political committee.					
	Name of Employer UNIVERSITY OF NEW MEXICO	Occupation	n			
	UNIVERSITY OF NEW MEXICO	PHYSICI	AN			
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General	' '	250.00	7		
	Other (specify) ▼		200.00			
_	Full Name (Lest First Middle Initial)					
В.	Full Name (Last, First, Middle Initial) DIANA S. CURRAN			Date of Receipt		
	Mailing Address 2325 SOUTH 88TH STREET			M M / D D / Y Y Y Y		
				02 28 2007		
	City State Zip Code			Transaction ID: SA11A1.11310		
	<u>OMAHA</u>	<u>NE</u>	68124	Amount of Each Receipt this Period		
	FEC ID number of contributing	С		250.00		
	federal political committee.					
	Name of Employer UNIVERSITY OF NEBRASKA	Occupation				
		PHYSICI				
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General Other (specify) ▼		250.00			
	Cities (Speedily)	0 0				
_	Full Name (Last, First, Middle Initial)					
C.	MARY E. D'ALTON			Date of Receipt		
	Mailing Address 1075 PARK AVENUE			0 1 1 5 2 0 0 7		
	City	State	Zip Code	Transaction ID: SA11A1.11095		
	NEW YORK	NY	10128	Amount of Each Receipt this Period		
	FEC ID number of contributing		10.20			
	federal political committee.	C		500.00		
		10				
	Name of Employer COLUMBIA UNIVERSITY	Occupation PHYSICI				
	Receipt For:		Year-to-Date ▼	\dashv		
	Primary General	1.99.19		7		
	Other (specify) ▼		500.00			
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SCHEDIII E A (EEC Form 2V)				FOR LINE NUMBER: PAGE 22 / 112
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			Detailed Summary Page	13 14 15 16 17
Ar	ry information copied from such Reports and Sta	atements may	v not be sold or used by any perso	
or	for commercial purposes, other than using the r	name and add	dress of any political committee to	o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
$ \rangle$	OB-GYNS FOR WOMEN'S HEALTH P.	AC		
Α.	Full Name (Last, First, Middle Initial) ANNA M. D'AMICO			Date of Receipt
	Mailing Address 7 BUCKRIDGE DRIVE	02 / 28 / 2007		
	City	State	Zip Code	Transaction ID: SA11A1.11311
	WILMINGTON	DE	19807	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer CROZER HOSPITAL	Occupation PHYSICI		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		1000.00	7
	Other (specify) ▼		1000.00	
_				
В.	Full Name (Last, First, Middle Initial) JOHN D. DACHAUER			Date of Receipt
	Mailing Address 701 NORTHEAST 10Th	03 / 01 / 2007		
	City	State	Zip Code	Transaction ID: SA11A1.11272
	OKLAHOMA CITY	OK	73104	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer OKLAHOMA CITY CLINIC	Occupation		7
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	111		7
	Other (specify)		250.00	
C.	Full Name (Last, First, Middle Initial) LAURA J. DAVID			Date of Receipt
	Mailing Address 5323 MEADOW WOOL	BOULEV	ARD	03 / 05 / 2007
	City	State	Zip Code	Transaction ID: SA11A1.11226
	LYNDHURST	OH	44124	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer UNIVERSITY HOSPITALS	Occupation PHYSICI		7
	Receipt For:		e Year-to-Date ▼	
	Primary General	1 1		7
	Other (specify) ▼	L	500.00	
s	UBTOTAL of Receipts This Page (optional)			1750.00
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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 112 (check only one) X 11a 11b 11c 12
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may	ly not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) OB-GYNS FOR WOMEN'S HEALTH PA	С		
A.	Full Name (Last, First, Middle Initial) LAURA A. DEAN Mailing Address 14 HIGHWAY 96 EAST City DELLWOOD FEC ID number of contributing federal political committee. Name of Employer STILLWATER MEDICAL GROUP Receipt For: Primary General	State MN C Occupation PHYSICI Aggregate	AN e Year-to-Date ▼	Date of Receipt M M M / 24 / 2007 Transaction ID: SA11A1.11618 Amount of Each Receipt this Period 500.00
3.	Full Name (Last, First, Middle Initial) ROBERT M. DEAN Mailing Address 700 STEWART AVENUE	0 0	500.00	Date of Receipt
	City GARDEN CITY FEC ID number of contributing federal political committee.	State NY	Zip Code 11530	0 5 2 2 2 0 0 7 Transaction ID: SA11A1.11637 Amount of Each Receipt this Period 250.00
	Name of Employer SELF-EMPLOYED Receipt For: Primary General Other (specify) ▼	Occupation PHYSICI Aggregate		
<u></u> Э.	Full Name (Last, First, Middle Initial) ROBERT H. DEBBS Mailing Address 2 SASSAFRAS COURT City VOORHEES FEC ID number of contributing federal political committee.	State NJ	Zip Code 08043	Date of Receipt M M M / D D M 2 8 2 0 0 7 Transaction ID: SA11A1.11312 Amount of Each Receipt this Period 1000.00
	Name of Employer UNIVERSITY OF PENNSYLVANIA Receipt For: Primary General Other (specify) ▼	Occupation PHYSICI Aggregate		
S	UBTOTAL of Receipts This Page (optional)			1750.00
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SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 24 / 112
	•	Use separate schedule(s)		(check only one)
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			Detailed Suffilliary Fage	13 14 15 16 17
Ar	y information copied from such Reports and Sta	atements may	not be sold or used by any person	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)	• •		
\angle	OB-GYNS FOR WOMEN'S HEALTH P	AC 		
A.	Full Name (Last, First, Middle Initial) ROBERTO M. DECASTRO			Date of Receipt
	Mailing Address 2877 SOUTHWEST CH	IAMPLAIN I	DRIVE	02 28 2007
	City	State	Zip Code	Transaction ID: SA11A1.11313
	PORTLAND	OR	97205	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer NORTHWEST WOMEN'S CLINIC	Occupation PHYSICI.		7
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		250.00	7
	Other (specify)			1
— В.	Full Name (Last, First, Middle Initial) MARK S. DEFRANCESCO			Date of Receipt
	Mailing Address 35 TERRELL FARM RC	M M / D D / Y Y Y		
				03 07 2007
	City	State	Zip Code	Transaction ID: SA11A1.11376
	CHESHIRE	CT	06410	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer PHYSICIANS FOR WOMEN'S HE-	Occupation		7
	ALTH	PHYSICI		
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	_
	Other (specify)		500.00	
	□ Other (speedily) \	0 0	0 0 0 0 0 0	4
<u> </u>	Full Name (Last, First, Middle Initial) DOMINIQUE DELMA			Date of Receipt
	Mailing Address 117 MARY'S AVENUE			0 1 2 9 2 0 0 7
	City	State	Zip Code	Transaction ID: SA11A1.11137
	KINGSTON	NY	12401	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer SELF-EMPLOYED	Occupation PHYSICI.		7
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		050.00	7
	Other (specify) ▼	0 0	250.00	1
_	UDTOTAL «(Descripto Till Descripto T			1000.00
S	UBTOTAL of Receipts This Page (optional)		······	-

PAGE 25 / 112 FOR LINE NUMBER: Use separate schedule(s) (check only one) or each category of the ITEMIZED RECEIPTS 11a 11b 11c **Detailed Summary Page** 13 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) **OB-GYNS FOR WOMEN'S HEALTH PAC** Full Name (Last, First, Middle Initial) JAMES E. DELMORE Date of Receipt Mailing Address 851 NORTH HILLSIDE 05 22 2007 City State Zip Code Transaction ID: SA11A1.11639 **WICHITA** KS 67214 Amount of Each Receipt this Period FEC ID number of contributing 500.00 C federal political committee. Name of Employer ASSOCIATES IN WOMEN'S HEA-Occupation **PHYSICIAN** LTH Aggregate Year-to-Date ▼ Receipt For: Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. GREGORY W. DEMEO Date of Receipt Mailing Address 1020 KENT ROAD 03 05 2007 City State Zip Code Transaction ID: SA11A1.11227 **WILMINGTON** DE 19807 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer FIRST STATE WOMEN'S CARE Occupation **PHYSICIAN** Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) C. ROBERTA H. DEREGT Date of Receipt Mailing Address 1135 116 AVENUE NE 05 14 2007 Zip Code Citv State Transaction ID: SA11A1.11595 **BELLEVUE** WA 98004 Amount of Each Receipt this Period FEC ID number of contributing 250.00 C federal political committee. Name of Employer OBSTETRIX Occupation PHYSICIAN Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 1000.00 SUBTOTAL of Receipts This Page (optional)

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 26 / 112
ITEMIZED RECEIPTS			or each category of the	(check only one) X 11a 11b 11c 12
_			Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Ar or	ry information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{ angle}$	NAME OF COMMITTEE (In Full) OB-GYNS FOR WOMEN'S HEALTH PAGE	С		
٩.	Full Name (Last, First, Middle Initial) MARK S. DERMER			Date of Receipt
	Mailing Address 160 PERPETUAL SQUAR	RE DRIVE		03 / 27 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11A1.11425
	ANDERSON	SC	29621	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		400.00
	Name of Employer ANMED HEALTH	Occupation PHYSICI.		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		400.00	
3.	Full Name (Last, First, Middle Initial) T. CLIFFORD DEVENY			Date of Receipt
	Mailing Address 525 EAST MARKET STR	04 / 01 / 4 2007		
	City AKRON	State OH	Zip Code	Transaction ID: SA11A1.11470
	FEC ID number of contributing		44304	Amount of Each Receipt this Period
	federal political committee.	C		250.00
	Name of Employer SUMMA HEALTH SYSTEM	Occupation PHYSICI.		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
	Full Name (Last, First, Middle Initial) NANCY M. DICKERSON			Date of Receipt
	Mailing Address 3960 COON RAPIDS BO	ULEVARI	D	0 5 1 4 2 0 0 7
	City	State	Zip Code	Transaction ID: SA11A1.11596
	COON RAPIDS	MN	55433	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer ALLINA	Occupation PHYSICI.		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
s	UBTOTAL of Receipts This Page (optional)			900.00
_	OTAL TIL D. 144		·	
Т	OTAL This Period (last page this line number onl	y)		

SI	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 27 / 112	
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Ar or	ly information copied from such Reports and State for commercial purposes, other than using the na	ements may me and ado	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.	
$\overline{\ }$	NAME OF COMMITTEE (In Full)				
\rangle	OB-GYNS FOR WOMEN'S HEALTH PAGE	C			
۹.	Full Name (Last, First, Middle Initial) VIVIAN M. DICKERSON			Date of Receipt	
	Mailing Address 6150 EAST WEST VIEW	DRIVE		05 22 7 2007	
	City	State	Zip Code	Transaction ID: SA11A1.11640	
	ORANGE	CA	92869	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		1000.00	
	Name of Employer HOAG HOSPITAL	Occupation PHYSICIA			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00		
3.	Full Name (Last, First, Middle Initial) JANE ANN S. DIMER			Date of Receipt	
	Mailing Address 4631 90TH AVENUE SE	02 28 2007			
	City	State	Zip Code	Transaction ID: SA11A1.11314	
	MERCER ISLAND	WA	98040	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		250.00	
	Name of Employer GROUP HEALTH PERMANENTE	Occupation PHYSICIA			
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General Other (specify) ▼	0 0	250.00		
Full Name (Last, First, Middle Initial) C. CHRISTOPHER C. DOTSON				Date of Receipt	
	Mailing Address 10150 NATIONAL BOUL	EVARD		04 18 2007	
	City	State	Zip Code	Transaction ID: SA11A1.11515	
	LOS ANGELES	CA	90034	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		300.00	
	Name of Employer RETIRED	Occupation PHYSICIA			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00		
s	UBTOTAL of Receipts This Page (optional)			1550.00	
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S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER	R: PAGE 28/112
	EMIZED RECEIPTS		or each category of the	(check only one)	
			Detailed Summary Page	X 11a 11b	11c 12 15 16 17
An	y information copied from such Reports and State for commercial purposes, other than using the na	ements may	not be sold or used by any perso		
or		me and add	dress of any political committee to	solicit contributions fro	om such committee.
\rangle	NAME OF COMMITTEE (In Full) OB-GYNS FOR WOMEN'S HEALTH PA	С			
۹.	Full Name (Last, First, Middle Initial) DAMLA K. DRYDEN			Date of Receipt	
	Mailing Address 6624 FANNIN City	State	Zip Code	05 2	4 2007 SA11A1.11621
	HOUSTON	TX	77030		Receipt this Period
	FEC ID number of contributing federal political committee.	C			500.00
	Name of Employer WOMEN'S SPECIALISTS OF HO- USTON	Occupation PHYSICI.			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00		
3.	Full Name (Last, First, Middle Initial) BILL L. DUKE, II			Date of Receipt	
	Mailing Address 102 BOYD STREET			0 4 D	3 2007
	City	State	Zip Code	Transaction ID:	SA11A1.11443
	ASHLAND CITY	TN	37015	Amount of Each	Receipt this Period
	FEC ID number of contributing federal political committee.	С			500.00
	Name of Employer WOMEN'S HEALTH & MATERNITY	Occupation PHYSICI.	AN		
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	.]	
	Other (specify)		500.00		
).	Full Name (Last, First, Middle Initial) NIEVE T. DUQUE-SALVA			Date of Receipt	
	Mailing Address 2500 GRUBB ROAD				2 0 0 7
	City	State	Zip Code		SA11A1.11542
	WILMINGTON	DE	19810	Amount of Each	Receipt this Period
	FEC ID number of contributing federal political committee.	C			365.00
	Name of Employer SELF-EMPLOYED	Occupation PHYSICI.	AN		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.00		
s	UBTOTAL of Receipts This Page (optional)		·····		1365.00
T	OTAL This Period (last page this line number onl	 ly)	>		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

PAGE 29 / 112 FOR LINE NUMBER: Use separate schedule(s) (check only one) or each category of the 11a 11b 11c **Detailed Summary Page** 13 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) **OB-GYNS FOR WOMEN'S HEALTH PAC** Full Name (Last, First, Middle Initial) Date of Receipt JOSE I. DURAN Mailing Address 494 NORTH CARONDELET DRIVE 0.4 25 2007 City State Zip Code Transaction ID: SA11A1.11543 **NOGALES** ΑZ 85621 Amount of Each Receipt this Period FEC ID number of contributing 250.00 C federal political committee. Name of Employer SELF-EMPLOYED Occupation **PHYSICIAN** Aggregate Year-to-Date ▼ Receipt For: Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** NEELOFER S. DURRANI Date of Receipt Mailing Address 2916 PITTSBURGH STREET 03 07 2007 City Zip Code State Transaction ID: SA11A1.11377 **HOUSTON** TX 77005 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Name of Employer MEMORIAL OB/GYN Occupation **PHYSICIAN** Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) C. UMA R. EACHEMPATI Date of Receipt Mailing Address 14499 LADUE ROAD 04 2007 11 City Zip Code State Transaction ID: SA11A1.11471 **CHESTERFIELD** MO 63017 Amount of Each Receipt this Period FEC ID number of contributing 250.00 C federal political committee. Name of Employer RETIRED Occupation PHYSICIAN Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 1000.00 SUBTOTAL of Receipts This Page (optional)

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SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 30 / 112
	EMIZED RECEIPTS	or each category of the		(check only one)
•••	LIVIIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12
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Ar or	ny information copied from such Reports and Stat for commercial purposes, other than using the na	tements may ame and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
\rangle	OB-GYNS FOR WOMEN'S HEALTH PA	/C		
Α.	Full Name (Last, First, Middle Initial) JOSIAH O. EKUNNO			Date of Receipt
	Mailing Address 11125 DUNN ROAD			04 03 7 2007
	City	State	Zip Code	Transaction ID: SA11A1.11444
	ST. LOUIS	MO	63136	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer SELF-EMPLOYED	Occupation PHYSICI		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	1 1	500.00	1
	Other (specify) ▼		500.00	
В.	Full Name (Last, First, Middle Initial) LISA ENG			Date of Receipt
	Mailing Address 8 78TH STREET	04 03 2007		
	City	State	Zip Code	Transaction ID: SA11A1.11445
	BROOKLYN	NY	11209	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		2000.00
	Name of Employer NEW LIFE OB/GYN	Occupation PHYSICI		7
	Receipt For:		e Year-to-Date ▼	
	Primary General	33 -3		1
	Other (specify) ▼		2000.00]
<u> </u>	Full Name (Last, First, Middle Initial) ANGEL L. FRAGUADA			Date of Receipt
	Mailing Address MANSION DEL SUR			M M / D D / Y Y Y Y Y Y Y Y 1 1 1 1 2 0 0 7
	City	State	Zip Code	Transaction ID: SA11A1.11080
	TOA BAJA	PR	00949	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer SELF-EMPLOYED	Occupation PHYSICI		7
	Receipt For:	Aggregate	e Year-to-Date ▼	7
	Primary General		F00.00	1
	Other (specify)		500.00	1
s	UBTOTAL of Receipts This Page (optional)			3000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 31 / 112
				(check only one)
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				13 14 15 16 17
or	ly information copied from such Reports and Star for commercial purposes, other than using the na	tements may ame and add	y not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	OB-GYNS FOR WOMEN'S HEALTH PA	AC		
A.	Full Name (Last, First, Middle Initial) ANNE C. FRANTZ			Date of Receipt
	Mailing Address 1701 HALLMARK DRIVE			05 14 2007
	City	State	Zip Code	Transaction ID: SA11A1.11597
	TROY	MI	48098	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer BEAUMONT HOSPITAL	Occupation PHYSICI		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		500.00	1
	Other (specify)	0 0	300.00	1
В.	Full Name (Last, First, Middle Initial) RUTH C. FRETTS			Date of Receipt
	Mailing Address 1100 WEST ROXBURY DRIVE			03 27 2007
	City	State	Zip Code	Transaction ID: SA11A1.11426
	CHESTNUT HILL	MA	02467	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer HARBOR VANGUARD ASSOCIATES	Occupation PHYSICI		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		250.00	1
	Other (specify)	0 0	250.00	
<u> </u>	Full Name (Last, First, Middle Initial) FREDERICK FRIEDMAN, JR.			Date of Receipt
	Mailing Address 1 LAKE ROAD SOUTH			M M / D D / Y Y Y Y Y O T N T N T N T N T N T N T N T N T N T
	City	State	Zip Code	Transaction ID: SA11A1.11516
	GREAT NECK	NY	11020	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer GYN/OB ASSOCIATES OF MANH- ATTAN	Occupation PHYSICI		7
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	-	250.00	1
	Other (specify)		250.00	1
	LIPTOTAL of Descints This David (antique)		_	1000.00
L	UBTOTAL of Receipts This Page (optional)		······	-

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 32 / 112
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			Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Any information cop or for commercial p	pied from such Reports and Sta surposes, other than using the n	tements may ame and add	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
\	MITTEE (In Full)			
OB-GYNS FO	OR WOMEN'S HEALTH PA	AC .		_
Full Name (Last STEPHANIE C. F	, First, Middle Initial) FULTON			Date of Receipt
Mailing Address	15 WEST SHADY LANE			05 24 2007
City		State	Zip Code	Transaction ID: SA11A1.11622
HOUSTON		TX	77063	Amount of Each Receipt this Period
FEC ID number federal political of		C		250.00
Name of Employer SELF-EMPLOYED		Occupation PHYSICI		
Receipt For:		Aggregate	e Year-to-Date ▼	
Primary Other (spe	☐ General		250.00	
Full Name (Last LYNDON B. GAI	, First, Middle Initial) NES			Date of Receipt
Mailing Address	Mailing Address 90 JACKSON PIKE			04 / 03 / Y Y Y Y Y
City		State	Zip Code	Transaction ID: SA11A1.11446
GALLIPOLIS		OH	45631	Amount of Each Receipt this Period
FEC ID number federal political of		C		1000.00
Name of Employ HOLZER CLINI	ver C	Occupation PHYSICI		
Receipt For:		Aggregate	e Year-to-Date ▼	
Primary Other (spe	General		1000.00	
Full Name (Last	, First, Middle Initial) GHER			Date of Receipt
Mailing Address 220 CASE AVENUE				0 2 D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		State	Zip Code	Transaction ID: SA11A1.11315
SHARON		PA	16146	Amount of Each Receipt this Period
FEC ID number federal political of		C		250.00
Name of Employ PRIMARY HEA	yer ILTH NETWORK	Occupation PHYSICI		
Receipt For:	Conoral	Aggregate	Year-to-Date ▼	
Primary Other (spe	☐ General		250.00	
SUBTOTAL of Re	eceipts This Page (optional)			1500.00
			<u> </u>	
TOTAL This Perio	od (last page this line number or	าly)		

PAGE 33 / 112 FOR LINE NUMBER: Use separate schedule(s) (check only one) or each category of the ITEMIZED RECEIPTS 11a 11b 11c **Detailed Summary Page** 13 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) **OB-GYNS FOR WOMEN'S HEALTH PAC** Full Name (Last, First, Middle Initial) GLENN T. GALLASPY Date of Receipt Mailing Address 3715 DAUPHIN STREET 02 28 2007 City State Zip Code Transaction ID: SA11A1.11316 **MOBILE** Αl 36608 Amount of Each Receipt this Period FEC ID number of contributing 500.00 C federal political committee. Name of Employer AZELIA CITY PHYSICIANS Occupation **PHYSICIAN** Aggregate Year-to-Date ▼ Receipt For: Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. PAMELA G. GALLUP Date of Receipt Mailing Address 113 GRAYS CREEK COURT 03 27 2007 City Zip Code State Transaction ID: SA11A1.11428 **SAVANN**AH GA 31410 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer PROVIDENT OB/GYN Occupation **PHYSICIAN** Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) C. THOMAS M. GELLHAUS Date of Receipt Mailing Address 2322 EAST KIMBERLY 0.1 29 2007 Citv State Zip Code Transaction ID: SA11A1.11139 **DAVENPORT** IΑ 52807 Amount of Each Receipt this Period FEC ID number of contributing C 1000.00 federal political committee. Name of Employer OB/GYN SPECIALISTS Occupation PHYSICIAN Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 1750.00 SUBTOTAL of Receipts This Page (optional)

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 34 / 112 (check only one)
Ar	ny information copied from such Reports and Statements n for commercial purposes, other than using the name and a	nay not be sold or used by any personal dress of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) OB-GYNS FOR WOMEN'S HEALTH PAC	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Α.	Full Name (Last, First, Middle Initial) LOIS J. GEMMELL Mailing Address 726 10TH AVENUE		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
	City State SALT LAKE CITY UT	Zip Code 84103	Transaction ID: SA11A1.11472 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	04100	500.00
	Name of Employer AVENUES WOMEN'S CENTER Occupati PHYSI		
	Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼ Aggregation	ate Year-to-Date ▼ 500.00	
В.	Full Name (Last, First, Middle Initial) JANICE A. GIVLER		Date of Receipt
	Mailing Address 2106 HILDA AVENUE	02 28 2007	
	City State MISSOULA MT	Zip Code 59801	Transaction ID: SA11A1.11317 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		250.00
	Name of Employer WESTERN MONTANA CLINIC PHYSI		
	Receipt For: Primary General Other (specify) ▼	ate Year-to-Date ▼ 250.00	
<u>с</u> .	Full Name (Last, First, Middle Initial) MARK J. GODAT		Date of Receipt
	Mailing Address 7777 FOREST LANE		01 29 2007
	City State DALLAS TX	Zip Code 75230	Transaction ID: SA11A1.11140 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	70200	500.00
	Name of Employer SELF-EMPLOYED Occupation		
	Receipt For: Primary General Other (specify) ▼	ate Year-to-Date ▼ 500.00	
s	UBTOTAL of Receipts This Page (optional))	1250.00
Т	OTAL This Period (last page this line number only)		

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 35 / 112
	EMIZED RECEIPTS		or each category of the	(check only one)
• • !			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full)			
\rangle	OB-GYNS FOR WOMEN'S HEALTH PAR	С		
_	Full Name (Last, First, Middle Initial) LAURIE R. GOLDSTEIN			Date of Receipt
	Mailing Address 134 EAST 93RD STREE	Т		05 02 7 2007
	City	State	Zip Code	Transaction ID: SA11A1.11569
	NEW YORK	NY	10128	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1000.00
	Name of Employer EAST SIDE WOMEN'S OB/GYN	Occupation PHYSICIAN		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		1000.00	
3.	Full Name (Last, First, Middle Initial) ANDREW E. GOOD			Date of Receipt
	Mailing Address 933 PAXTON ROAD, SW			05 24 2007
	City	State	Zip Code	Transaction ID: SA11A1.11624
	ROCHESTER	MN	55902	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer MAYO CLINIC	Occupation PHYSICI.		
	Receipt For:		Year-to-Date ▼	7
	Primary General		250.00	1
	Other (specify) ▼	0 0		
Э.	Full Name (Last, First, Middle Initial) DAVID C. GORE			Date of Receipt
Mailing Address 6200 WEST PARKER ROAD				04 18 2007
	City State		Zip Code	Transaction ID: SA11A1.11517
	PLANO	TX	75093	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer SELF-EMPLOYED	Occupation PHYSICI.		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
sı	UBTOTAL of Receipts This Page (optional)			1500.00
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T	OTAL This Period (last page this line number onl	y)	>	

SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 36 / 112
•			Use separate schedule(s) or each category of the	(check only one)
Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar	y information copied from such Reports and Sta	atements may	not be sold or used by any pers	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the r	name and add	dress of any political committee to	o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
17	OB-GYNS FOR WOMEN'S HEALTH P.	AC		
\angle	E. H. Nicocco (Local, Eliza, NAI della leitici)			
Α.	Full Name (Last, First, Middle Initial) SANDRA D. GOTTWALD			Date of Receipt
	Mailing Address 380 EAST DAPHNE RO)AD		M M / D D / Y Y Y Y
	5 000 E/101 B/11 1111E 110	,,,,,		04 18 2007
	City	State	Zip Code	Transaction ID: SA11A1.11518
	MILWAUKEE	WI	53217	Amount of Each Receipt this Period
	FEC ID number of contributing			500.00
	federal political committee.	C		300.00
	Name of Employer	Occupation	2	_
	Name of Employer ADVANCED HEALTHCARE	PHYSICI		
	Receipt For:		Year-to-Date ▼	-
	Primary General	1.999		
	Other (specify) ▼		500.00	
				_
	Full Name (Last, First, Middle Initial)			
В.				Date of Receipt
	Mailing Address 3021 GRIFFIN AVENUI			0 1 2 9 2 0 0 7
	City	State	Zip Code	
	ENUMCLAW	WA	98022	Transaction ID: SA11A1.11142
		VVA	90022	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	- Todoral political committee:			
	Name of Employer ENUMCLAW MEDICAL CENTER	Occupation		
	PHYSI			
	Receipt For:	Aggregate	e Year-to-Date ▼	_
	Primary General Other (specify)		250.00	
	Other (specify)	0 0	0 0 0 0 0 0	_
_	Full Name (Last, First, Middle Initial)			
C.	DAVID L. GREENSPAN			Date of Receipt
	Mailing Address 14930 NORTH 97TH PI	_ACE	M M / D D / Y Y Y	
				02 08 2007
	City	State	Zip Code	Transaction ID: SA11A1.11196
	SCOTTSDALE	AZ	85262	Amount of Each Receipt this Period
	FEC ID number of contributing	C		500.00
	federal political committee.			
	Name of Employer SELF-EMPLOYED	Occupation		
	SELF-EMPLOYED	PHYSICI	AN	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		500.00	
	Other (specify) ▼	0 0	300.00	
_	<u>l</u>			<u> </u>
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SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 37 / 112	
ıт	EMIZED RECEIPTS		or each category of the	(check only one)
•••	LIMIZED RECEIL 10		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Δr	ry information copied from such Reports and State	mente mai	y not be sold or used by any nerso	
or	for commercial purposes, other than using the name	ne and add	dress of any political committee to	solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
$ \rangle$	OB-GYNS FOR WOMEN'S HEALTH PAC	;		
\angle				
Α.	Full Name (Last, First, Middle Initial) ALBERT T. GROS			Date of Receipt
Α.	Mailing Address 5815 VAN WINKLE LANE			M M / D D / Y Y Y Y
	Walling Address 5615 VAIN WINKLE LAINE	i		05 14 2007
	City	State	Zip Code	Transaction ID: SA11A1.11598
	AUSTIN	TX	78739	Amount of Each Receipt this Period
	FEC ID number of contributing			250.00
	federal political committee.	С		230.00
	SELE-EMDI'OVED	Occupation PHYSICI		
			Year-to-Date V	+
	Primary General	7 1991 09410		1
	Other (specify) ▼		250.00	
В.	Full Name (Last, First, Middle Initial) SUSAN T. HAAS			Date of Receipt
	Mailing Address 720 HARRISON AVENUE			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	ity State Zip Code			Transaction ID: SA11A1.11520
	BOSTON	MA	02118	Amount of Each Receipt this Period
			02110	
	FEC ID number of contributing federal political committee.	C		250.00
	DOCTON MEDICAL CENTED I	Occupation		
	· · · · · · · · · · · · · · · · · · ·	PHYSICI	AIN Year-to-Date ▼	_
	Primary General	Aggregate	Teal-to-Date V	1
	Other (specify)		250.00	
_	Full Name (Last, First, Middle Initial)			Data of Bassics
C.	DAVID L. HAMACHER Mailing Address 100 COLUTI LOSTILLO	-		Date of Receipt
	Mailing Address 126 SOUTH 25TH STREE	: I		03 28 2007
	City	State	Zip Code	Transaction ID: SA11A1.11409
	ESCANABA	MI	49829	Amount of Each Receipt this Period
	FEC ID number of contributing	С		1000.00
federal political committee.				
	Name of Employer Occupation GREAT LAKES GYN			\neg
PHISIC				_
		Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		1000.00	
	Cutor (opeony)	1 1	0 0 0 0 0 0	1
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s	UBTOTAL of Receipts This Page (optional)			1500.00
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т	OTAL This Period (last page this line number only	·)		

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE N			
ITEMIZED RECEIPTS		or each category of the	(check only c	- ·		
•••	LIMIZED RECEIL 13		Detailed Summary Page	X 11a 13	11b 11c 12 14 15 16 П	17
Δι	ny information copied from such Reports and Statement	te mai	not he sold or used by any nerso			17
or	for commercial purposes, other than using the name ar	nd add	dress of any political committee to	solicit contribut	tions from such committee.	
\setminus	NAME OF COMMITTEE (In Full)					
$ \rangle$	OB-GYNS FOR WOMEN'S HEALTH PAC					
\angle						
Α.	Full Name (Last, First, Middle Initial) CHARLES B. HAMMOND			Date of R	Popoint	
Α.	Mailing Address P.O. BOX 3853			M M	·	
	Mailing Address F.O. BOX 3003			0 2	28 2007	
	City Sta	ate	Zip Code	Transacti	ion ID: SA11A1.11319	
	<u>DURHAM</u> NO		27710		of Each Receipt this Period	
	FEC ID number of contributing	-			1000.00	П
	federal political committee.				1000.00	
	Name of Employer DUKE UNIVERSITY DUKE	upatio	n			
	PHY	/SICI	AN			
		regate	e Year-to-Date ▼			
	Primary General		1000.00	1		
	Other (specify) ▼	0	1000.00	J.		
_	Full Name (Last, First, Middle Initial)			<u> </u>		
В.	KAREN E. HARRIS			Date of R	<u>'</u>	
	Mailing Address 6440 WEST NEWBERRY RO	AD		0 2	28 2007	
	City Sta	ate.	Zip Code		ion ID: SA11A1.11320	
	GAINESVILLE FL	al C	32605		of Each Receipt this Period	
			32003	Amount	or Each Neceipt this Period	-
	FEC ID number of contributing federal political committee.				250.00	
	NICOTU EL CIDIDA MICMENIO DUV I	upatio				
	SICIANS	/SICI		_		
	Receipt For: Agg Primary General	regate	e Year-to-Date ▼			
	Other (specify)		250.00			
		0	0 0 0 0 0 0 0	1		
_	Full Name (Last, First, Middle Initial) FRANK N. HARRISON, JR.			Date of R	Possint	
C.	Mailing Address 3741 HEARTHSTONE COUR	т		M M	·	
		11		0 3	05 2007	
	City		Zip Code	Transacti	ion ID: SA11A1.11228	
	CHARLOTTE NO	<u> </u>	28211	Amount o	of Each Receipt this Period	
	FEC ID number of contributing federal political committee	-			500.00	П
	federal political committee.				000.00	_
		upatio				
		/SICI		_		
		regate	e Year-to-Date ▼	_ [
	Primary General		500.00	11		
	Other (specify) ▼	0		1		
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s	UBTOTAL of Receipts This Page (optional)				1750.00	
						7
T	OTAL This Period (last page this line number only)					-1

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 39 / 112
ITEMIZED RECEIPTS			or each category of the	(check only one)
••			Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Ar	y information copied from such Reports and Sta	atements may	not be sold or used by any perso	•
or	for commercial purposes, other than using the	solicit contributions from such committee.		
\setminus	NAME OF COMMITTEE (In Full)			
$ \rangle$	OB-GYNS FOR WOMEN'S HEALTH P.	AC		
	Full Name (Last, First, Middle Initial)			
A.	RUTH E. HASKINS			Date of Receipt
	Mailing Address 3444 SMOKEY MOUNT	TAIN CIRCL	_E	M M / D D / Y Y Y
	0::	0	7' 0 1	03 05 2007
	City	State CA	Zip Code	Transaction ID: SA11A1.11229
	EL DORADO HILLS	CA	95762	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	·			
	Name of Employer UNIVERSITY OF CALIFORNIA	Occupation		
	Receipt For:	PHYSICI	AIN e Year-to-Date ▼	
	Primary General	Aggrogate	Teal to Bate V	1
	Other (specify) ▼	1	250.00	
_				
В.	Full Name (Last, First, Middle Initial)			Data of Decement
Ь.	NAWAR HATOUM Mailing Address 2507 NORTH HALSTEI) STREET		Date of Receipt
	Walling Address 2507 NORTH MESTEL	JOINLLI		03 14 2007
	City	State	Zip Code	Transaction ID: SA11A1.11393
	CHICAGO	IL	60614	Amount of Each Receipt this Period
	FEC ID number of contributing	С		250.00
	federal political committee.			
	Name of Employer MATERNAL-FETAL MEDICINE	Occupation		
		PHYSICI		
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Other (specify)		250.00	
	outer (opessing) •	0 0	0 0 0 0 0 0 0	1
_	Full Name (Last, First, Middle Initial)			
C.	SHAWNA HEDLEY			Date of Receipt
	Mailing Address 334 EAST 54TH STREI	=1		03 21 2007
	City	State	Zip Code	Transaction ID: SA11A1.11413
	NEW YORK	NY	10022	Amount of Each Receipt this Period
	FEC ID number of contributing	С		250.00
	federal political committee.			255.55
	Name of Employer SELF-EMPLOYED	Occupation	n	
		PHYSICI	AN	
Receipt For: Primary General Other (specify) ▼		Aggregate	e Year-to-Date ▼	
		' '	250.00	
Cario (opcony) 🔻				1
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s	UBTOTAL of Receipts This Page (optional)	750.00		
\vdash	·			
ĺτ	OTAL This Period (last page this line number of	nly)	ı	

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 40 / 112
	ITEMIZED RECEIPTS		or each category of the	(check only one)
•••	LIMIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12
_				13 14 15 16 17
or	ny information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and ado	not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	OB-GYNS FOR WOMEN'S HEALTH PA	AC .		
Α.	Full Name (Last, First, Middle Initial) RICHARD W. HENDERSON			Date of Receipt
	Mailing Address 1709 CLEAVER LANE			02 28 7 2007
	City	State	Zip Code	Transaction ID: SA11A1.11322
	WILMINGTON	DE	19803	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer ST. FRANCIS HOSPITAL	Occupation PHYSICI.		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		250.00	7
	Other (specify)	0 0	250.00	
В.	Full Name (Last, First, Middle Initial) RICHARD W. HENDERSON			Date of Receipt
	Mailing Address 1709 CLEAVER LANE			M M / D D / Y Y Y Y
				04 23 2007
	City	State	Zip Code	Transaction ID: SA11A1.11508
	WILMINGTON	DE	19803	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer ST. FRANCIS HOSPITAL	Occupation PHYSICI.		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		500.00	7
	Other (specify)	0 0	300.00	
<u>С.</u>	Full Name (Last, First, Middle Initial) JULIE A. HENRIKSEN			Date of Receipt
	Mailing Address 1740 SOUTH WESTGA	TE AVENL	 JE	M M / D D / Y Y Y Y
				05 22 2007
	City	State	Zip Code	Transaction ID: SA11A1.11647
	LOS ANGELES	CA	90025	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer UCLA PHY Receipt For: Primary General			
			Year-to-Date ▼	
			500.00	1
	Other (specify)		500.00	1
S	UBTOTAL of Receipts This Page (optional)			1000.00
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SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 41 / 112		
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Ar	ny information copied from such Reports and St	atements may	not be sold or used by any perso	n for the purpose of soliciting contributions	7
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full) OB-GYNS FOR WOMEN'S HEALTH P	AC			
Α.	Full Name (Last, First, Middle Initial) CARMELO A. HERNANDEZ			Date of Receipt	
	Mailing Address 87 MEDICAL PARK DF	RIVE		04 25 2007	
	City	State	Zip Code	Transaction ID: SA11A1.11546	
	BREVARD	NC	28712	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		300.00	
	Name of Employer SYLVAN VALLEY OB/GYN	Occupation			
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼		300.00		
В.	Full Name (Last, First, Middle Initial) PETER H. HERTZAK			Date of Receipt	
	Mailing Address 985 ROBERT BOULEVARD			01 25 7 2007	
	City	State	Zip Code	Transaction ID: SA11A1.11156	
	SLIDELL	LA	70458	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		1000.00	
	Name of Employer SELF-EMPLOYED	Occupation PHYSICI			
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼	0 0	1000.00		
<u> </u>	Full Name (Last, First, Middle Initial) JOEL E. HIGGINS			Date of Receipt	
	Mailing Address 1208 ALICE STREET			03 / 05 / 7 2007	
	City	State	Zip Code	Transaction ID: SA11A1.11230	
	WAYCROSS	GA	31501	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		250.00	
	Name of Employer SELF-EMPLOYED	Occupation PHYSICI			
Receipt For: Aggregat		Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼		250.00		
s	UBTOTAL of Receipts This Page (optional)			1550.00]
 -	OTAL This Period (last page this line number of	only)			

SCHEDULE A (FEC Form 3X)		Harana and L. I. I. I. C.	FOR LINE NUMBER: PAGE 42 / 112			
	· ·		Use separate schedule(s) or each category of the	(check only one)		
ITEMIZED RECEIPTS			Detailed Summary Page	X 11a 11b 11c 12		
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Ar or	ny information copied from such Reports and State for commercial purposes, other than using the na	ements may me and ado	not be sold or used by any perso ress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.		
$\overline{\ }$	NAME OF COMMITTEE (In Full)					
\rangle	OB-GYNS FOR WOMEN'S HEALTH PAGE	C				
۹.	Full Name (Last, First, Middle Initial) PHILLIP A. HIGGINS			Date of Receipt		
	Mailing Address 5306 PARLIAMENT PLAGE	CE		05 22 7 2007		
	City	State	Zip Code	Transaction ID: SA11A1.11583		
	ROCKFORD	<u>IL</u>	61107	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		500.00		
	Name of Employer ROCKFORD HEALTH SYSTEMS	Occupation PHYSICI.				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00			
3.	Full Name (Last, First, Middle Initial) LISA HILDENBRAND			Date of Receipt		
	Mailing Address 102 CAMELOT DRIVE	02 / 05 / 4 2007				
	City	State	Zip Code	Transaction ID: SA11A1.11115		
	BUTLER	PA	16001	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		250.00		
	Name of Employer ADVANCED OB/GYN	Occupation PHYSICI.				
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General Other (specify) ▼	0 0	250.00			
).	Full Name (Last, First, Middle Initial) BRUCE G. HOPKINS			Date of Receipt		
	Mailing Address 820 SOUTH MCCLELLAI	N		0 2 D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: SA11A1.11323		
	SPOKANE	WA	99203	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С		250.00		
			n AN			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00			
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	y information copied from such Reports and Sta for commercial purposes, other than using the n			
\rangle	NAME OF COMMITTEE (In Full) OB-GYNS FOR WOMEN'S HEALTH PA	AC		
Α.	Full Name (Last, First, Middle Initial) BRUCE G. HOPKINS			Date of Receipt
	Mailing Address 820 SOUTH MCCLELLA	AN		0 4
	City SPOKANE	State WA	Zip Code 99203	Transaction ID: SA11A1.11448 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer SPOKANE OB/GYN	Occupation PHYSICI		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 350.00	
В.	Full Name (Last, First, Middle Initial) DIANNE D. HOTMER			Date of Receipt
	Mailing Address 817 KIMBERLY LANE		05 22 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	City	State	Zip Code	Transaction ID: SA11A1.11648
	WEST CHESTER	PA	19382	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer CHESTER COUNTY OB-GYN	Occupation PHYSICI		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
<u> </u>	Full Name (Last, First, Middle Initial) TERRY A. HUFF			Date of Receipt
	Mailing Address 6242 EAST ARBOR AV	ENUE		0 2 D D V Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City MESA	State AZ	Zip Code 85206	Transaction ID: SA11A1.11266
	FEC ID number of contributing federal political committee.	C	03200	Amount of Each Receipt this Period 500.00
	Name of Employer DESERT ROSE OB/GYN	Occupation PHYSICI		
	Receipt For:		AIN e Year-to-Date ▼	\dashv
	Primary General Other (specify) ▼		500.00	
s	UBTOTAL of Receipts This Page (optional)			1100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)		FOR LINE NUMBER: PAGE 44 / 112
ıт	EMIZED RECEIPTS	or each category of the		(check only one)
11	TI LIVIIZED NECEIF 13		Detailed Summary Page	X 11a 11b 11c 12
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Ar or	ny information copied from such Reports and Stat for commercial purposes, other than using the na	tements may ame and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions osolicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
\rangle	OB-GYNS FOR WOMEN'S HEALTH PA	AC .		
Α.	Full Name (Last, First, Middle Initial) HARRY C. HUNEYCUTT			Date of Receipt
	Mailing Address 236 WEST 6TH STREE	05 14 7 2007		
	City	State	Zip Code	Transaction ID: SA11A1.11599
	RENO	NV	89503	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer SELF-EMPLOYED	Occupation PHYSICI		7
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	7
	Other (specify) ▼	0 0	250.00	
В.	Full Name (Last, First, Middle Initial) HEATHER M. IRVIN			Date of Receipt
	Mailing Address 600 18TH STREET		05 14 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	City	State	Zip Code	Transaction ID: SA11A1.11600
	PARKERSBURG	WV	26101	Amount of Each Receipt this Period
	FEC ID number of contributing			050.00
	federal political committee.	C		250.00
	Name of Employer ST. JOSEPH'S HOSPITAL	Occupation		
		PHYSICI		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
<u> </u>	Full Name (Last, First, Middle Initial) KATHRYN IWATA			Date of Receipt
	Mailing Address 1818 VERDUGO BOULE	EVARD		03 14 2007
	City	State	Zip Code	Transaction ID: SA11A1.11395
	GLENDALE	CA	91208	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer JOHN JAY FOX	Occupation PHYSICI		7
	Receipt For:	Aggregate	e Year-to-Date ▼	7
	Primary General		500.00	7
	Other (specify) ▼			
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s	UBTOTAL of Receipts This Page (optional)		.	1000.00
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SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 45 / 112
	EMIZED RECEIPTS	or each category of the		(check only one)
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Ar or	ny information copied from such Reports and Sta for commercial purposes, other than using the n	itements may name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
\rangle	OB-GYNS FOR WOMEN'S HEALTH PA	AC .		
Α.	Full Name (Last, First, Middle Initial) JUDITH A. JACOBSON			Date of Receipt
	Mailing Address 10010 NORTHEAST 37	TH COUR	Т	03 / 05 / Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11A1.11231
	KIRKLAND	WA	98033	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer SELF-EMPLOYED	Occupation PHYSICI		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	1 1	250.00	1
	Other (specify) ▼		250.00]
— B.	Full Name (Last, First, Middle Initial) ROBERT J. JAEGER			Date of Receipt
	Mailing Address 1418 CHIPPEWA TRAIL	M M / D D / Y Y Y Y		
		02 28 2007		
	City	State	Zip Code	Transaction ID: SA11A1.11324
	MOSINEE	WI	54455	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer RETIRED	Occupation		7
		PHYSICI	e Year-to-Date ▼	_
	Receipt For: Primary General	Aygregate	e rear-to-Date V	1
	Other (specify) ▼	0 0	250.00	
<u> </u>	Full Name (Last, First, Middle Initial) MEENA JAIN			Date of Receipt
	Mailing Address 3275 66TH STREET NC	DRTH		0 4 1 8 2 0 0 7
	City	State	Zip Code	Transaction ID: SA11A1.11522
	ST. PETERSBURG	FL	33710	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer A WOMAN'S POINT OF VIEW	Occupation PHYSICI		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	1 1	500.00	1
	Other (specify) ▼		500.00	
	LIPTOTAL of Descints This Desc (aution 1)			1000.00
\vdash	UBTOTAL of Receipts This Page (optional)			

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 46 / 112
ITEMIZED RECEIPTS		or each category of the	(check only one) X 11a 11b 11c 12
_		Detailed Summary Page	13 14 15 16 17
Any information copied from such Reports and St or for commercial purposes, other than using the	atements may	y not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)			
OB-GYNS FOR WOMEN'S HEALTH P	AC		_
Full Name (Last, First, Middle Initial) DAVID H. JANOWITZ			Date of Receipt
Mailing Address 7007 NORTH FREEW			04 / 18 / Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11A1.11523
HOUSTON	TX	77076	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer OB/GYN CARE	Occupatio PHYSICI		
Receipt For:	Aggregate	e Year-to-Date ▼	1
Primary General Other (specify) ▼		250.00	
Full Name (Last, First, Middle Initial) 3. LYDIA M. JEFFRIES			Date of Receipt
Mailing Address 143 ASHELAND AVEN	UE		02 28 7 2007
City	State	Zip Code	Transaction ID: SA11A1.11325
ASHEVILLE	NC	28801	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer ASHEVILLE WOMEN'S CENTER	Occupatio PHYSICI		
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		250.00	
Full Name (Last, First, Middle Initial) Lian V. JONES			Date of Receipt
Mailing Address 934 CENTER STREET			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11A1.11411
ELGIN	<u>IL</u>	60120	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer SHERMAN HOSPITAL	Occupatio PHYSICI		
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	250.00	
SUBTOTAL of Receipts This Page (optional)			750.00
TOTAL This Period (last page this line number of	only)		

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 47 / 112
	ITEMIZED RECEIPTS		or each category of the	(check only one)
•••			Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Ar	y information copied from such Reports and St	atements may	not be sold or used by any person	
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	OB-GYNS FOR WOMEN'S HEALTH P	AC		
Α.	Full Name (Last, First, Middle Initial) GERALD F. JOSEPH, JR.			Date of Receipt
	Mailing Address 3430 EAST HUNTER L	ANE		03 14 2007
	City	State	Zip Code	Transaction ID: SA11A1.11397
	OZARK	MO	65721	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer ST. JOHN'S CLINIC	Occupation PHYSICI.		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		250.00	7
	Other (specify) ▼	0 0	230.00	
В.	Full Name (Last, First, Middle Initial) LORI F. JOY			Date of Receipt
	Mailing Address 1415 NORTH HOUK S	TREET		05 16 2007
	City	State	Zip Code	Transaction ID: SA11A1.11589
	SPOKANE	WA	99216	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer VALLEY OB/GYN	Occupation PHYSICI.		
	Receipt For:		e Year-to-Date ▼	
	Primary General		500.00	7
	Other (specify)	0 0	300.00	
C.	Full Name (Last, First, Middle Initial) HAROLD A. KAMINETZKY			Date of Receipt
	Mailing Address 26 YARMOUTH COUR	Τ		03 14 2007
	City	State	Zip Code	Transaction ID: SA11A1.11398
	SCOTCH PLAINS	NJ	07076	Amount of Each Receipt this Period
	Receipt For: Ag			1000.00
			n AN	
			e Year-to-Date ▼	
	Primary General		1000.00	7
	Other (specify) ▼		1000.00	
s	UBTOTAL of Receipts This Page (optional)			1750.00
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T	OTAL This Period (last page this line number of	only)		

SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 48 / 112
	•	Use separate schedule(s)		(check only one)
IT	EMIZED RECEIPTS		or each category of the	X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
۸۰	y information copied from such Reports and Sta	tomonto mo	, not be cold or used by any pere	
or	for commercial purposes, other than using the r	name and add	dress of any political committee to	o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)		7.	
	OB-GYNS FOR WOMEN'S HEALTH PA	۸.		
	OB-G THS FOR WOMEN'S HEALTH FA	40		
_	Full Name (Last, First, Middle Initial)			
A.	LEAH A. KAUFMAN			Date of Receipt
	Mailing Address 7 HILL PARK AVENUE			05 22 Y Y Y Y Y Y
	City	Ctata	7in Code	
	City	State	Zip Code	Transaction ID: SA11A1.11649
	GREAT NECK	NY	11021	Amount of Each Receipt this Period
	FEC ID number of contributing	С		1000.00
	federal political committee.			
	Name of Employer LONG ISLAND MEDICAL CENTER	Occupation	n	7
	LONG ISLAND MEDICAL CENTER	PHYSICI	AN	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		1000.00	1
	Other (specify)		1000.00	
_	Full Name (Last, First, Middle Initial)			Date of Descript
В.	GARY L. KAYE			Date of Receipt
	Mailing Address 31 SOUTH UNION AVE	04 11 2007		
	City	Transaction ID: SA11A1.11474		
	CRANFORD	State NJ	Zip Code 07016	Amount of Each Receipt this Period
		140	07010	Amount of Each Necept this Feriod
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer SELF-EMPLOYED	Occupation		
		PHYSICI		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		500.00	1
	Other (specify) ▼		300.00	
	Full Name (Last Eirst Middle Initial)			
C.	Full Name (Last, First, Middle Initial) BRIDGET B. KELLER			Date of Receipt
	Mailing Address 4248 LINDEN HILLS BO	DULEVARD)	M M / D D / Y Y Y Y
				02 28 2007
	City	State	Zip Code	Transaction ID: SA11A1.11327
	MINNEAPOLIS	MN	55410	Amount of Each Receipt this Period
	FEC ID number of contributing			350.00
	federal political committee.	C		330.00
	Name of Employer	Occupation	 1	┥
	Name of Employer PARK NICOLLET CLINIC	PHYSICI		
	Receipt For:	-	e Year-to-Date ▼	
	Primary General	72 0		1
	Other (specify) ▼	1	350.00	
				*
s	UBTOTAL of Receipts This Page (optional)			1850.00
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SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 49 / 112
•		Use separate schedule(s)		(check only one)
IT	ITEMIZED RECEIPTS		or each category of the	X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
۸r	y information copied from such Reports and Sta	ntomonte may	y not be cold or used by any perce	
or	for commercial purposes, other than using the r	name and add	dress of any political committee to	o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
$ \rangle$	OB-GYNS FOR WOMEN'S HEALTH PA	ΔC:		
	OB CHICA ON WOMEN CHEKETHI	10		
	Full Name (Last, First, Middle Initial)			
A.	JIMMY KHANDALAVALA			Date of Receipt
	Mailing Address 2721 SOUTH 100TH S	ΓREET		M M / D D / Y Y Y Y
				02 05 2007
	City	State	Zip Code	Transaction ID: SA11A1.11117
	OMAHA	NE	68124	Amount of Each Receipt this Period
	FEC ID number of contributing			500.00
	federal political committee.	C		500.00
				_
	Name of Employer CREIGHTON UNIVERSITY	Occupation		
		PHYSICI		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		500.00	11
	Other (specify)			1
_				
R	Full Name (Last, First, Middle Initial) ELIZABETH W. KILLEBREW			Date of Receipt
٥.	Mailing Address 103 VILLAGE LAKE CO	M M / D D / Y Y Y Y		
	Walling Address 105 VILLAGE LAKE OC	05 22 2007		
	City	State	Zip Code	Transaction ID: SA11A1.11652
	BROOKS	GA	30205	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		500.00
	Name of Employer SOUTH CRESCENT HEALTHCARE	Occupation		
		PHYSICI		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		500.00	1
	Other (specify)			1
	Full Name (Lost First Middle Initial)			+
C.	Full Name (Last, First, Middle Initial) JUDITH M. KIMELMAN			Date of Receipt
-	Mailing Address 9242 SOUTHEAST 46T	H STREET	•	M M / D D / Y Y Y Y
	0212 0001112/01 101	TT OTTILL		02 28 2007
	City	State	Zip Code	Transaction ID: SA11A1.11328
	MERCER ISLAND	WA	98040	Amount of Each Receipt this Period
	FEC ID number of contributing			050.00
	federal political committee.	C		250.00
				_
	Name of Employer SEATTLE OB/GYN GROUP	Occupation		
		PHYSICI		_
	Receipt For:	Aggregate	e Year-to-Date ▼	_
	Primary General		250.00	
	Other (specify)			1
_				1250.00
Ls	UBTOTAL of Receipts This Page (optional)			- 120100

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SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 50 / 112
ıт	ITEMIZED RECEIPTS		or each category of the	(check only one)
ITEMIZED RECEIPTS			Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	on for the purpose of soliciting contributions solicit contributions from such committee.		
\setminus	NAME OF COMMITTEE (In Full)			
\rangle	OB-GYNS FOR WOMEN'S HEALTH PA	AC .		
Α.	Full Name (Last, First, Middle Initial) DOUGLAS H. KIRKPATRICK			Date of Receipt
	Mailing Address 48 HYDE PARK CIRCLE	₫		04 13 7 2007
	City	State	Zip Code	Transaction ID: SA11A1.11460
	DENVER	CO	80209	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer SELF-EMPLOYED	Occupation PHYSICI		
	Receipt For:	Aggregate	e Year-to-Date ▼	7
	Primary General			1
	Other (specify) ▼	1	1000.00	
				4
В.	Full Name (Last, First, Middle Initial) IRENE I. KOMARYNSKY			Date of Receipt
	Mailing Address 166 WEST BROAD STF	M M / D D / Y Y Y Y		
		05 22 2007		
	City	State	Zip Code	Transaction ID: SA11A1.11651
	STAMFORD	CT	06902	Amount of Each Receipt this Period
	FEC ID number of contributing			500.00
	federal political committee.	C		300.00
	Name of Employer SELF-EMPLOYED	Occupation	n	7
	SELF-EMPLOYED	PHYSICI	AN	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	1 1	500.00	1
	Other (specify) ▼		500.00	
_	Full Name (Last, First, Middle Initial)			
C.	MELANIE KONRADI			Date of Receipt
	Mailing Address 2580 KINCAID STREET	•		0 1
	City	State	Zip Code	Transaction ID: SA11A1.11082
	EUGENE	OR	97405	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer OREGON MEDICAL GROUP	Occupation PHYSICI		
	Receipt For:	Aggregate	e Year-to-Date ▼	7
	Primary General	23 0		1
	Other (specify)		250.00	
				1
	1			
	UBTOTAL of Receipts This Page (optional)			1750.00
\vdash	ODITION TO THE OF THE FAYE (OPTIONAL)			

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 51 / 112			
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	(check only one) X 11a			
Ar	ny information copied from such Reports and Sta for commercial purposes, other than using the r	atements may	not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions osolicit contributions from such committee.			
	NAME OF COMMITTEE (In Full) OB-GYNS FOR WOMEN'S HEALTH PA	AC					
Α.	Full Name (Last, First, Middle Initial) ROBERT L. KRAUSS			Date of Receipt			
	Mailing Address 236 WEST NORTHVIE	N		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
	City	State	Zip Code	Transaction ID: SA11A1.11234			
	PHOENIX FEC ID number of contributing federal political committee.	C	85021	Amount of Each Receipt this Period 250.00			
	Name of Employer SCHALLER ANDERSON OF ARIZ- ONA Receipt For: Primary General		n L DIRECTOR e Year-to-Date ▼				
	Other (specify) Full Name (Last, First, Middle Initial)	0 0	250.00				
В.	MICHAEL L. KUDLA Mailing Address 4700 PONDEROSA			Date of Receipt M M D D Y Y Y Y Y Y Y Y			
	City	State	Zip Code	Transaction ID: SA11A1.11329			
	LAKE CHARLES	LA	70605	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		500.00			
	Name of Employer SELF-EMPLOYED	Occupation PHYSICI					
	Receipt For:	Aggregate	e Year-to-Date ▼				
	Primary General Other (specify) ▼		500.00				
C.	Full Name (Last, First, Middle Initial) PETER V. KUHL			Date of Receipt			
	Mailing Address 2314 PARK FARM			05 04 2007			
	City SAN ANTONIO	State TX	Zip Code 78259	Transaction ID: SA11A1.11558 Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C	1 1 1 1 1	250.00			
	Name of Employer SELF-EMPLOYED	Occupation PHYSICI					
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00				
s	SUBTOTAL of Receipts This Page (optional)						
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PAGE 52 / 112 FOR LINE NUMBER: Use separate schedule(s) (check only one) or each category of the ITEMIZED RECEIPTS 11a 11b 11c **Detailed Summary Page** 13 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) **OB-GYNS FOR WOMEN'S HEALTH PAC** Full Name (Last, First, Middle Initial) KOTESWARA R. KUNDA Date of Receipt Mailing Address 100 RIVERSIDE DRIVE 0.4 2007 03 City State Zip Code Transaction ID: SA11A1.11449 **SAN MARCOS** TX 78666 Amount of Each Receipt this Period FEC ID number of contributing 2000.00 C federal political committee. Name of Employer SELF-EMPLOYED Occupation **PHYSICIAN** Aggregate Year-to-Date ▼ Receipt For: Primary General 2000.00 Other (specify) Full Name (Last, First, Middle Initial) B. MICHAEL J. KUSH Date of Receipt Mailing Address 922 CHESTNUT AVENUE 0.1 15 2007 City Zip Code State Transaction ID: SA11A1.11099 **DUBOIS** PA 15801 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer DUBOIS REGIONAL MEDICAL Occupation **PHYSICIAN** CENTER Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) C. WILLIS E. LANIER Date of Receipt Mailing Address 960 JOHNSON FERRY ROAD 02 28 2007 Citv State Zip Code Transaction ID: SA11A1.11330 **ATLANTA** GA 30342 Amount of Each Receipt this Period FEC ID number of contributing 250.00 C federal political committee. Name of Employer ATLANTA WOMEN'S HEALTH GR-Occupation PHYSICIAN OUP Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 2500.00 SUBTOTAL of Receipts This Page (optional)

PAGE 53 / 112 FOR LINE NUMBER: Use separate schedule(s) (check only one) or each category of the ITEMIZED RECEIPTS 11a 11b 11c **Detailed Summary Page** 13 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) **OB-GYNS FOR WOMEN'S HEALTH PAC** Full Name (Last, First, Middle Initial) RUSSELL K. LAROS, JR. Date of Receipt Mailing Address 21 MARSH ROAD 02 21 2007 City State Zip Code Transaction ID: SA11A1.11268 **TIBURON** CA 94920 Amount of Each Receipt this Period FEC ID number of contributing 250.00 C federal political committee. Name of Employer UNIVERSITY OF CALIFORNIA Occupation **PHYSICIAN** Aggregate Year-to-Date ▼ Receipt For: Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. DOUGLAS W. LAUBE Date of Receipt Mailing Address 2025 JEFFERSON 03 05 2007 City State Zip Code Transaction ID: SA11A1.11235 **MADISON** WI 53711 Amount of Each Receipt this Period FEC ID number of contributing C 1000.00 federal political committee. Name of Employer UNIVERSITY OF WISCONSIN Occupation **PHYSICIAN** Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) C. SRIPEN LAVAVEJ Date of Receipt Mailing Address 507 8TH STREET 03 05 2007 Zip Code Citv State Transaction ID: SA11A1.11236 **PRINCETON** Ш 61356 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer PRINCETON FAMILY PHYSICIA-Occupation PHYSICIAN Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 1500.00 SUBTOTAL of Receipts This Page (optional)

PAGE 54 / 112 FOR LINE NUMBER: Use separate schedule(s) (check only one) or each category of the ITEMIZED RECEIPTS 11a 11b 11c **Detailed Summary Page** 13 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) **OB-GYNS FOR WOMEN'S HEALTH PAC** Full Name (Last, First, Middle Initial) KATHERINE S. LIN Date of Receipt Mailing Address 1099 WEST 2ND STREET 05 22 2007 City State Zip Code Transaction ID: SA11A1.11654 **XENIA** OH 45385 Amount of Each Receipt this Period FEC ID number of contributing 250.00 C federal political committee. Name of Employer SELF-EMPLOYED Occupation **PHYSICIAN** Aggregate Year-to-Date ▼ Receipt For: Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. CHAD C. LUNT Date of Receipt Mailing Address 515 SOUTH 300 EAST 0.4 11 2007 City State Zip Code Transaction ID: SA11A1.11475 ST. GEORGE UT 84790 Amount of Each Receipt this Period FEC ID number of contributing C 2000.00 federal political committee. Name of Employer SELF-EMPLOYED Occupation **PHYSICIAN** Receipt For: Aggregate Year-to-Date ▼ Primary General 2000.00 Other (specify) Full Name (Last, First, Middle Initial) C. DAVID A. LUTHY Date of Receipt Mailing Address 1229 MEDICAL DRIVE 02 8 0 2007 Zip Code Citv State Transaction ID: SA11A1.11198 **SEATTLE** WA 98104 Amount of Each Receipt this Period FEC ID number of contributing 250.00 C federal political committee. Name of Employer SELF-EMPLOYED Occupation PHYSICIAN Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 2500.00 SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number only)

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) or each category of the Detailed Summary Page	Check only one
Ar	by information copied from such Reports and Statements for commercial purposes, other than using the name and	may not be sold or used by any person	on for the purpose of soliciting contributions
Si	NAME OF COMMITTEE (In Full) OB-GYNS FOR WOMEN'S HEALTH PAC	address of any political committee to	Solicit contributions from Such committee.
Α.	Full Name (Last, First, Middle Initial) SCOTT N. MACGREGOR Mailing Address 2650 RIDGE AVENUE City State	e Zip Code	Date of Receipt M M
	EVANSTON IL FEC ID number of contributing federal political committee. C	60201	Amount of Each Receipt this Period 500.00
	· · · · · · · · · · · · · · · · · · ·	pation SICIAN egate Year-to-Date ▼ 500.00	
В.	Full Name (Last, First, Middle Initial) HARISH T. MADHAV Mailing Address 2897 BOYNTON BEACH		Date of Receipt M M D D Y Y Y Y Y Y Y Y
	City State BOYNTON FL	'	Transaction ID: SA11A1.11657
	FEC ID number of contributing federal political committee.	33435	Amount of Each Receipt this Period 251.00
		SICIAN	
	Receipt For: Primary General Other (specify) ▼	egate Year-to-Date ▼ 251.00	
C.	Full Name (Last, First, Middle Initial) LOUIS MAMELI Mailing Address 214 CHEROKEE ROAD		Date of Receipt
	City State	e Zip Code	0 5 0 2 2 0 0 7 Transaction ID: SA11A1.11571
	THOMASTON GA	30286	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		500.00
	· · · · · · · · · · · · · · · · · · ·	SICIAN	
	Receipt For: Primary General Other (specify) ▼	egate Year-to-Date ▼ 500.00	
s	UBTOTAL of Receipts This Page (optional)		1251.00
Т	OTAL This Period (last page this line number only)		

SCHEDULE A (FEC Form 3X)		F	FOR LINE NUMBER: PAGE 56 / 112		
	,	Use separate schedule(s) or each category of the		(check only one)	
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12	
				13 14 15 16 17	
Ar	ny information copied from such Reports and St for commercial purposes, other than using the	atements may name and add	not be sold or used by any persolates of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.	
\setminus	NAME OF COMMITTEE (In Full)				
\rangle	OB-GYNS FOR WOMEN'S HEALTH P	AC			
Α.	Full Name (Last, First, Middle Initial) ROBERT J. MAROTZ			Date of Receipt	
	Mailing Address 485 SOUTH DOBSON			04 18 2007	
	City	State	Zip Code	Transaction ID: SA11A1.11526	
	PHOENIX	AZ	85224	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		1000.00	
	Name of Employer NEW HORIZON HEALTH CENTER	Occupation PHYSICI			
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼		
	Other (specify)		1000.00		
_	Full Name (Last, First, Middle Initial)			_	
В.	STEFANIE N. MARSHALL			Date of Receipt	
	Mailing Address 1410 HAMILTON STRE	03 30 2007			
	City	State	Zip Code	Transaction ID: SA11A1.11421	
	WILMINGTON	DE	19806	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		250.00	
	Name of Employer FIRST STATE WOMEN'S CARE	Occupation PHYSICI			
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼		250.00]	
	Full Name (Last, First, Middle Initial) DIMITRIOS S. MASTROGIANNIS			Date of Receipt	
٠.	Mailing Address 42 TALISMAN DRIVE			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	City	State	Zip Code	Transaction ID: SA11A1.11429	
	DIX HILLS	NY	11746	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		2000.00	
	Name of Employer LONG ISLAND SPECIALISTS	Occupation PHYSICI			
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼		2000.00	1	
				-	
s	UBTOTAL of Receipts This Page (optional)			3250.00	
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SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER:	PAGE 57/112
	ITEMIZED RECEIPTS		or each category of the	(check only one)	, _—
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Δ.	ny information copied from such Reports and Sta	otomonto mo	, not be cold or used by any nerge	13 14	
or	for commercial purposes, other than using the r	name and add	dress of any political committee to	solicit contributions from	such committee.
	NAME OF COMMITTEE (In Full)				
$ \rangle$	OB-GYNS FOR WOMEN'S HEALTH P.	AC			
\angle					
Α.	Full Name (Last, First, Middle Initial) PROMILA MATHUR			Date of Receipt	
	Mailing Address 5 FOX LANE			M M / D D	/ Y 'Y 'Y 'Y
				03 14	
	City	State	Zip Code	Transaction ID: S/	
	WESTBOROUGH	MA	01581	Amount of Each Re	eceipt this Period
	FEC ID number of contributing federal political committee.	С			500.00
	·				
	Name of Employer SELF-EMPLOYED	Occupation PHYSICI			
	Receipt For:		e Year-to-Date ▼		
	Primary General			1	
	Other (specify) ▼		500.00		
В.	Full Name (Last, First, Middle Initial) WILLIAM D. MCCALLUM			Date of Receipt	
	Mailing Address 1580 WEST EL CAMIN	O REAL		M M / D D	/ Y 'Y 'Y 'Y
				05 14	
	City	State	Zip Code	Transaction ID: S/	411A1.11601
	MOUNTAIN VIEW	CA	94040	Amount of Each Re	eceipt this Period
	FEC ID number of contributing federal political committee.	С			1000.00
	recerai politicai committee.				
	Name of Employer SELF-EMPLOYED	Occupation			
		PHYSICI		_	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	,	
	Other (specify)		1000.00		
				1	
C	Full Name (Last, First, Middle Initial) CLAYTON H. MCCRACKEN			Date of Receipt	
٥.	Mailing Address 2914 GLENWOOD LAN	JF		M M / D D	/ Y
		' L		02 28	
	City	State	Zip Code	Transaction ID: S/	A11A1.11334
	BILLINGS	MT	59107	Amount of Each Re	eceipt this Period
	FEC ID number of contributing	С			250.00
	federal political committee.				
			AN e Year-to-Date ▼	_	
			FICAL-10-Date V	1	
Other (specify)			250.00		
					1750.00
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T	OTAL This Period (last page this line number or	nly)	>		

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER	: PAGE 58 / 112	
	ITEMIZED RECEIPTS		or each category of the	(check only one)	
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Δ,	ny information copied from such Reports and St	otomonto mo	, not be cold or used by any norse	13 14	
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions fron	n such committee.
	NAME OF COMMITTEE (In Full)				
$ \rangle$	OB-GYNS FOR WOMEN'S HEALTH P	AC			
\angle					
Α.	Full Name (Last, First, Middle Initial) JOEL B. MCCUAIG			Date of Possint	
Α.	Mailing Address 904 SOUTH STREET			Date of Receipt) / Y Y Y Y
	Walling / Ida 200 111 3 THEE 1			0 5 2 2	
	City	State	Zip Code	Transaction ID: S	SA11A1.11659
	LAFAYETTE	IN	47901	Amount of Each F	Receipt this Period
	FEC ID number of contributing	C			500.00
	federal political committee.				000.00
	Name of Employer SELF-EMPLOYED	Occupation	n	-	
	SELF-EMPLOYED	PHYSICI	AN		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		500.00	1	
	Other (specify)		300.00		
_	Full Name (Last, First, Middle Initial)				
В.	KELLY A. MCCUE			Date of Receipt	
	Mailing Address 2345 FAIR OAKS BOU	LEVARD		M M / D D	
	-			02 28 2007	
	City	State	Zip Code	Transaction ID: S	
	SACRAMENTO	CA	95825	Amount of Each F	leceipt this Period
	FEC ID number of contributing federal political committee.	C			250.00
	Name of Employer KAISER	Occupation			
		PHYSICI		_	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼		
	Other (specify)		250.00		
			0 0 0 0 0 0 0		
_	Full Name (Last, First, Middle Initial)				
C.				Date of Receipt	
	Mailing Address 2804 CINNABAR ROAL)		05 04	
	City	State	Zip Code	Transaction ID: S	
	COLORADO SPRINGS	CO	80921	Amount of Each F	
	FEC ID number of contributing				
	federal political committee.	C			250.00
	Name of Employer	Occupation	<u> </u>	\dashv	
	Name of Employer SELF-EMPLOYED Receipt For: Primary General		AN		
			e Year-to-Date ▼		
			250.00	1	
	Other (specify)		250.00		
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	UBTOTAL of Receipts This Page (optional)		······	-	
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PAGE 59 / 112 FOR LINE NUMBER: Use separate schedule(s) (check only one) or each category of the ITEMIZED RECEIPTS 11a 11b 11c **Detailed Summary Page** 13 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) **OB-GYNS FOR WOMEN'S HEALTH PAC** Full Name (Last, First, Middle Initial) JOHN J. MCHUGH Date of Receipt Mailing Address 629 CLUBHOUSE TERRACE 02 28 2007 City State Zip Code Transaction ID: SA11A1.11333 **PENSACOLA** 32506 FI Amount of Each Receipt this Period FEC ID number of contributing 250.00 C federal political committee. Name of Employer U.S. NAVY Occupation **PHYSICIAN** Aggregate Year-to-Date ▼ Receipt For: Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. KAREN E. MCSHANE Date of Receipt Mailing Address 383 PINK STREET 0.4 11 2007 City State Zip Code Transaction ID: SA11A1.11476 **COOPERSTOWN** NY 13326 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer BASSETT HEALTHCARE Occupation **PHYSICIAN** Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) C. MICHAEL T. MENNUTI Date of Receipt Mailing Address 1311 HILLSIDE ROAD 03 05 2007 Citv State Zip Code Transaction ID: SA11A1.11242 WYNNWOOD PA 19096 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 C federal political committee. Name of Employer UNIVERSITY OF PENNSYLVANIA Occupation PHYSICIAN Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 1500.00 SUBTOTAL of Receipts This Page (optional)

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 60 / 112				
ITEMIZED RECEIPTS		or each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12 13 14 15 16 17				
Any information copied from such Reports and Si or for commercial purposes, other than using the	atements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) OB-GYNS FOR WOMEN'S HEALTH F							
Full Name (Last, First, Middle Initial) A. KENNETH W. MERKITCH, JR. Mailing Address W5732 HEATHERWO			Date of Receipt M M M / D D J / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
City LACROSSE	State WI	Zip Code 54601	Transaction ID: SA11A1.11450 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		500.00				
Name of Employer GUNDERSEN LUTHERAN	Occupation PHYSICI	AN					
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00					
Full Name (Last, First, Middle Initial) B. PHILIP A. MILES Mailing Address 8815 DYER			Date of Receipt				
			01 25 7 2007				
City EL PASO	State TX	Zip Code 79904	Transaction ID: SA11A1.11158 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	75554	500.00				
Name of Employer GYN/PATH SERVICES	Occupation		1				
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 500.00					
Full Name (Last, First, Middle Initial)			Date of Receipt				
Mailing Address 104 LAKESHORE DRI	VE		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
City ST. MARY'S	State GA	Zip Code 31558	Transaction ID: SA11A1.11549 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	31330	250.00				
Name of Employer SELF-EMPLOYED	Occupation PHYSICI						
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00					
SUBTOTAL of Receipts This Page (optional)	SUBTOTAL of Receipts This Page (optional)						
TOTAL This Period (last page this line number of	only))					

SC	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 61 / 112
ITEMIZED RECEIPTS			or each category of the	(check only one) X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
An or	y information copied from such Reports and State for commercial purposes, other than using the na	n for the purpose of soliciting contributions solicit contributions from such committee.		
$\overline{\ \ }$	NAME OF COMMITTEE (In Full)			
\rangle	OB-GYNS FOR WOMEN'S HEALTH PAGE	C		
	Full Name (Last, First, Middle Initial) ALFRED H. MOFFETT, JR.			Date of Receipt
	Mailing Address 601 EAST DIXIE AVENU			03 / 27 / 2007
	City LEESBURG	State FL	Zip Code	Transaction ID: SA11A1.11432
	FEC ID number of contributing federal political committee.	C	34748	Amount of Each Receipt this Period 250.00
	Name of Employer OB/GYN ASSOCIATES OF MID- FLORIDA	Occupation PHYSICI	AN	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) LUIS J. MORALES			Date of Receipt
	Mailing Address 2065 GRIFFON PLACE			02 19 7 2007
	City CENTERVILLE	State OH	Zip Code	Transaction ID: SA11A1.11185
			45459	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer SELF-EMPLOYED	Occupation PHYSICI		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
. C.	Full Name (Last, First, Middle Initial) NATHAN MORDEL			Date of Receipt
	Mailing Address 105 COLLIER ROAD			04 / 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11A1.11451
	ATLANTA	GA	30309	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer TIFTON WOMAN'S CENTER	Occupation PHYSICI		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
sı	UBTOTAL of Receipts This Page (optional)			750.00
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SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER:	PAGE 62/112	
	ITEMIZED RECEIPTS		or each category of the	(check only one) X 11a 11b	11c
			Detailed Summary Page	13 14	15 16 17
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the	atements may	y not be sold or used by any person	on for the purpose of solicit	ing contributions
7	NAME OF COMMITTEE (In Full)	name and add	aress of any political committee to	Solicit contributions from s	uch committee.
\rangle	OB-GYNS FOR WOMEN'S HEALTH P	AC			
Δ.	Full Name (Last, First, Middle Initial) SURESH R. NAYAK			Date of Receipt	
,	Mailing Address 303 NORTH 15TH STR	REET		M M / D D D D D D D D D D D D D D D D D	2007
	City	State	Zip Code	Transaction ID: SA	
	SAN JOSE	CA	95112	Amount of Each Rec	
	FEC ID number of contributing federal political committee.	C			1000.00
	Name of Employer SELF-EMPLOYED	Occupation PHYSICI			
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 1000.00		
<u> </u>	Full Name (Last, First, Middle Initial) WADE A. NEIMAN			Date of Receipt	
	Mailing Address 1300 CRENSHAW COL	JRT		03 / 05	2007
	City	State	Zip Code	Transaction ID: SA	
	LYNCHBURG	VA	24503	Amount of Each Red	eipt this Period
	FEC ID number of contributing federal political committee.	C			500.00
	Name of Employer WOMEN'S HEALTH SERVICES	Occupation PHYSICI			
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼		500.00]	
<u> </u>	Full Name (Last, First, Middle Initial) HARRY C. NELSON			Date of Receipt	
Ο.	Mailing Address 1021 COOLIDGE STRE	EET		-	2007
	City	State	Zip Code	Transaction ID: SA	
	GREENEVILLE	TN	37743	Amount of Each Red	eipt this Period
	FEC ID number of contributing federal political committee.	C			250.00
	Name of Employer WOMEN'S CENTER OF GREENVI- LLE	Occupation PHYSICI			
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼		
	Other (specify)		250.00		
s	UBTOTAL of Receipts This Page (optional)				1750.00
Т	OTAL This Period (last page this line number of	only)			

PAGE 63 / 112 FOR LINE NUMBER: Use separate schedule(s) (check only one) or each category of the ITEMIZED RECEIPTS 11a 11b 11c **Detailed Summary Page** 13 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) **OB-GYNS FOR WOMEN'S HEALTH PAC** Full Name (Last, First, Middle Initial) KATHLEEN G. NELSON Date of Receipt Mailing Address 210 SUNNYVIEW LANE 0.4 2007 11 City State Zip Code Transaction ID: SA11A1.11478 **KALISPELL** MT 59901 Amount of Each Receipt this Period FEC ID number of contributing 500.00 C federal political committee. Name of Employer KALISPELL OB/GYN Occupation **PHYSICIAN** Aggregate Year-to-Date ▼ Receipt For: Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** ALFREDO NIEVES-GONZALEZ Date of Receipt Mailing Address 1755 GUNBARREL ROAD 0.1 25 2007 City Zip Code State Transaction ID: SA11A1.11161 **CHATTANOOGA** TN 37421 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Name of Employer SELF-EMPLOYED Occupation **PHYSICIAN** Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) C. J. DOUGLAS NISBET Date of Receipt Mailing Address 390 TOLL GATE ROAD 0.4 18 2007 Zip Code Citv State Transaction ID: SA11A1.11528 WARWICK RI 02886 Amount of Each Receipt this Period FEC ID number of contributing 500.00 C federal political committee. Name of Employer SELF-EMPLOYED Occupation PHYSICIAN Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 1500.00 SUBTOTAL of Receipts This Page (optional)

PAGE 64 / 112 FOR LINE NUMBER: Use separate schedule(s) (check only one) or each category of the ITEMIZED RECEIPTS 11a 11b 11c **Detailed Summary Page** 13 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) **OB-GYNS FOR WOMEN'S HEALTH PAC** Full Name (Last, First, Middle Initial) KENNETH L. NOLLER Date of Receipt Mailing Address 750 WASHINGTON STREET 02 28 2007 City Zip Code Transaction ID: SA11A1.11337 State **BOSTON** MA 02111 Amount of Each Receipt this Period FEC ID number of contributing 500.00 C federal political committee. Name of Employer TUFTS MEDICAL CENTER Occupation **PHYSICIAN** Aggregate Year-to-Date ▼ Receipt For: Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** KENNETH L. NOLLER Date of Receipt Mailing Address 750 WASHINGTON STREET 03 01 2007 City Zip Code State Transaction ID: SA11A1.11359 **BOSTON** MA 02111 Amount of Each Receipt this Period FEC ID number of contributing 500.00 C federal political committee. Name of Employer
TUFTS MEDICAL CENTER Occupation **PHYSICIAN** Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) C. BARRY A. NOORDA Date of Receipt Mailing Address 193 EASTRIDGE LANE 02 19 2007 Zip Code Citv State Transaction ID: SA11A1.11187 **LOGAN** UT Amount of Each Receipt this Period FEC ID number of contributing 250.00 C federal political committee. Name of Employer SELF-EMPLOYED Occupation PHYSICIAN Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 1250.00 SUBTOTAL of Receipts This Page (optional)

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 65 / 112	
	EMIZED RECEIPTS		or each category of the	(check only one)	
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or	for commercial purposes, other than using the r	name and add	dress of any political committee to	osolicit contributions from such committee.	
\setminus	NAME OF COMMITTEE (In Full)				
$ \rangle$	OB-GYNS FOR WOMEN'S HEALTH PA	AC			
	Full Name (Lock First Addulla Latin)				
Α.	Full Name (Last, First, Middle Initial) MARGARET C. NORDELL			Date of Receipt	
	Mailing Address 831 SOUTH BROADWA	AY		M M / D D / Y Y Y Y	
				04 11 2007	
	City	State	Zip Code	Transaction ID: SA11A1.11479	
	MINOT	ND	58701	Amount of Each Receipt this Period	
	FEC ID number of contributing	С		250.00	
	federal political committee.				
	Name of Employer TRINITY HEALTH	Occupation			
		PHYSICI			
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼		250.00		
	Other (specify)	1 1	0 0 0 0 0 0 0	J	
_	Full Name (Last, First, Middle Initial)				
В.	PATRICK D. NUNNELLY			Date of Receipt	
	Mailing Address 1301 WEST 38TH STR	EET		M M / D D / Y Y Y Y Y O D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	City	State	Zip Code	Transaction ID: SA11A1.11086	
	AUSTIN	TX	78705	Amount of Each Receipt this Period	
	FEC ID number of contributing		70700		
	federal political committee.	C		1000.00	
	Name of Freedom	10			
	Name of Employer SELF-EMPLOYED	Occupation PHYSICI			
	Receipt For:		e Year-to-Date ▼	_	
	Primary General	199.194.1		7	
	Other (specify) ▼		1000.00		
C.	Full Name (Last, First, Middle Initial) JERRY M. OBRITSCH			Date of Receipt	
٥.	Mailing Address 401 NORTH 9TH STRE	FT		M M / D D / Y Y Y Y	
	401110111101111	· L I		03 27 2007	
	City	State	Zip Code	Transaction ID: SA11A1.11433	
	BISMARCK	ND	58501	Amount of Each Receipt this Period	
	FEC ID number of contributing	С		500.00	
	federal political committee.				
	Name of Employer MID DAKOTA CENTER FOR WOM-		n		
	<u>EN</u>	PHYSICI			
			e Year-to-Date ▼		
	Primary General Other (specify) ▼		500.00		
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S	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 66 / 112
	EMIZED RECEIPTS		or each category of the	(check only one)
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Δr	y information copied from such Reports and Stat	emente may	not be sold or used by any porce	
or	for commercial purposes, other than using the na	ame and add	ress of any political committee to	solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
\rangle	OB-GYNS FOR WOMEN'S HEALTH PA	C		
Α.	Full Name (Last, First, Middle Initial) PETER E. PALACIO			Date of Receipt
	Mailing Address 62826 STENKAMP ROA	.D		03 / 01 / Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11A1.11282
	BEND	OR	97701	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer BEND OB/GYN	Occupation PHYSICIA		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		250.00	
_	Other (specify) ▼	0 0	250.00	
В.	Full Name (Last, First, Middle Initial) ROBERT C. PARK			Date of Receipt
	Mailing Address 11615 LE BARON TERF	0 5 1 4 2 0 0 7		
	City	State	Zip Code	Transaction ID: SA11A1.11602
	SILVER SPRING	MD	20902	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer RETIRED	Occupation PHYSICIA		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		250.00	
	Other (specify)		250.00	
<u> </u>	Full Name (Last, First, Middle Initial) ROBERT C. PARK			Date of Receipt
	Mailing Address 11615 LE BARON TERF	RACE		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11A1.11603
	SILVER SPRING	MD	20902	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	-		AN	
			Year-to-Date ▼	
	Primary General		500.00	
	Other (specify) ▼		500.00	
s	UBTOTAL of Receipts This Page (optional)			750.00
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SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	(check only one)		
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			Detailed Summary Page	13 14 15 16 17		
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or	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may name and add	r not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions a solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full)					
	OB-GYNS FOR WOMEN'S HEALTH PA					
Α.	Full Name (Last, First, Middle Initial) ROBERT C. PARK			Date of Receipt		
	Mailing Address 11615 LE BARON TERRACE			05 14 7 2007		
	City	State	Zip Code	Transaction ID: SA11A1.11604		
	SILVER SPRING	MD	20902	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		250.00		
	Name of Employer RETIRED	Occupation PHYSICI.				
	Receipt For: Primary General	Aggregate	Year-to-Date ▼			
	Other (specify) ▼		750.00			
				d .		
В.	Full Name (Last, First, Middle Initial) DONALD W. PARKER			Date of Receipt		
	Mailing Address 1307 WEST 3RD STREET			0 1 2 5 2 0 0 7		
	City	State	Zip Code	Transaction ID: SA11A1.11163		
	GILLETTE	WY	82716	Amount of Each Receipt this Period		
	FEC ID number of contributing					
	federal political committee.	C		500.00		
	Name of Employer ASSOCIATES IN WOMEN'S HEA- LTH	Occupation PHYSICI.				
	Receipt For:	Aggregate	Year-to-Date ▼	7		
	Primary General			1		
	Other (specify) ▼	0 0	500.00			
_	Full Name (Last, First, Middle Initial)					
C.	MICHAEL L. PECH			Date of Receipt		
	Mailing Address 0374 PINE RIDGE ROAD			04 11 2007		
	City	State	Zip Code	Transaction ID: SA11A1.11480		
	OSHKOSH	WI	54904	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		250.00		
	Name of Employer AURORA MEDICAL GROUP	Occupation PHYSICI.				
			Year-to-Date ▼	7		
	Primary General			1		
	Other (specify) ▼		250.00			
		1000.00				
S	UBTOTAL of Receipts This Page (optional)	1000.00				

SCHEDULE A (FEC Form 3X)			11	FOR LINE NUMBER: PAGE 68 / 112		
•			Use separate schedule(s) or each category of the	(check only one)		
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12		
				13 14 15 16 17		
An	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may	not be sold or used by any person	on for the purpose of soliciting contributions		
Oi	1 1	iame and add	aress or any political committee to	Solicit Contributions from Such Confinitee.		
	NAME OF COMMITTEE (In Full)	• •				
/	OB-GYNS FOR WOMEN'S HEALTH PA	AC				
<u>/</u>	Full Name (Last, First, Middle Initial)					
A.	ERIC M. PECK			Date of Receipt		
	Mailing Address 11535 SOUTH NORTHWOOD DRIVE			M M / D D / Y Y Y Y		
	0			05 14 2007		
	CIATUE	State Zip Code		Transaction ID: SA11A1.11605		
	OLATHE	KS	66061	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		250.00		
	rederal political committee.					
	Name of Employer OLATHE OB/GYN	Occupation				
		PHYSICI				
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General		250.00			
	Other (specify) ▼	0 0	1 1 1 1 1 1 1			
	Full Name (Last, First, Middle Initial)					
В.				Date of Receipt		
	Mailing Address 13429 DESERT HILLS NE			M M / D D / Y Y Y Y		
				01 25 2007		
	City	State	Zip Code	Transaction ID: SA11A1.11165		
	ALBUQUERQUE	NM	87111	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		500.00		
	rederal political committee.					
	Name of Employer UNIVERSITY OF NEW MEXICO	Occupation				
		PHYSICI				
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General Other (specify)		500.00			
	Other (specify)	0 0				
_	Full Name (Last, First, Middle Initial)					
C.				Date of Receipt		
	Mailing Address 13429 DESERT HILLS NE			M M / D D / Y Y Y Y		
	01 7 0			05 22 2007		
	City ALBUQUERQUE	State NM	Zip Code	Transaction ID: SA11A1.11663		
		INIVI	87111	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		500.00		
	Name of Employer UNIVERSITY OF NEW MEXICO					
		PHYSICI				
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General Other (specify) ▼		1000.00			
	Cirici (Specify)		0 0 0 0 0 0 0	1		
	L					
5	SUBTOTAL of Receipts This Page (optional)					
\vdash	ago (optional)					

PAGE 69 / 112 FOR LINE NUMBER: Use separate schedule(s) (check only one) or each category of the ITEMIZED RECEIPTS 11a 11b 11c **Detailed Summary Page** 13 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) **OB-GYNS FOR WOMEN'S HEALTH PAC** Full Name (Last, First, Middle Initial) TIMOTHY E. PHELAN Date of Receipt Mailing Address 1621 CREEKSIDE DRIVE 05 2007 14 City State Zip Code Transaction ID: SA11A1.11606 **FOLSOM** CA 95630 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 C federal political committee. Name of Employer SELF-EMPLOYED Occupation **PHYSICIAN** Aggregate Year-to-Date ▼ Receipt For: Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) B. ROBERT W. PHILLIPS Date of Receipt Mailing Address 501 WEST EUGIE AVENUE 0 5 22 2007 City Zip Code State Transaction ID: SA11A1.11664 **GLENDALE** ΑZ 85304 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Name of Employer DESERT WEST OB/GYN Occupation **PHYSICIAN** Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) C. JOEL C. PITTARD Date of Receipt Mailing Address 121 NORTH 20TH STREET 0.4 25 2007 Citv State Zip Code Transaction ID: SA11A1.11550 **OPELIKA** 36801 Amount of Each Receipt this Period FEC ID number of contributing 500.00 C federal political committee. Name of Employer LEE OB/GYN Occupation PHYSICIAN Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 2000.00 SUBTOTAL of Receipts This Page (optional)

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 70 / 112 (check only one)			
Ar	ny information copied from such Reports and State for commercial purposes, other than using the nar	ments may	not be sold or used by any pers	on for the purpose of soliciting contributions			
Š	NAME OF COMMITTEE (In Full) OB-GYNS FOR WOMEN'S HEALTH PAC		areas of any political committee to				
Α.	Full Name (Last, First, Middle Initial) TANYA S. PRATT Mailing Address 4606 NORSAW COURT			Date of Receipt 0 1 2 5 2 0 0 7			
	City GREENSBORO	State NC	Zip Code 27410	Transaction ID: SA11A1.11166 Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		250.00			
	WOMEN'S HOSPITAL OF GREEN.	Occupation PHYSICI Aggregate					
В.	Full Name (Last, First, Middle Initial) AUDREY I. PREFER Mailing Address 65 PATRIOT HILL DRIVE			Date of Receipt M			
	City	State	Zip Code	Transaction ID: SA11A1.11077			
	BASKING RIDGE FEC ID number of contributing federal political committee.	NJ C	07920	Amount of Each Receipt this Period 400.00			
	ADVANCED OBSTETRICS	Occupation PHYSICI	AN				
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 400.00				
C.				Date of Receipt			
	Mailing Address 2700 EAST 29TH STREET			04 03 7 2007			
	City BRYAN	State TX	Zip Code 77802	Transaction ID: SA11A1.11453 Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C	1 1 1 1 1	1000.00			
	SELF-EMPL'OYED	Occupation PHYSICI	AN				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00				
SUBTOTAL of Receipts This Page (optional)							
Т	TOTAL This Period (last page this line number only)						

PAGE 71 / 112 FOR LINE NUMBER: Use separate schedule(s) (check only one) or each category of the ITEMIZED RECEIPTS 11a 11b 11c **Detailed Summary Page** 13 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) **OB-GYNS FOR WOMEN'S HEALTH PAC** Full Name (Last, First, Middle Initial) A. DAVID M. PRIVER Date of Receipt Mailing Address 4282 GENESEE AVENUE 03 2007 01 City State Zip Code Transaction ID: SA11A1.11284 SAN DIEGO CA 92117 Amount of Each Receipt this Period FEC ID number of contributing 250.00 C federal political committee. Name of Employer SAN DIEGO WOMEN'S CLINIC Occupation **PHYSICIAN** Aggregate Year-to-Date ▼ Receipt For: Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. THOMAS F. PURDON Date of Receipt Mailing Address 706 EAST BENT BRANCH PLACE 03 05 2007 City State Zip Code Transaction ID: SA11A1.11246 **GREEN VALLEY** ΑZ 85614 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Name of Employer SELF-EMPLOYED Occupation **PHYSICIAN** Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) C. THOMAS F. PURDON Date of Receipt Mailing Address 706 EAST BENT BRANCH PLACE 03 05 2007 Citv State Zip Code Transaction ID: SA11A1.11247 **GREEN VALLEY** ΑZ 85614 Amount of Each Receipt this Period FEC ID number of contributing 250.00 C federal political committee. Name of Employer SELF-EMPLOYED Occupation PHYSICIAN Receipt For: Aggregate Year-to-Date ▼ Primary General 750.00 Other (specify) 1000.00 SUBTOTAL of Receipts This Page (optional)

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE /2/112	
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	(check only one) X 11a	
Ar	y information copied from such Reports and Stat for commercial purposes, other than using the na	tements may	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full) OB-GYNS FOR WOMEN'S HEALTH PA	vC			
Α.	Full Name (Last, First, Middle Initial) WILLIAM D. PUTMAN	Date of Receipt			
	Mailing Address 800 NORTH 1ST STREE	04 25 2007			
	City SPRINGFIELD	State IL	Zip Code 62702	Transaction ID: SA11A1.11551 Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		250.00	
	Name of Employer SPRINGFIELD CLINIC	Occupation PHYSICIAN			
	Receipt For: ☐ Primary ☐ General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00		
В.	Full Name (Last, First, Middle Initial) ALAN T. RAPPLEYE Mailing Address 3970 SOUTH 700 EAST			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	City	State	Zip Code	0 3 0 1 2 0 0 7 Transaction ID: SA11A1.11286	
	SALT LAKE CITY	UT	84107	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		250.00	
	Name of Employer Occup SELF-EMPLOYED PHYS				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00		
<u>с.</u>	Full Name (Last, First, Middle Initial) SARA W. REICHARD			Date of Receipt	
	Mailing Address 1164 RENWICK DRIVE			02 08 2007	
	City WEST CHESTER	State PA	Zip Code 19382	Transaction ID: SA11A1.11202 Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		250.00	
	Name of Employer GREAT VALLEY OB/GYN	Occupation PHYSICI			
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00		
s	UBTOTAL of Receipts This Page (optional)			750.00	
TOTAL This Period (last page this line number only)					

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER:	PAGE 73 / 112
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	(check only one) X 11a 11b 13 14	11c 12 15 16 17
Ar	y information copied from such Reports and St for commercial purposes, other than using the	atements may	y not be sold or used by any person dress of any political committee to	on for the purpose of solicit solicit contributions from s	ing contributions such committee.
	NAME OF COMMITTEE (In Full)		, , , , , , , , , , , , , , , , , , , ,		
	OB-GYNS FOR WOMEN'S HEALTH P	AC			
A.	Full Name (Last, First, Middle Initial) GLORIA A. RICHARD-DAVIS	ID DOL !! E	VADD	Date of Receipt	
	Mailing Address 1005 DR. D.B. TODD,	JR. BOULE	VARD	05 22	2007
	City	State	Zip Code	Transaction ID: SA	
	NASHVILLE	TN	37208	Amount of Each Red	ceipt this Period
	FEC ID number of contributing federal political committee.	C			250.00
	Name of Employer MEHARRY MEDICAL COLLEGE	Occupatio PHYSICI			
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		250.00	1	
	Other (specify) ▼	0 0	0 0 0 0 0 0	_	
В.	Full Name (Last, First, Middle Initial) JEFFREY R. RICHARDSON, JR.			Date of Receipt	
	Mailing Address 3555 LOMA VISTA RO	AD		M M / D D D D D 1 1 1	2007
	City	State	Zip Code	Transaction ID: SA	
	VENTURA	CA	93003	Amount of Each Red	
	FEC ID number of contributing federal political committee.	C			1000.00
	Name of Employer SELF-EMPLOYED	Occupatio PHYSICI			
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		1000.00	1	
	Other (specify) ▼	0 0	1000.00	1	
<u>с</u> .	Full Name (Last, First, Middle Initial) W. CLARK RIDLEY			Date of Receipt	
	Mailing Address 2012 EDGEBROOK COURT			0 2 D 0 8	2007
	City	State	Zip Code	Transaction ID: SA	.11A1.11206
	ARLINGTON	TX	76015	Amount of Each Red	ceipt this Period
	FEC ID number of contributing federal political committee.	C			250.00
	Name of Employer LIFE SPAN MEDICINE	Occupatio PHYSICI			
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼		250.00		
	LIPTOTAL of Possints This Poss (astiss-1)				1500.00
s	UBTOTAL of Receipts This Page (optional)				

SCHEDUL	E A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUM	
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			Detailed Summary Page		11b 11c 12 4 15 16 17
Any information	copied from such Reports and State purposes, other than using the i	atements may	y not be sold or used by any perso		
		name and add	dress of any political committee to	solicit contributions	s from such committee.
\	COMMITTEE (In Full) S FOR WOMEN'S HEALTH P.	AC			
A. SCOTT W. F				Date of Rece	eipt
	ress 4509 BRIAR HOLLOW	DRIVE State	Zip Code	0 4	25 2007
City PLANO		TX	75093		ID: SA11A1.11552 ach Receipt this Period
FEC ID num	nber of contributing cal committee.	C			250.00
Name of Em SELF-EMPI	nployer LOYED	Occupation PHYSICI			
Receipt For: Primal Other		Aggregate	e Year-to-Date ▼ 250.00		
ROGER B. F				Date of Rece	eipt
	ress 2612 PALATINE AVEN			0 2	28 4 2007
City		State	Zip Code		ID: SA11A1.11339
YAKIMA EEC ID num	abor of contribution	WA	98902	Amount of Ea	ach Receipt this Period
federal politi	nber of contributing cal committee.	C			250.00
Name of Em SELF-EMPI	nployer LOYED	Occupation PHYSICI			
Receipt For:			e Year-to-Date ▼		
Primal Other	ry ☐ General (specify) ♥	0 0	250.00		
RHONDA A.	Last, First, Middle Initial) SANDERSON			Date of Rece	eipt
Mailing Add	ress 45 TEMPLAR DRIVE			0 4	18 2007
City		State	Zip Code		ID: SA11A1.11531
WATCHU		NJ	07069	Amount of Ea	ach Receipt this Period
federal politi	nber of contributing cal committee.	С			250.00
Name of Em SELF-EMPI	LOYED	Occupation PHYSICI	AN		
Receipt For: Primal Other		Aggregate	e Year-to-Date ▼ 250.00		
SUBTOTAL o	f Receipts This Page (optional))		750.00
TOTAL This F	Period (last page this line number c	only)			

COUEDINE A (EEC Form 2V)				FOR LINE NUMBER: PAGE 75 / 112
SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	(check only one)
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			Detailed Summary Page	13 14 15 16 17
۸r	y information copied from such Reports and Sta	ntomonte may	, not be cold or used by any person	
or	for commercial purposes, other than using the r	name and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
$ \rangle$	OB-GYNS FOR WOMEN'S HEALTH PA	۸.		
	OB-GINGTON WOMENOTIEAETHT	10		
<u>/</u>	Full Name (Last, First, Middle Initial)			
A.	HAMID SANJAGHSAZ			Date of Receipt
	Mailing Address 6244 INKSTER ROAD			M M / D D / Y Y Y Y
				04 25 2007
	City	State	Zip Code	Transaction ID: SA11A1.11553
	GARDEN CITY	MI	48135	Amount of Each Receipt this Period
	FEC ID number of contributing			250.00
	federal political committee.	C		250.00
	N (F)	10		_
	Name of Employer SELF-EMPLOYED	Occupation		
	Decide Fem	PHYSICI		_
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		250.00	
	Other (specify)	0 0		J.
	Full Name (Land First Added Lattic)			
B.	Full Name (Last, First, Middle Initial) MICHAEL A. SBARRA			Date of Receipt
	Mailing Address 20 PROSPECT AVENU	M M / D D / Y Y Y Y		
	201110012017(12110	05 02 2007		
	City	State	Zip Code	Transaction ID: SA11A1.11574
	HACKENSACK	NJ	07601	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		500.00
	Name of Employer SELF-EMPLOYED	Occupation		
		PHYSICI		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		500.00	
	Other (specify)	0 0		J.
_	Full Name (Last Eirst Middle Initial)			
C.	Full Name (Last, First, Middle Initial) JANET M. SCHAFFER			Date of Receipt
	Mailing Address 2635 TOWN LAKE DRI	VF		M M / D D / Y Y Y Y
	2000 101111 2 1112 2111	• =		04 11 2007
	City	State	Zip Code	Transaction ID: SA11A1.11483
	WOODBURY	MN	55125	Amount of Each Receipt this Period
	FEC ID number of contributing			500.00
	federal political committee.	C		500.00
	Name of Familian	10	_	_
	Name of Employer PARK NICOLLET	Occupation PHYSICI		
	Receipt For:	-		_
	Primary General	Aggregate	e Year-to-Date ▼	
	Other (specify)	' '	500.00	
	(opconj) ▼	0 0	0 0 0 0 0 0 0	1
	LIPTOTAL of Possints This Poss (anticard)			1250.00
$ hild_{\sim}$	UBTOTAL of Receipts This Page (optional)			-

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)		PAGE 76/112			
IT	ITEMIZED RECEIPTS		or each category of the	(check only one) X 11a 11b 1	I1c		
			Detailed Summary Page		15 16 17		
Ar	ny information copied from such Reports and St for commercial purposes, other than using the	atements may	y not be sold or used by any person	on for the purpose of soliciting	y contributions		
7	NAME OF COMMITTEE (In Full)	TIATTIC ATTO ACC	aress or any pointed committee to	Solicit Contributions from Suc	TI COMMINICE.		
\rangle	OB-GYNS FOR WOMEN'S HEALTH P	AC					
Δ	Full Name (Last, First, Middle Initial) ROY A. SCHNEIDER			Date of Receipt			
۸.	Mailing Address 2601 EAST MAIN STR	EET		M M / D D /	Y Y Y Y		
	City	State	Zip Code	0 1 1 1 Transaction ID: SA11	2007		
	<u>VENTURA</u>	CA	93003	Amount of Each Recei			
	FEC ID number of contributing federal political committee.	С			250.00		
	Name of Employer KAISER	Occupation PHYSICI					
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00				
— В.	Full Name (Last, First, Middle Initial) PETER A. SCHWARTZ			Date of Receipt			
	Mailing Address P.O. BOX 16052	0 2 D D /	2007				
	City	State	Zip Code	Transaction ID: SA11	Transaction ID: SA11A1.11341		
	READING	PA	19610	Amount of Each Recei	pt this Period		
	FEC ID number of contributing federal political committee.	С			1000.00		
	Name of Employer SELF-EMPLOYED	Occupation PHYSICI					
	Receipt For:		e Year-to-Date 🔻				
	Primary General Other (specify) ▼		1000.00				
<u> </u>	Full Name (Last, First, Middle Initial) MARLA L. SCOTT			Date of Receipt			
•	Mailing Address P.O. BOX 2037			0 3 0 1	2007		
	City	State	Zip Code	Transaction ID: SA11			
	AIKEN	SC	29803	Amount of Each Recei	ot this Period		
	FEC ID number of contributing federal political committee.	C			250.00		
Name of Employer MAGNOLIA MEDICAL OFFICE			MANAGER				
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	,			
	Other (specify) ▼		250.00				
s	UBTOTAL of Receipts This Page (optional)				1500.00		
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SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 77 / 112
ITEMIZED RECEIPTS		or each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may e name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) OB-GYNS FOR WOMEN'S HEALTH	PAC		
Full Name (Last, First, Middle Initial) BAHRAM SHAH-HOSSEINI Mailing Address 30 BRIARWOOD ROA City LINCOLN FEC ID number of contributing	State RI	Zip Code 02865	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: SA11A1.11170 Amount of Each Receipt this Period 250.00
Receipt For: Primary Other (specify)	Occupatio PHYSICI		250.00
Full Name (Last, First, Middle Initial) F. MICHAEL SHAW Mailing Address 15 NORTH BROADW	AY		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11A1.11436
WHITE PLAINS FEC ID number of contributing federal political committee.	C	10601	Amount of Each Receipt this Period 500.00
Name of Employer WHITE PLAINS OB/GYN Receipt For: Primary General Other (specify) ▼	Occupatio PHYSICI Aggregate		
Full Name (Last, First, Middle Initial) DEBORAH K. SHEPARD Mailing Address P.O. BOX 20052	1		Date of Receipt M
City ST. SIMONS	State GA	Zip Code 31522	Transaction ID: SA11A1.11104 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer SELF-EMPLOYED Receipt For: Primary General Other (specify) ▼	Occupation PHYSICI Aggregate		
SUBTOTAL of Receipts This Page (optional)		·····	1000.00
TOTAL This Period (last page this line number	only)		

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SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 78 / 112
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			13 14 15 16 17
Any information copied from such Reports and State or for commercial purposes, other than using the nar	ements may me and add	not be sold or used by any perso lress of any political committee to	in for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
OB-GYNS FOR WOMEN'S HEALTH PAG	С		
Full Name (Last, First, Middle Initial) A. ARTHUR P. SIGNORELLA			Date of Receipt
Mailing Address 4733 BAYARD STREET			02 16 7 2007
City	State	Zip Code	Transaction ID: SA11A1.11216
PITTSBURGH	PA	15213	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
SELE EMBLOYED	Occupation PHYSICIA		7
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General		250.00	1
Other (specify) ▼		250.00	
Full Name (Last, First, Middle Initial) 3. ELIZABETH A. SIMONEAU			Date of Receipt
Mailing Address 5289 NORTH SUNSET S	M M / D D / Y Y Y Y		
	04 18 2007		
City	State	Zip Code	Transaction ID: SA11A1.11532
TUCSON	AZ	85750	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer SELF-EMPLOYED	Occupation	1	7
SELF-EIVIFLOTED	PHYSICIA	AN	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General	'''	500.00	
Other (specify)		000.00	1
Full Name (Last, First, Middle Initial) LAURA L. SIROTT			Date of Receipt
Mailing Address 10 CONGRESS STREET	=		02 28 7 2007
City	State	Zip Code	Transaction ID: SA11A1.11342
PASADENA	CA	91105	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
SELE EMBLOYED	Occupation PHYSICIA		7
Receipt For:	Aggregate	Year-to-Date ▼	7
Primary General		050.00	1
Other (specify) ▼		250.00	
			1000.00
SUBTOTAL of Receipts This Page (optional)		>	1000.00

PAGE 79 / 112 FOR LINE NUMBER: Use separate schedule(s) (check only one) or each category of the ITEMIZED RECEIPTS 11a 11b 11c **Detailed Summary Page** 13 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) **OB-GYNS FOR WOMEN'S HEALTH PAC** Full Name (Last, First, Middle Initial) SIDNEY T. SMITH Date of Receipt Mailing Address 1000 COLD BRANCH DRIVE 05 02 2007 City Zip Code State Transaction ID: SA11A1.11576 **COLUMBIA** SC 29723 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 C federal political committee. Name of Employer SOUTH CAROLINA ONCOLOGY Occupation **PHYSICIAN** Aggregate Year-to-Date ▼ Receipt For: Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) B. STACY L. SMITHSON Date of Receipt Mailing Address 1404 WEST MAIN STREET 25 2007 City Zip Code State Transaction ID: SA11A1.11172 **LEXINGTON** SC 29072 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Name of Employer LAKE MARY OB/GYN Occupation **PHYSICIAN** Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) C. RICK D. ST. ONGE Date of Receipt Mailing Address 554 JUNIPER LANE 04 2007 11 Citv State Zip Code Transaction ID: SA11A1.11484 **GALLIPOLIS** OH 45631 Amount of Each Receipt this Period FEC ID number of contributing 500.00 C federal political committee. Name of Employer HOLZER CLINIC Occupation PHYSICIAN Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 2000.00 SUBTOTAL of Receipts This Page (optional)

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 80 / 112 (check only one) X 11a 11b 11c 12
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$\overline{\rangle}$	NAME OF COMMITTEE (In Full) OB-GYNS FOR WOMEN'S HEALTH PA	С		
۹.	Full Name (Last, First, Middle Initial) GAYLE M. STEWART Mailing Address 1060 FAST 100 SOUTH			Date of Receipt
	Mailing Address 1060 EAST 100 SOUTH			01 25 2007
	City SALT LAKE CITY	State UT	Zip Code 84102	Transaction ID: SA11A1.11174 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	04102	250.00
	Name of Employer ALPINE MEDICAL GROUP	Occupation PHYSICIA	AN	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
₹	Full Name (Last, First, Middle Initial) J. CRAIG STRAFFORD			Date of Receipt
.	Mailing Address 494 BUHL MORTON RO	AD		0 2 Date of receipt
	City GALLIPOLIS	State OH	Zip Code	Transaction ID: SA11A1.11348
	FEC ID number of contributing federal political committee.	C	45631	Amount of Each Receipt this Period 1000.00
	Name of Employer HOLZER CLINIC	Occupation PHYSICIA		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
).	Full Name (Last, First, Middle Initial) JANETTE H. STRATHY			Date of Receipt
	Mailing Address 5428 WEST HIGHWOOI	D DRIVE		01 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City EDINA	State MN	Zip Code 55436	Transaction ID: SA11A1.11106 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	33430	1000.00
	Name of Employer PARK NICOLET CLINIC	Occupation PHYSICIA		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
s	UBTOTAL of Receipts This Page (optional)			2250.00

COUEDINE A /EEC Form 2V)				FOR LINE NUMBER: PAGE 81 / 112
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or	for commercial purposes, other than using the	name and add	dress of any political committee to	o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
$ \rangle$	OB-GYNS FOR WOMEN'S HEALTH P	۸۲		
	OB-GING FOR WOMENO HEALITT	Α0		
<u>/</u>	Full Name (Last, First, Middle Initial)			
A.	ALBERT L. STRUNK			Date of Receipt
	Mailing Address 698 CONSTELLATION	COURT		M M / D D / Y Y Y Y
				03 05 2007
	City	State	Zip Code	Transaction ID: SA11A1.11250
	DAVIDSONVILLE	MD	21035	Amount of Each Receipt this Period
	FEC ID number of contributing			1000.00
	federal political committee.	C		1000.00
		10		_
	Name of Employer ACOG	Occupation		
			ESIDENT	_
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		1000.00	
	Other (specify)	1 1		1
	Full Name of Local First Added Lattice			
B.	Full Name (Last, First, Middle Initial) RAMON A. SUAREZ			Date of Receipt
٥.	Mailing Address 725 NORTH ISLAND D	M M / D D / Y Y Y Y		
	Walling Address 725 NOTTH ISLAND D	0 2 2 2 8 2 0 0 7		
	City	State	Zip Code	Transaction ID: SA11A1.11349
	ATLANTA	GA	30327	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer SELF-EMPLOYED	Occupation		
		PHYSICI		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		250.00	1
	Other (specify)		230.00	
C	Full Name (Last, First, Middle Initial) JEAN R. TALATI			Date of Receipt
٥.	Mailing Address 369 PINEHURST DRIV			M M / D D / Y Y Y Y
	Maining real see 309 INCHORS DITTY	L		05 04 2007
	City	State	Zip Code	Transaction ID: SA11A1.11562
	EAST LONGMEADOW	MA	01028	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		250.00
	Name of Employer RIVERSBEND MEDICAL	Occupation		
		PHYSICI		_
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		250.00	11
	Other (specify)		200.00	1
				1500.00
L _S	UBTOTAL of Receipts This Page (optional)			1000.00

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 82 / 112	
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Δn	y information copied from such Reports and St	atements may	not he sold or used by any ners		
or	for commercial purposes, other than using the	name and add	dress of any political committee to	o solicit contributions from such committee.	
\setminus	NAME OF COMMITTEE (In Full)				
	OB-GYNS FOR WOMEN'S HEALTH P	AC			
Α.	Full Name (Last, First, Middle Initial) BRUCE E. TAYLOR			Date of Receipt	
	Mailing Address 721 REDWOOD DRIVE	Ī		02 / 28 / 2007	
	City	State	Zip Code	Transaction ID: SA11A1.11350	
	LINCOLN	NE	68510	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		1000.00	
	Name of Employer CONTEMPORARY HEALTH CARE	Occupation PHYSICI			
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General	'''	1000.00		
	Other (specify) ▼	0 0		_	
В.	Full Name (Last, First, Middle Initial) JUDY A. TIEDT			Date of Receipt	
	Mailing Address P.O. BOX 2469			05 14 2007	
	City	State	Zip Code	Transaction ID: SA11A1.11608 Amount of Each Receipt this Period	
	LANCASTER	PA	29721		
		FFO ID reveals or of a satisfaction		I Amount of Each Receipt this Period	
			29721		
	FEC ID number of contributing federal political committee.	C	29721	500.00	
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	FEC ID number of contributing		1		
	FEC ID number of contributing federal political committee.	Occupation HEAD NU	1		
	FEC ID number of contributing federal political committee. Name of Employer DOUGLAS L. TIEDT, MD Receipt For: Primary General	Occupation HEAD NU	n JRSE e Year-to-Date ▼		
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	FEC ID number of contributing federal political committee. Name of Employer DOUGLAS L. TIEDT, MD Receipt For: Primary General	Occupation HEAD NU	n JRSE e Year-to-Date ▼		
C.	FEC ID number of contributing federal political committee. Name of Employer DOUGLAS L. TIEDT, MD Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial)	Occupation HEAD NU	n JRSE e Year-to-Date ▼	Date of Receipt	
c.	FEC ID number of contributing federal political committee. Name of Employer DOUGLAS L. TIEDT, MD Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) PAUL G. TOMICH Mailing Address 3637 QUINCE COURT	Occupation HEAD NU Aggregate	DIRSE Year-to-Date ▼ 500.00	Date of Receipt 0 3	
	FEC ID number of contributing federal political committee. Name of Employer DOUGLAS L. TIEDT, MD Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) PAUL G. TOMICH Mailing Address 3637 QUINCE COURT City	Occupation HEAD NU Aggregate	DIRSE e Year-to-Date ▼ 500.00 Zip Code	Date of Receipt M M	
c.	FEC ID number of contributing federal political committee. Name of Employer DOUGLAS L. TIEDT, MD Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) PAUL G. TOMICH Mailing Address 3637 QUINCE COURT City DOWNERS GROVE	Occupation HEAD NU Aggregate	DIRSE Year-to-Date ▼ 500.00	Date of Receipt 0 3	
C.	FEC ID number of contributing federal political committee. Name of Employer DOUGLAS L. TIEDT, MD Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) PAUL G. TOMICH Mailing Address 3637 QUINCE COURT City	Occupation HEAD NU Aggregate	DIRSE e Year-to-Date ▼ 500.00 Zip Code	Date of Receipt M M	
c.	FEC ID number of contributing federal political committee. Name of Employer DOUGLAS L. TIEDT, MD Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) PAUL G. TOMICH Mailing Address 3637 QUINCE COURT City DOWNERS GROVE FEC ID number of contributing federal political committee. Name of Employer UNIVERSITY OF NEBRASKA	Occupation HEAD NU Aggregate	DRSE BY Year-to-Date	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
C .	FEC ID number of contributing federal political committee. Name of Employer DOUGLAS L. TIEDT, MD Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) PAUL G. TOMICH Mailing Address 3637 QUINCE COURT City DOWNERS GROVE FEC ID number of contributing federal political committee. Name of Employer UNIVERSITY OF NEBRASKA Receipt For:	Occupation HEAD NU Aggregate State IL C Occupation PHYSICI	DRSE BY Year-to-Date	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
c.	FEC ID number of contributing federal political committee. Name of Employer DOUGLAS L. TIEDT, MD Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) PAUL G. TOMICH Mailing Address 3637 QUINCE COURT City DOWNERS GROVE FEC ID number of contributing federal political committee. Name of Employer UNIVERSITY OF NEBRASKA Receipt For: Primary General	Occupation HEAD NU Aggregate State IL C Occupation PHYSICI	DRSE 2 Year-to-Date Zip Code 60515	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
C.	FEC ID number of contributing federal political committee. Name of Employer DOUGLAS L. TIEDT, MD Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) PAUL G. TOMICH Mailing Address 3637 QUINCE COURT City DOWNERS GROVE FEC ID number of contributing federal political committee. Name of Employer UNIVERSITY OF NEBRASKA Receipt For:	Occupation HEAD NU Aggregate State IL C Occupation PHYSICI	DRSE e Year-to-Date ▼ 500.00 Zip Code 60515 AN e Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	FEC ID number of contributing federal political committee. Name of Employer DOUGLAS L. TIEDT, MD Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) PAUL G. TOMICH Mailing Address 3637 QUINCE COURT City DOWNERS GROVE FEC ID number of contributing federal political committee. Name of Employer UNIVERSITY OF NEBRASKA Receipt For: Primary General Other (specify) Other (specify)	C Occupation HEAD NU Aggregate IL C Occupation PHYSICI Aggregate	DRSE e Year-to-Date ▼ 500.00 Zip Code 60515 AN e Year-to-Date ▼ 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	FEC ID number of contributing federal political committee. Name of Employer DOUGLAS L. TIEDT, MD Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) PAUL G. TOMICH Mailing Address 3637 QUINCE COURT City DOWNERS GROVE FEC ID number of contributing federal political committee. Name of Employer UNIVERSITY OF NEBRASKA Receipt For: Primary General	C Occupation HEAD NU Aggregate IL C Occupation PHYSICI Aggregate	DRSE e Year-to-Date ▼ 500.00 Zip Code 60515 AN e Year-to-Date ▼ 250.00	Date of Receipt M M M D D D Y Y Y Y Y O 3	

PAGE 83 / 112 FOR LINE NUMBER: Use separate schedule(s) (check only one) or each category of the ITEMIZED RECEIPTS 11a 11b 11c **Detailed Summary Page** 13 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) **OB-GYNS FOR WOMEN'S HEALTH PAC** Full Name (Last, First, Middle Initial) PAUL D. URNES Date of Receipt Mailing Address 880 NORTH LAKE SHORE DRIVE 2007 18 City Zip Code State Transaction ID: SA11A1.11533 **CHICAGO** 60611 Ш Amount of Each Receipt this Period FEC ID number of contributing 250.00 C federal political committee. Name of Employer RETIRED Occupation **PHYSICIAN** Aggregate Year-to-Date ▼ Receipt For: Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** ROBERT L. VERMILLION Date of Receipt Mailing Address 10 24TH STREET, SW 02 28 2007 City State Zip Code Transaction ID: SA11A1.11351 **ROANOKE** V٨ 24013 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer PHYSICIANS TO WOMEN Occupation **PHYSICIAN** Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) C. WILLIAM C. VOGELPOHL Date of Receipt Mailing Address 337 EL DORADO STREET 05 14 2007 Citv State Zip Code Transaction ID: SA11A1.11610 **MONTEREY** CA 93940 Amount of Each Receipt this Period FEC ID number of contributing 500.00 C federal political committee. Name of Employer SELF-EMPLOYED Occupation PHYSICIAN Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 1000.00 SUBTOTAL of Receipts This Page (optional)

PAGE 84 / 112 FOR LINE NUMBER: Use separate schedule(s) (check only one) or each category of the ITEMIZED RECEIPTS 11a 11b 11c **Detailed Summary Page** 13 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) **OB-GYNS FOR WOMEN'S HEALTH PAC** Full Name (Last, First, Middle Initial) JOSEPHINE L. VON HERZEN Date of Receipt Mailing Address 883 CREEKSIDE DRIVE SE 05 2007 16 City Zip Code State Transaction ID: SA11A1.11591 SALEM OR 97306 Amount of Each Receipt this Period FEC ID number of contributing 250.00 C federal political committee. Name of Employer SALEM HOSPITAL Occupation **PHYSICIAN** Aggregate Year-to-Date ▼ Receipt For: Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. J.B. WALLACE Date of Receipt Mailing Address 1414 ARLINGTON 25 2007 City State Zip Code Transaction ID: SA11A1.11178 **ADA** OK 74820 Amount of Each Receipt this Period FEC ID number of contributing C 300.00 federal political committee. Name of Employer RETIRED Occupation **PHYSICIAN** Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) C. PHILIP L. WATTERSON Date of Receipt Mailing Address 5328 CHAMPIONSHIP CUP LANE 05 22 2007 Zip Code Citv State Transaction ID: SA11A1.11586 **BROOKSVILLE** FI 34609 Amount of Each Receipt this Period FEC ID number of contributing 250.00 C federal political committee. Name of Employer SELF-EMPLOYED Occupation PHYSICIAN Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 800.00 SUBTOTAL of Receipts This Page (optional)

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\	OF COMMITTEE (In Full) YNS FOR WOMEN'S HEALTH PA	I C			
A. DONAL Mailing City EAU (FEC IE federal	me (Last, First, Middle Initial) D F. WEBER Address 3508 SHARON DRIVE CLAIRE O number of contributing political committee. of Employer ER MIDELFORT	State WI C Occupation PHYSICI		Transaction ID:	28 2007 SA11A1.11352 Receipt this Period 250.00
	ot For: Primary General Other (specify) ♥		Year-to-Date ▼ 250.00		
GERSO	ume (Last, First, Middle Initial) ON WEISS Address 185 SOUTH ORANGE S	STREET			1 1 2 0 0 7
City		State	Zip Code		SA11A1.11486
	ARK O number of contributing political committee.	C	07103	Amount of Each	Receipt this Period 250.00
Receip	of Employer JERSEY MEDICAL SCHOOL It For: Primary General Other (specify)	Occupation PHYSICI Aggregate			
Mailing	nme (Last, First, Middle Initial) ELL J. WEISTER Address 850 EAST HARVARD A	VENUE			14 2007
City DENV	/ER	State CO	Zip Code 80210		SA11A1.11401 Receipt this Period
FEC ID	number of contributing political committee.	C			250.00
Receip	of Employer EMPLOYED It For: Primary General Other (specify)	Occupation PHYSICI Aggregate			
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\setminus	NAME OF COMMITTEE (In Full)			
\rangle	OB-GYNS FOR WOMEN'S HEALTH PA	AC		
Α.	Full Name (Last, First, Middle Initial) ROBERT M. WHEELER			Date of Receipt
	Mailing Address 707 HOLLYBROOK DR	IVE		05 / 22 / Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11A1.11670
	LONGVIEW	TX	75605	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer DIAGNOSTIC CLINIC OF LONG- VIEW	Occupatio PHYSICI		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		250.00	1
	Other (specify)	0 0	250.00	
В.	Full Name (Last, First, Middle Initial) ESTELLE H. WHITNEY			Date of Receipt
	Mailing Address 1941 LIMESTONE ROA	02 28 2007		
	City	Transaction ID: SA11A1.11353		
	PHILADELPHIA	PA	19131	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer CHRISTIANA CARE	Occupatio PHYSICI		
	Receipt For:		e Year-to-Date ▼	
	Primary General	1 99 - 9		1
	Other (specify) ▼	0 0	250.00	
<u> </u>	Full Name (Last, First, Middle Initial) MITCHELL L. WILLENS			Date of Receipt
	Mailing Address 910 EAST HOUSTON S	STREET		05 22 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11A1.11672
	TYLER	TX	75702	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer TYLER OB/GYN	Occupatio PHYSICI		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		500.00	1
	Other (specify)		500.00	
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PAGE 87 / 112 FOR LINE NUMBER: Use separate schedule(s) (check only one) or each category of the ITEMIZED RECEIPTS 11a 11b 11c **Detailed Summary Page** 13 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) **OB-GYNS FOR WOMEN'S HEALTH PAC** Full Name (Last, First, Middle Initial) JOHN B. WILLEY Date of Receipt Mailing Address 323 GREENFIELD AVENUE 05 22 2007 City State Zip Code Transaction ID: SA11A1.11673 **WINCHESTER** VA 22602 Amount of Each Receipt this Period FEC ID number of contributing 500.00 C federal political committee. Name of Employer SELF-EMPLOYED Occupation **PHYSICIAN** Aggregate Year-to-Date ▼ Receipt For: Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. DAVID J. WILLIAMS Date of Receipt Mailing Address 460 WEST BANKHEAD 0.4 18 2007 City Zip Code State Transaction ID: SA11A1.11534 **NEW ALBANY** MS 38652 Amount of Each Receipt this Period FEC ID number of contributing C 1500.00 federal political committee. Name of Employer WOMEN'S CLINIC OF NEW ALB-Occupation **PHYSICIAN** <u>ANY</u> Receipt For: Aggregate Year-to-Date ▼ Primary General 1500.00 Other (specify) Full Name (Last, First, Middle Initial) C. PERRIL WITTGROVE Date of Receipt Mailing Address 6719 ALVARADO ROAD 0.4 18 2007 Citv State Zip Code Transaction ID: SA11A1.11535 SAN DIEGO CA 92120 Amount of Each Receipt this Period FEC ID number of contributing 250.00 C federal political committee. Name of Employer SELF-EMPLOYED Occupation PHYSICIAN Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 2250.00 SUBTOTAL of Receipts This Page (optional)

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	NAME OF COMMITTEE (In Full)			
	OB-GYNS FOR WOMEN'S HEALTH PA	AC		
A.	Full Name (Last, First, Middle Initial) HUGH D. WOLCOTT			Date of Receipt
	Mailing Address 100 KINGSLEY LANE			02 / 28 / 2007
	City	State	Zip Code	Transaction ID: SA11A1.11354
	NORFOLK	VA	23505	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer WOMAN CARE CENTERS	Occupation PHYSICI.		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
	Other (specify)	0 0		J.
— В.	Full Name (Last, First, Middle Initial) CONCHITA L. WOODRUFF			Date of Receipt
	Mailing Address 17318 WEST 6TH STR	M M / D D / Y Y Y Y		
		02 08 2007		
	City	State	Zip Code	Transaction ID: SA11A1.11210
	SAND SPRINGS	OK	74063	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer GREEN COUNTRY HEALTHCARE	Occupation PHYSICI.		
	Receipt For:	Aggregate	Year-to-Date ▼	7
	Primary General			1
	Other (specify) ▼	0 0	500.00	
_	Full Name (Last, First, Middle Initial) MICHAEL P. WOODS			Date of Receipt
J .	Mailing Address 2206 LONGO DRIVE			M M / D D / Y Y Y Y
		0	7: 0 1	03 05 2007
	City	State	Zip Code	Transaction ID: SA11A1.11252
	BELLEVUE	NE	68005	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			2500.00
	Name of Employer BELLEVUE OB/GYN	Occupation PHYSICI.		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		0500.00	1 I
	Other (specify) ▼		2500.00	
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s	UBTOTAL of Receipts This Page (optional)			3250.00
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	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)									
IT	EMIZED RECEIPTS		or each category of the	X 11a 11b 11c 12									
			Detailed Summary Page	13 14 15 16 17									
۸۳	y information copied from such Reports and Sta	ntomonto mo	ract be cold or used by any pere										
or	for commercial purposes, other than using the r	name and add	rnot be sold or used by any perso Iress of any political committee to	osolicit contributions from such committee.									
\setminus	NAME OF COMMITTEE (In Full)												
\rangle	OB-GYNS FOR WOMEN'S HEALTH PA	AC											
Α.	Full Name (Last, First, Middle Initial) MICHAEL P. WOODS			Date of Receipt									
	Mailing Address 2206 LONGO DRIVE			05 24 2007									
	City	State	Zip Code	Transaction ID: SA11A1.11629									
	BELLEVUE	NE	68005	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	C		500.00									
	Name of Employer BELLEVUE OB/GYN	Occupation PHYSICI.											
	Receipt For:	Aggregate	Year-to-Date ▼										
	Primary General			1									
	Other (specify)		3000.00										
В.	Full Name (Last, First, Middle Initial) MARY R. WREN			Date of Receipt									
	Mailing Address 628 HOSPITAL DRIVE			M M / D D / Y Y Y Y									
				02 28 2007									
	City	State	Zip Code	Transaction ID: SA11A1.11355									
	MOUNTAIN HOME	AZ	72653	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	C		250.00									
	Name of Employer SELF-EMPLOYED	Occupation PHYSICI.		7									
	Receipt For:		Year-to-Date ▼	-									
	Primary General	7 199. 094.10		1									
	Other (specify) ▼		250.00										
			0 0 0 0 0 0 0	4									
<u> </u>	Full Name (Last, First, Middle Initial) JEFFREY A. WRIGHTSON			Date of Receipt									
	Mailing Address 1950 PINTO LANE			02 28 2007									
	City	State	Zip Code	Transaction ID: SA11A1.11357									
	LAS VEGAS	NV	89106	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	C		250.00									
				_									
	Name of Employer SELF-EMPLOYED	Occupation PHYSICI.											
	Receipt For:	-	Year-to-Date ▼	\dashv									
	Primary General	, iggi egale	Total to Duto ¥	1									
	Other (specify)		250.00										
	Caron (opcony)	0 0	0 0 0 0 0 0 0	4									
				1000.00									
Ls	UBTOTAL of Receipts This Page (optional)												

Primary

Other (specify)

General

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

PAGE 90 / 112 FOR LINE NUMBER: Use separate schedule(s) (check only one) or each category of the 11a 11b 11c **Detailed Summary Page** 13 14 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 PAC** Full Name (Last, First, Middle Initial) CONCEPCION T. YEN Date of Receipt Mailing Address 1728 JONATHAN STREET 0.4 2007 11 City State Zip Code Transaction ID: SA11A1.11488 **ALLENTOWN** PA 18104 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 C federal political committee. Name of Employer SELF-EMPLOYED Occupation **PHYSICIAN** Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) B. HELIO C. ZAPATA Date of Receipt Mailing Address P.O. BOX 47259 0.4 11 2007 City Transaction ID: SA11A1.11489 State Zip Code **CHICAGO** IL 60647 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Name of Employer MOUNT CARMEL MEDICAL CENT-Occupation **PHYSICIAN** <u>ER</u> Receipt For: Aggregate Year-to-Date ▼

500.00

SUBTOTAL of Receipts This Page (optional)		1500.00
TOTAL This Period (last page this line number only)	<u> </u>	120916.00

SI	CHEDULE A (FEC Form 3X)		Llas saparata sabadi	ulo(o)	FOR LINE NUMBER: PAGE 91 / 112
	EMIZED RECEIPTS		Use separate schedu or each category of the Detailed Summary Pa	ne`´	(check only one) 11a
	y information copied from such Reports and St for commercial purposes, other than using the				
\rangle	NAME OF COMMITTEE (In Full) OB-GYNS FOR WOMEN'S HEALTH P	AC			
١.	Full Name (Last, First, Middle Initial) TORPEDO FACTORY ART CENTER				Date of Receipt
	Mailing Address 105 NORTH UNION ST	ΓREET			04 23 7 2007
	City	State	Zip Code		Transaction ID: SA15.11504
	ALEXANDRIA	VA	22314		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C			1020.00
	Name of Employer	Occupation	1		REFUND OF GENERIC SITE RE- NTAL DEPOSIT
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	0.00	

SUBTOTAL of Receipts This Page (optional)	•	1020.00
TOTAL This Period (last page this line number only)	•	1020.00

	CHEDULE B (FEC Form 3X)	Use sep	erate schedule(s)			LINE NUMBER: P			PAGE	112	
IT	EMIZED DISBURSEMENTS		category of the Summary Page		- <u> </u>	22 28a	23 28l		24 28c	25 29	26 30b
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\rangle	OB-GYNS FOR WOMEN'S HEALTH I	PAC									
Α.	Full Name (Last, First, Middle Initial) AMERICAN EXPRESS					Date o	of Disbu	rsemen			
	Mailing Address P.O. BOX 53852					0,3	M /	0 5	/ 2	ž o ŏ 7	7 ^Y
	City PHOENIX	State AZ	Zip Code 85072			Amou	nt of Ea	ch Disb	ursemer		
	Purpose of Disbursement CREDIT CARD TRANSACTION FEES					L.				8.8	85
	Candidate Name				egory/ /pe						
	Office Sought: House Dis Senate President	bursement For: Primary Other (spe	General ecify)								
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В.	Full Name (Last, First, Middle Initial) AMERICAN EXPRESS					Date o	of Disbu	rsemen			
	Mailing Address P.O. BOX 53852					0 ^M 4	M /	05	2	ž o ŏ 7	7 ^Y
	City PHOENIX	State AZ	Zip Code 85072			Amou	nt of Ea	ch Disb	ursemer		
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	Candidate Name				egory/ /pe						
	Office Sought: House Dis Senate President State: District:	bursement For: Primary Other (spe	General ecify) ▼								
C.	Full Name (Last, First, Middle Initial) AMERICAN EXPRESS							ID: SB2	21B.115	580	
	Mailing Address P.O. BOX 53852					0 ^M 5	M /	07	/ Y 2	ž o ŏ 7	7 ^Y
	City PHOENIX	State AZ	Zip Code 85072			Amou	nt of Ea	ch Disb	ursemer	nt this F	Period
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	Candidate Name				egory/ /pe						
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	y Information copied from such Reports and Staten for commercial purposes, other than using the nam										5		
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) OB-GYNS FOR WOMEN'S HEALTH PAC												
۹.	Full Name (Last, First, Middle Initial) D.C. TREASURER					Date o	f Disburs		.1111	3			
	Mailing Address P.O. BOX 96384					0 ^M 1	M / D	17	Ž	0 ŏ 7	Y		
	City WASHINGTON	State DC	Zip Code 20090			Amoui	nt of Eac	h Disburse			-		
	Purpose of Disbursement SALES & USE TAXES				7				2	207.4	12		
	Candidate Name			Category/ Type									
	Office Sought: House Disburse Senate President State: District:	ement For: Primary Other (spe	General cify) ▼										
3.	Full Name (Last, First, Middle Initial) FIRST NATIONAL MERCHANT SOLUTIO	NS				Date o	f Disburs		.1113	34			
	Mailing Address 1620 DODGE STREET					0 2	M / D	02 /	Ž	0 ŏ 7	Y		
	City OMAHA	State NE	Zip Code 68197			Amoui	nt of Eac	h Disburse	ement	this P	eriod		
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	Office Sought: House Senate President State: District:	ement For: Primary Other (spe	General cify) ▼	- 71									
).	Full Name (Last, First, Middle Initial) FIRST NATIONAL MERCHANT SOLUTIO	NS					action ID): SB21B.	.1126	61			
	Mailing Address 1620 DODGE STREET							02 /	ž	0 ŏ 7	Y		
	City OMAHA	State NE	Zip Code 68197			Amoui	nt of Eacl	h Disburse	ement	this P	eriod		
	Purpose of Disbursement CREDIT CARD TRANSACTION FEES				7					122.5	59		
	Candidate Name			Category/ Type									
	Senate President	ement For: Primary Other (spe	General cify) ▼										
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OB-GYNS FOR WOMEN'S HEALTH PAC											
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	itate Zip Code NE 68197			Amo	ount o	f Each	Disburs	emen	t this P	eriod	_
Purpose of Disbursement			-	† L					526.1	5	
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President	Other (specify)										
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Senate	Primary General										
President State: District:	Other (specify)										
Full Name (Last, First, Middle Initial)				-		-	SB21E	3.110	72		
SUSANNE HAESSLER				М	М	isburse		Y Y	Y	Υ	
Mailing Address 3700 MASSACHUSETTS	AVENUE, NW			0 1		1	5 /	2	0 ŏ 7		
,	itate Zip Code DC 20016			Amo	ount o	f Each	Disburs	emen	t this P	eriod	_
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TOTAL This Period (last page this line number only) .			•								

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	y Information copied from such Reports and Statem											is
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\rangle	OB-GYNS FOR WOMEN'S HEALTH PAC											
Α.	Full Name (Last, First, Middle Initial) SUSANNE HAESSLER					1		ion ID		21B.11	073	
	Mailing Address 3700 MASSACHUSETTS	3 AVENUE, NW				0 ^M 1	М	/ D	5	/ Y	žoŏ	7 ^Y
		State Zip Code DC 20016				Amou	ınt c	f Each	Disb	urseme	nt this	Period
	Purpose of Disbursement POSTAGE & DELIVERY			ů	· ·] L.					65.	13
	Candidate Name				egory/ /pe							
	Office Sought: House Disburse Senate President State: District:	ement For: Primary General Other (specify)										
В.	Full Name (Last, First, Middle Initial) SUSANNE HAESSLER							ion ID	_	21B.11 t	132	
	Mailing Address 3700 MASSACHUSETTS	S AVENUE, NW				0 ^M 2	М	/ D) ^D	/ Y	ž 0 0 7	7 ^Y
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C.	SUSANNE HAESSLER					М	of D	isburs	emen		ž 0 0 1	_ Y
	Mailing Address 3700 MASSACHUSETTS					0 3	_					
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Α.	Full Name (Last, First, Middle Initial) SUSANNE HAESSLER								isburs	emen	21B.1		
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	Office Sought: Senate President State: Disburse	ement For: Primary General Other (specify)	I											
_	Full Name (Last, First, Middle Initial)						Trans	acti	ion ID	: SB	21B.	114	39	
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\rangle	OB-GYNS FOR WOMEN'S HEALTH PAC												
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	Office Sought: House Disburse Senate President State: District:	ement For: Primary General Other (specify)											
	Full Name (Last, First, Middle Initial)						Trans		an ID	. CD	21B.11	1100	
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\mathbb{Z}	OB-GYNS FOR WOMEN'S HEALTH PAC															
	Full Name (Last, First, Middle Initial)							Trans	acti	on ID	: 8	SB21B.	111	09		
A.	TORPEDO FACTORY ART CENTER							Date			-					
	Mailing Address 105 NORTH UNION STR	EET						0 ^M 1	М	/ D	1 5	5 / Y	Ž	o ŏ ī	7 ^Y	
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	Candidate Name			Cat	ego	ory/										
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	President State: District:	Other (spe	сігу) 🔻													
	Full Name (Last, First, Middle Initial)							_			_	20040				
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	Mailing Address 105 NORTH UNION STR	EET						0 1		L	1 5)	2	o ŏ		
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	Candidate Name			Cat T	ego	•										
	Office Sought: House Disburse	ment For:														
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	President	Other (spe	city)													

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ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b	22 28a	Х	23 28b	24 28c	Н	25 29	26 30k
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NAME OF COMMITTEE (In Full)	and address of any political co	minimitee 10	SOIICIL COI	iti iDU(I	0113 110	iii sucii	COITIII	iiiiee	
OB-GYNS FOR WOMEN'S HEALTH PAC									
Full Name (Last, First, Middle Initial)						SB23.	1155	6	
ANNA ESHOO FOR CONGRESS					sburse		Y Y	Y	Υ
Mailing Address 555 CAPITOL MALL			0 ^M 5	5	^D 0	4	2	0 ŏ 7	
City SACRAMENTO	State Zip Code CA 95814		Amo	ount of	Each	Disburs			-
Purpose of Disbursement CONTRIBUTION	Г						1	000.0	0
Candidate Name ANNA G. ESHOO	(Category/ Type							
Senate	ment For: 2008 Primary General								
State: CA District: 14	Other (specify)								
Full Name (Last, First, Middle Initial)			Tran	sacti	on ID:	SB23.	1125	3	
3- ARCURI FOR CONGRESS			Date	of Di	sburse	ment			_
Mailing Address P.O. BOX 8508			0 3	3 M	0	5 /	Ý Ž	0 ŏ 7	Y
City UTICA	State Zip Code NY 13505		Amo	ount of	Each	Disburs			-
Purpose of Disbursement CONTRIBUTION							. 1	0.000	0
Candidate Name MICHAEL A. ARCURI		Category/ Type							
Senate X President	ment For: 2008 Primary General Other (specify)								
State: NY District: 24									
Full Name (Last, First, Middle Initial) ARCURI FOR CONGRESS			-	of Di	sburse				_
Mailing Address P.O. BOX 8508			o ^M 5	5 M	1	4 /	ž	0 ŏ 7	Y
City UTICA	State Zip Code NY 13505		Amo	ount of	Each	Disburs	emen	t this P	eriod
Purpose of Disbursement CONTRIBUTION		•						250.0	0
Candidate Name MICHAEL A. ARCURI		Category/ Type							
	ment For: 2008 Primary General Other (specify)								
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S	CHEDULE B (FEC Form 3X)	Use seperate schedule(s	se seperate schedule(s) FOR LINE NUMBER: PAGE 102 / 1			/ 112			
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	y Information copied from such Reports and Statem for commercial purposes, other than using the name								
\rangle	NAME OF COMMITTEE (In Full) OB-GYNS FOR WOMEN'S HEALTH PAC	,,							
۹.	Full Name (Last, First, Middle Initial) ATC PRINT CONSULTANTS				Date of	ection ID: S f Disbursem	ent		V
	Mailing Address 20604 GORDON PARK S	SQUARE			0 ^M 5 N	21	l'L	žoŏ	7
	,	State Zip Code VA 20147			Amour	t of Each D	isburser	nent this	Period
	Purpose of Disbursement IN-KIND: FUNDRAISING MAIL SOLICITATIONS	3		-				1404	.98
	Candidate Name JAMES L. WHITEHEAD, SR.			egory/ ype					
	Senate President X	ment For: 2007 Primary General Other (specify) General							
 3.	Full Name (Last, First, Middle Initial) BLUE DOG POLITICAL ACTION COMMIT					ction ID: S	_	131	
	Mailing Address 6849 OLD DOMINION D				0 2 M	Disbursein 0 5		žoŏ	7 ^Y
	,	State Zip Code VA 22101			Amour	it of Each D	isburser	nent this	Period
	Purpose of Disbursement CONTRIBUTION							2500	.00
	Candidate Name			egory/ ype					
	Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify)							
Э.	Full Name (Last, First, Middle Initial) CONGRESSMAN BART GORDON COMM	IITTEE				ction ID: S f Disbursem		495	
	Mailing Address P.O. BOX 2008				0 4	16	/ Y	žoŏ	7 ^Y
		State Zip Code TN 37133			Amour	t of Each D	isburser	nent this	Period
	Purpose of Disbursement CONTRIBUTION							5000	.00
	Candidate Name BARTON J. GORDON			egory/ ype					
	X	ment For: 2008 Primary General Other (specify)	•						
s	UBTOTAL of Disbursements This Page (optional) .			. •				8904	.98
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	y Information copied from such Reports and Statem											is
Or	for commercial purposes, other than using the name NAME OF COMMITTEE (In Full)	and address of any political	COIII	IIII	illee to s	Olicit Corit	ribut	ions in	om st	JCH COH	irriittee	
$ \rangle$	OB-GYNS FOR WOMEN'S HEALTH PAC											
Α.	Full Name (Last, First, Middle Initial) DEMOCRATIC CONGRESSIONAL CAMPA	AIGN COMMITTEE						ion ID:	_	23.112 t	58	
	Mailing Address 430 SOUTH CAPITOL S	TREET, SE				0,3	М	[′]	5	/ Y	ž 0 ŏ :	7 ^Y
		State Zip Code DC 20003				Amou	ınt o	f Each	Disb	urseme		
	Purpose of Disbursement CONTRIBUTION					<u>L.</u>				1	5000.	00
	Candidate Name				egory/ /pe							
	Office Sought: Senate President State: Disburse Disburse	ment For: Primary General Other (specify)										
	Full Name (Last, First, Middle Initial)			_		Trans	act	ion ID:	SBS	23.112		
B.	EARL POMEROY FOR CONGRESS					Date		isburs	_	t	ž o ŏ :	Y
	Mailing Address P.O. BOX 9336					0 3						
	FÁRGO	State Zip Code ND 58106				Amou	ınt o	f Each	Disb	urseme	nt this 5000.	
	Purpose of Disbursement CONTRIBUTION							•			5000.	00
	Candidate Name EARL R. POMEROY				egory/ /pe							
	X III	ment For: 2008 Primary General Other (specify)										
	State: ND District: 00											
C.	Full Name (Last, First, Middle Initial) FRIENDS FOR HARRY REID					Date	of D	isburs	emen			V.
	Mailing Address P.O. BOX 19163					0 ^M 2	М	[′]	5	/ Y	ž 0 ŏ	7 *
		State Zip Code NV 89132				Amou	ınt o	f Each	Disb	urseme		
	Purpose of Disbursement CONTRIBUTION					L.					2500.	00
	Candidate Name HARRY REID				egory/ /pe							
	X Senate X President	ment For: 2010 Primary General Other (specify)										
Г	State: NV District: 00											
s	UBTOTAL of Disbursements This Page (optional) .				. •	L.	_			22	2500.	00
т	OTAL This Period (last page this line number only)				•							

	CHEDULE B (FEC Form 3X)		ate schedule(s)			:	PAGE 104/112	
 	EMIZED DISBURSEMENTS		ategory of the ummary Page	21b 27	22 28a	X 23 28b		25 29 3
	y Information copied from such Reports and Stater for commercial purposes, other than using the nam							
\rangle	NAME OF COMMITTEE (In Full) OB-GYNS FOR WOMEN'S HEALTH PAC	;						
١.	Full Name (Last, First, Middle Initial) FRIENDS OF MAX BAUCUS				Date of	ction ID: SB		
	Mailing Address P.O. BOX 586				0 4 M	¹ 16	Ž	0 0 7 Y
	City HELENA	State MT	Zip Code 59624		Amount	t of Each Disk	oursement	this Period
	Purpose of Disbursement CONTRIBUTION			•	T L.		20	00.00
	Candidate Name MAX S. BAUCUS			Category/ Type				
	X Senate President	ement For: Primary Other (spec	2008 X General ify) ▼					
3.	State: MT District: 00 Full Name (Last, First, Middle Initial) GINGREY FOR CONGRESS					ction ID: SB		,
	Mailing Address P.O. BOX U							0 0 7 Y
	City	State	Zip Code		Amount	t of Each Disk	oursement	this Period
	MÁRIETTA	GA	30060		- Timedin	t of Each Blok		500.00
	Purpose of Disbursement CONTRIBUTION							300.00
	Candidate Name J. PHILLIP GINGREY			Category/ Type				
		ement For: C Primary Other (spec	2008 General					
) .	Full Name (Last, First, Middle Initial) GINGREY FOR CONGRESS					ction ID: SB		,
	Mailing Address P.O. BOX U				0 4 M	['] 27	Ž (0 0 7
	City MARIETTA	State GA	Zip Code 30060		Amount	t of Each Disk	oursement	this Period
	Purpose of Disbursement CONTRIBUTION		Г		_ L		2	206.83
	Candidate Name J. PHILLIP GINGREY			Category/ Type				
	Senate X President	ement For: C Primary Other (spec	2008 General					
	State: GA District: 11					• • • •	47	'06 92
S	UBTOTAL of Disbursements This Page (optional)			······ •			4/	06.83
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SCHEDULE B (FEC Form 3X) TEMIZED DISBURSEMENTS	Use seperate schedule(s)			PAGE 105/112
I LIVIIZED DISBURSEIVIEN I S	Detailed Summary Page	21b 27	22 X 23 28a 28b	24 25 26 28c 29 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name				
NAME OF COMMITTEE (In Full) OB-GYNS FOR WOMEN'S HEALTH PAC				
Full Name (Last, First, Middle Initial) HOOLEY FOR CONGRESS			Transaction ID: SB Date of Disbursemen	
Mailing Address P.O. BOX 2050			$\begin{bmatrix} 0 & 3 & M \\ 0 & 3 & M \end{bmatrix}$	^Y 2007 ^Y
City SALEM	State Zip Code OR 97308		Amount of Each Disl	oursement this Period
Purpose of Disbursement CONTRIBUTION				1000.00
Candidate Name DARLENE HOOLEY		Category/ Type		
	ment For: 2008 Primary General Other (specify)			
Full Name (Last, First, Middle Initial) HOYER FOR CONGRESS			Transaction ID: SB Date of Disbursemer	
Mailing Address 7905 MALCOLM ROAD			04 / 13	2007
•	State Zip Code MD 20735		Amount of Each Disl	bursement this Period
Purpose of Disbursement CONTRIBUTION				5000.00
Candidate Name STENY H. HOYER	'	Category/ Type		
	ment For: 2008 Primary General Other (specify)			
Full Name (Last, First, Middle Initial) JIM CLYBURN CAMPAIGN COMMITTEE			Transaction ID: SB Date of Disbursemen	
Mailing Address P.O. BOX 12567			03 / 12	2007
City COLUMBIA	State Zip Code SC 29211		Amount of Each Disl	bursement this Period
Purpose of Disbursement CONTRIBUTION				2500.00
Candidate Name JAMES E. CLYBURN		Category/ Type		
	ment For: 2008 Primary General Other (specify)			
SUBTOTAL of Disbursements This Page (optional)				8500.00
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OB-GYNS FOR WOMEN'S HEALTH PAC											
Full Name (Last, First, Middle Initial)							SB23.	.1122	2		
MICHAEL BURGESS FOR CONGRESS						isburse		Y Y	, Y	Υ	
Mailing Address P.O. BOX 2334				0 ^M 2	2	2	D /	2	0 ŏ 7		
	State Zip Code FX 76202			Amo	unt o	f Each	Disbur			-	7
Purpose of Disbursement CONTRIBUTION						-		į	5000.0	0	
Candidate Name MICHAEL C. BURGESS		Cate Ty	gory/ pe								
Office Sought: X House Disburser Senate X	nent For: 2008 Primary General										
President	Other (specify)										
State: TX District: 26 Full Name (Last, First, Middle Initial)									_		_
3. MIKE THOMPSON FOR CONGRESS						i on ID: isburse	SB23. ement	.1149	9		
Mailing Address 5429 MADISON AVENUE				0 ^M 4	L M	/ D 1	^D /	Ϋ́Ž	0 0 7	Y	
011	7'- 0-4-				_		D: 1		5		
,	State Zip Code CA 95841			Amo	unt o	f Each	Disbur	semer	it this P	eriod	7
Purpose of Disbursement CONTRIBUTION				1 L			_	į	5000.0	0	
Candidate Name MIKE THOMPSON	-	Cate	gory/ pe								
Office Sought: X House Disburser Senate X	nent For: 2008 Primary General										
President	Other (specify)										
State: CA District: 01				-							
Full Name (Last, First, Middle Initial) PALLONE FOR CONGRESS				_	of D	isburse		.1149	3		
Mailing Address P.O. BOX 3176				0 ^M 4	L M	/ 1	^D /	Ž	0 ŏ 7	Y	
,	State Zip Code NJ 07740			Amo	unt o	f Each	Disbur			-	7
Purpose of Disbursement CONTRIBUTION								(3000.0	0	
Candidate Name FRANK PALLONE, JR.	-	Cate	gory/ pe								
Office Sought: X House Senate President State: NJ Disburser	nent For: 2008 Primary General Other (specify)										
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SCHEDULE B (FEC Form 3X) TEMIZED DISBURSEMENTS	for each category of the (check only one)			PAGE 107 / 112
	Detailed Summary Page	27		24 25 26 28c 29 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name				
NAME OF COMMITTEE (In Full) OB-GYNS FOR WOMEN'S HEALTH PAC				
Full Name (Last, First, Middle Initial) A. REPUBLICAN MAINSTREET PARTNERSH	HIP PAC		Transaction ID: SB: Date of Disbursemen	nt
Mailing Address 2201 WISCONSIN AVEN	UE, NW		04 16	Y ŽOÕ7
,	State Zip Code DC 20007		Amount of Each Disk	oursement this Period
Purpose of Disbursement CONTRIBUTION				2500.00
Candidate Name		Category/ Type		
Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify)			
Full Name (Last, First, Middle Initial) SOLIS FOR CONGRESS			Transaction ID: SB: Date of Disbursemen	
Mailing Address 6380 WILSHIRE BOULE	VARD		03 05	^Y 2007 ^Y
,	State Zip Code CA 90048		Amount of Each Disk	oursement this Period
Purpose of Disbursement CONTRIBUTION				1000.00
Candidate Name HILDA SOLIS		Category/ Type		
	ment For: 2008 Primary General Other (specify)			
Full Name (Last, First, Middle Initial) STEPHANIE TUBBS JONES FOR U.S. CC	NGRESS		Transaction ID: SB: Date of Disbursemer	
Mailing Address 3729 SILSBY RD			03 / 12	['] 2007
	State Zip Code OH 44118		Amount of Each Disk	oursement this Period
Purpose of Disbursement CONTRIBUTION			L	1000.00
Candidate Name STEPHANIE TUBBS-JONES		Category/ Type		
	ment For: 2008 Primary General Other (specify)			
SUBTOTAL of Disbursements This Page (optional) .				4500.00
TOTAL This Period (last page this line number only).				

SC	CHEDULE B (FEC Form 3X)	Use seperate schedule(s	eperate schedule(s) FOR LINE NUMBER: PAGE 108		
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	Information copied from such Reports and Staten or commercial purposes, other than using the nam				
$\overline{}$	NAME OF COMMITTEE (In Full) OB-GYNS FOR WOMEN'S HEALTH PAC	71			
	Full Name (Last, First, Middle Initial) TAMMY BALDWIN FOR CONGRESS			Transaction ID: SB2 Date of Disbursemen	nt
	Mailing Address P.O. BOX 696			04 / 13	2007
	City MADISON	State Zip Code WI 53701		Amount of Each Disk	oursement this Period
	Purpose of Disbursement CONTRIBUTION				1000.00
	Candidate Name TAMMY BALDWIN		Category/ Type		
	9 1	ement For: 2008 Primary General Other (specify)			
_	Full Name (Last, First, Middle Initial) TIM RYAN FOR CONGRESS			Transaction ID: SB2 Date of Disbursemer	
	Mailing Address 80 F STREET, NW			04 16	['] 2007
	City WASHINGTON	State Zip Code DC 20001		Amount of Each Disk	oursement this Period
	Purpose of Disbursement CONTRIBUTION				1000.00
	Candidate Name TIMOTHY J. RYAN		Category/ Type		
		ement For: 2008 Primary General Other (specify)			
	Full Name (Last, First, Middle Initial) VOICE FOR FREEDOM			Transaction ID: SB2 Date of Disbursemen	
	Mailing Address 2814 SPRING ROAD			02 / 19	2007
	City ATLANTA	State Zip Code GA 30339		Amount of Each Disk	oursement this Period
	Purpose of Disbursement CONTRIBUTION		•		5000.00
	Candidate Name		Category/ Type		
	Office Sought: House Disburse Senate President State: District:	ement For: Primary General Other (specify)			
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S	CHEDULE B (FEC Form 3X)	Use seperate sc	perate schedule(s) FOR LINE NUMBER: PAGE 109			9 / 112		
IT	EMIZED DISBURSEMENTS	for each category Detailed Summa	y of the	(check only 21b 27)	22 🔲	23 24 28b 28		
	y Information copied from such Reports and Statem for commercial purposes, other than using the name							
\rangle	NAME OF COMMITTEE (In Full) OB-GYNS FOR WOMEN'S HEALTH PAC		<u>, , , , , , , , , , , , , , , , , , , </u>					
۹.	Full Name (Last, First, Middle Initial) CARL W. COLLISTER				Date of Dis	on ID: SB28		V V
	Mailing Address 318-388 PORTAGE AVE	NUE			0 3	12	žo	0.7
	,	State Zip C			Amount of	Each Disbur	rsement th	is Period
	Purpose of Disbursement CONTRIBUTION REFUND			•			25	0.00
	Candidate Name			Category/ Type				
	Office Sought: House Disburse Senate President State: District:		General					
_	Full Name (Last, First, Middle Initial)				Transaction	on ID: SB28	BA.11385	
э.	KENNETH L. NOLLER				M M /	sbursement 1 2	Ý 200	Y Y
	Mailing Address 750 WASHINGTON STR				0 3			
	,	State Zip C MA 0211			Amount of	Each Disbur		
	Purpose of Disbursement CONTRIBUTION REFUND						50	0.00
	Candidate Name			Category/ Type				
	Office Sought: House Disburse Senate President State: District:		General					
Э.	Full Name (Last, First, Middle Initial) ROBERT C. PARK				Date of Dis	on ID: SB28 sbursement	8A.11615	
	Mailing Address 11615 LE BARON TERR	ACE			0.5	^D 21 /	ž 0	Ď 7 ^Ÿ
	,	State Zip C MD 2090			Amount of	Each Disbur	rsement th	is Period
	Purpose of Disbursement CONTRIBUTION REFUND		Г		L		50	0.00
	Candidate Name			Category/ Type				
	Office Sought: House Senate President State: District:		General					
s	UBTOTAL of Disbursements This Page (optional) .			▶			125	0.00
T	OTAL This Period (last page this line number only)			•				

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S	CHEDULE B (FEC Form 3X)	Use seperate schedule(s)		NUMBER: PAGE 110/112
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	y Information copied from such Reports and S for commercial purposes, other than using the			
\rangle	NAME OF COMMITTEE (In Full) OB-GYNS FOR WOMEN'S HEALTH	PAC		
۹.	Full Name (Last, First, Middle Initial) MARLA L. SCOTT			Transaction ID: SB28A.11386 Date of Disbursement
	Mailing Address P.O. BOX 2037			03
	City AIKEN	State Zip Code SC 29803		Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION REFUND			250.00
	Candidate Name		Category/ Type	
	Senate President	bursement For: Primary General Other (specify)		
	State: District: I			

SUBTOTAL of Disbursements This Page (optional)	•	250.00
TOTAL This Period (last page this line number only)	•	1500.00

PAGE 111 / 112 **SCHEDULE D (FEC Form 3X)** (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) 9 numbered line) **Excluding Loans** X 10 NAME OF COMMITTEE (In Full) **OB-GYNS FOR WOMEN'S HEALTH PAC** Nature of Debt (Purpose): A. Full Name (Last, First, Middle Initial) of Debtor or Creditor **ACCOUNTING** SUSANNE HAESSLER Mailing Address 3700 MASSACHUSETTS AVENUE, NW City State ZIP Code WASHINGTON DC 20016 Outstanding Balance Beginning This Period Transaction ID: SD10.11068 1232.50 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 1232.50 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **POSTAGE & DELIVERY** SUSANNE HAESSLER Mailing Address 3700 MASSACHUSETTS AVENUE, NW ZIP Code WASHINGTON DC 20016 Outstanding Balance Beginning This Period Transaction ID: SD10.11069 65.13 Payment This Period Outstanding Balance at Close of This Period Amount Incurred This Period 0.00 65.13 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): SUSANNE HAESSLER **ACCOUNTING** Mailing Address 3700 MASSACHUSETTS AVENUE, NW State ZIP Code City WASHINGTON DC 20016 Outstanding Balance Beginning This Period Transaction ID: SD10.11677 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 2437.50 0.00 2437.50 2437.50 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only).....

3) TOTALS 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)

PAGE 112 / 112 **SCHEDULE D (FEC Form 3X)** (Use separate FOR LINE NUMBER: schedule(s) **DEBTS AND OBLIGATIONS** for each (check only one) 9 numbered line) **Excluding Loans** X 10 NAME OF COMMITTEE (In Full) **OB-GYNS FOR WOMEN'S HEALTH PAC** A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): GENERIC TÈLEPHONE SOLICIT-ATIONS NATIONAL CAPITAL TELESERVICES Mailing Address 300 FIFTH STREET, NE ZIP Code City State WASHINGTON DC 20002 Outstanding Balance Beginning This Period Transaction ID: SD10.11067 1370.63 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 1370.63 0.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): GENERIC TELEPHONE SOLICITATIONS NATIONAL CAPITAL TELESERVICES Mailing Address 300 FIFTH STREET, NE ZIP Code State WASHINGTON DC 20002 Outstanding Balance Beginning This Period Transaction ID: SD10.11675 0.00 Payment This Period Outstanding Balance at Close of This Period Amount Incurred This Period 4461.25 0.00 4461.25

1) SUBTOTALS This Period This Page (optional)	•	4461.25								
2) TOTALS This Period (last page this line number only)	→	6898.75								
3) TOTALS 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)	- ▶	Ľ								