

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

Office Use Only

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

OB-GYNS FOR WOMEN'S HEALTH PAC

ADDRESS (number and street)

409 12TH STREET SW

Check if different  
than previously  
reported. (ACC)

WASHINGTON

DC

20024

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00364158

3. IS THIS  
REPORTNEW  
(N)

OR

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

(Choose One)

(a) Quarterly Reports:

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

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

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

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

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

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

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

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12G)

Election on

06

19

2007

in the  
State of

GA

(d) 30-Day  
**Post**-Election  
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

in the  
State of

5. Covering Period

01

01

2007

through

05

30

2007

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

Type or Print Name of Treasurer

ELIZABETH B. COIT

Signature of Treasurer

Electronically Filed by ELIZABETH B. COIT

Date

06

01

2007

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

Office Use Only									
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**FEC FORM 3X**  
(Rev. 02/2003)

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
OB-GYNS FOR WOMEN'S HEALTH PAC

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
0	5

D	D
3	0

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1		44748.37
(b) Cash on Hand at Beginning 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
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	40385.23	40385.23
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	6898.75	

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

## For further information contact:

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

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

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

OB-GYNS FOR WOMEN'S HEALTH PAC

Report Covering the Period:

From:

M M  
0 1D D  
0 1Y Y Y Y  
2 0 0 7

To:

M M  
0 5D D  
3 0Y Y Y Y  
2 0 0 7

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

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00
(i) Federal Share.....		
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	64647.33	64647.33
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	64647.33	64647.33
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	71361.81	71361.81
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	1500.00	1500.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	1500.00	1500.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	137509.14	137509.14
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 Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	132126.00	132126.00
34. Total Contribution Refunds (from Line 28(d)) .....	1500.00	1500.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	130626.00	130626.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	64647.33	64647.33
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	1020.00	1020.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	63627.33	63627.33

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

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

FOR LINE NUMBER: PAGE 6 / 112

(check only one)

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

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

NAME OF COMMITTEE (In Full)

OB-GYNS FOR WOMEN'S HEALTH PAC

Full Name (Last, First, Middle Initial)

**A.** FOUAD M. ABBAS

Mailing Address 2411 WEST BELVEDERE AVENUE

City State Zip Code  
 BALTIMORE MD 21215

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HARBOR HOSPITAL

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 0 2 / 2 0 0 7

Transaction ID: SA11A1.11563

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B.** CHARLES D. ADAIR

Mailing Address 979 EAST THIRD STREET

City State Zip Code  
 CHATTANOOGA TN 37403

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
REGIONAL OBSTETRICS

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 1 8 / 2 0 0 7

Transaction ID: SA11A1.11509

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C.** TED L. ANDERSON

Mailing Address 516 LEANNE WAY

City State Zip Code  
 FRANKLIN TN 37069

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
VANDERBILT UNIVERSITY

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 0 7 / 2 0 0 7

Transaction ID: SA11A1.11372

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

2250.00

**TOTAL** This Period (last page this line number only) .....

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

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

FOR LINE NUMBER: PAGE 7 / 112

(check only one)

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

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NAME OF COMMITTEE (In Full)

OB-GYNS FOR WOMEN'S HEALTH PAC

Full Name (Last, First, Middle Initial)

**A.** THADDEUS L. ANDERSON

Mailing Address 1500 DELHI STREET

City State Zip Code  
DUBUQUE IA 52001

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
DUBUQUE OB/GYN

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 0 7

Transaction ID: SA11A1.11293

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B.** THADDEUS L. ANDERSON

Mailing Address 1500 DELHI STREET

City State Zip Code  
DUBUQUE IA 52001

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
DUBUQUE OB/GYN

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11A1.11462

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

**C.** THOMAS F. ARNOLD

Mailing Address 1145 14TH AVENUE WEST

City State Zip Code  
DICKINSON ND 58601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCENTER ONE

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 7 / 2 0 0 7

Transaction ID: SA11A1.11373

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

2000.00

**TOTAL** This Period (last page this line number only) .....

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

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

FOR LINE NUMBER: PAGE 8 / 112

(check only one)

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

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NAME OF COMMITTEE (In Full)

OB-GYNS FOR WOMEN'S HEALTH PAC

Full Name (Last, First, Middle Initial)

**A.** TERRENCE E. BABB

Mailing Address 1661 MOUNT JOY ROAD

City State Zip Code  
 CLEARFIELD PA 16830

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 2 / 2 8 / 2 0 0 7

Transaction ID: SA11A1.11294

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**B.** MATTHEW D. BARBER

Mailing Address 26953 MORGAN RUN

City State Zip Code  
 WESTLAKE OH 44145

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CLEVELAND CLINIC

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11A1.11463

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C.** M. ASLAM BARRA

Mailing Address 930 SUNNYSLOPE ROAD

City State Zip Code  
 HOLLISTER CA 95023

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 2 5 / 2 0 0 7

Transaction ID: SA11A1.11144

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1050.00

**TOTAL** This Period (last page this line number only) .....



# **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)

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

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NAME OF COMMITTEE (In Full)

OB-GYNS FOR WOMEN'S HEALTH PAC

**A.** Full Name (Last, First, Middle Initial)  
NORMA S. BASINGER

Mailing Address 271B SOUTH 74TH

City State Zip Code  
FORT SMITH AR 72403

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
EASTSIDE OB/GYN

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 0 8 / 2 0 0 7

Transaction ID: SA11A1.11193

Amount of Each Receipt this Period

500.00

**B.** Full Name (Last, First, Middle Initial)  
NICOLE H. BOUDREAU

Mailing Address 15 HARRISON STREET

City State Zip Code  
NATICK MA 01760

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CARITAS CHRISTI HEALTH CA-  
RE

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 4 / 2 0 0 7

Transaction ID: SA11A1.11593

Amount of Each Receipt this Period

250.00

**C.** Full Name (Last, First, Middle Initial)  
JAMES T. BREEDEN

Mailing Address 1200 NORTH MOUNTAIN STREET

City State Zip Code  
CARSON CITY NV 89703

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 0 7

Transaction ID: SA11A1.11296

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1750.00

**TOTAL** This Period (last page this line number only) .....

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

FOR LINE NUMBER: PAGE 10 / 112

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

OB-GYNS FOR WOMEN'S HEALTH PAC

Full Name (Last, First, Middle Initial)

**A.** ALBERT L. BROOKS

Mailing Address 2000 MOWRY AVENUE

City	State	Zip Code
FREMONT	CA	94705

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
WASHINGTON HOSPITAL SYSTEMOccupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	5	/	2	0	0	7

Transaction ID: SA11A1.11146

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B.** HAYWOOD L. BROWN

Mailing Address 203 BAKER HOUSE

City	State	Zip Code
DURHAM	NC	27710

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
DUKE UNIVERSITYOccupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	2	/	2	0	0	7

Transaction ID: SA11A1.11631

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C.** DONALD K. BRYAN

Mailing Address 1315 WEST LANE AVENUE

City	State	Zip Code
COLUMBUS	OH	43221

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
KINGS DALE GYNECOLOGICOccupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	2	/	2	0	0	7

Transaction ID: SA11A1.11633

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

1000.00

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

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

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

FOR LINE NUMBER: PAGE 11 / 112

(check only one)

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

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NAME OF COMMITTEE (In Full)

OB-GYNS FOR WOMEN'S HEALTH PAC

Full Name (Last, First, Middle Initial)

**A.** STEVE P. BUCHANAN

Mailing Address 1400 WALLIS ROAD

City State Zip Code  
 ALEDO TX 76008

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
UNIVERSITY OF NORTH TEXAS

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 1 9 / 2 0 0 7

Transaction ID: SA11A1.11387

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B.** JAMES W. BUCKREUS

Mailing Address 5708 ACKERMAN BOULEVARD

City State Zip Code  
 KETTERING OH 45429

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SUBURBAN OB/GYN

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 2 / 2 8 / 2 0 0 7

Transaction ID: SA11A1.11298

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**C.** WILLIAM J. BULLIS

Mailing Address P.O. BOX 749

City State Zip Code  
 SOUTHERN PINES CA 28388

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SOUTHERN PINES WOMEN'S CE-  
NTER

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11A1.11466

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1050.00

**TOTAL** This Period (last page this line number only) .....

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

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

FOR LINE NUMBER: PAGE 12 / 112

(check only one)

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

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NAME OF COMMITTEE (In Full)

OB-GYNS FOR WOMEN'S HEALTH PAC

Full Name (Last, First, Middle Initial)

**A.** RONALD T. BURKMAN

Mailing Address 284 ARDSLEY ROAD

City State Zip Code  
 LONGMEADOW MA 01106

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BAYSTATE HEALTH

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 1 5 / 2 0 0 7

Transaction ID: SA11A1.11094

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B.** DAVID M. BURKONS

Mailing Address 1611 SOUTH GREEN ROAD

City State Zip Code  
 CLEVELAND OH 44121

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
UNIVERSITY GYNECOLOGY

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 2 7 / 2 0 0 7

Transaction ID: SA11A1.11424

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C.** LONNIE S. BURNETT

Mailing Address 1211 22ND AVENUE SOUTH

City State Zip Code  
 NASHVILLE TN 37232

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
VANDERBILT UNIVERSITY

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 0 3 / 2 0 0 7

Transaction ID: SA11A1.11441

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

2000.00

**TOTAL** This Period (last page this line number only) .....

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

FOR LINE NUMBER: PAGE 13 / 112

(check only one)

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

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NAME OF COMMITTEE (In Full)

OB-GYNS FOR WOMEN'S HEALTH PAC

Full Name (Last, First, Middle Initial)

**A.** JOHN E. BUSTER

Mailing Address 1709 DRYDEN ROAD

City	State	Zip Code
HOUSTON	TX	77030

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
SELF-EMPLOYEDOccupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11A1.11467

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B.** BEVERLY A. BYRD

Mailing Address 90 SOUTH MAIN STREET

City	State	Zip Code
MIDDLETOWN	CT	06457

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
HARBORPARK OB/GYNOccupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	8		2	0	0	7

Transaction ID: SA11A1.11195

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C.** ANTHONY P. CAGGIANO, JR.

Mailing Address P.O. BOX 43609

City	State	Zip Code
UPPER MONTCLAIR	NJ	07043

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
UMDWJ-NJMSOccupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	4		2	0	0	7

Transaction ID: SA11A1.11557

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

1250.00

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

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

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

FOR LINE NUMBER: PAGE 14 / 112

(check only one)

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

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NAME OF COMMITTEE (In Full)

OB-GYNS FOR WOMEN'S HEALTH PAC

Full Name (Last, First, Middle Initial)

**A.** MIGUEL G. CARBONELL

Mailing Address 4248 NORTH ROXY DRIVE

City State Zip Code  
**MEDFORD OR 97504**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
ASSOCIATES FOR WOMEN'S HE-  
ALTH

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 5 / 2 2 / 2 0 0 7**

Transaction ID: SA11A1.11582

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B.** ILONA M. CARLOS

Mailing Address 125 SOUTH JEFFERSON STREET

City State Zip Code  
**CHICAGO IL 60661**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
LAKEVIEW WOMEN'S HEALTH

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 4 / 2 5 / 2 0 0 7**

Transaction ID: SA11A1.11538

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C.** FRANCIS E. CARNEY, JR.

Mailing Address 2786 NORTH ARENDELL WAY

City State Zip Code  
**TALLAHASSEE FL 32308**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 4 / 1 8 / 2 0 0 7**

Transaction ID: SA11A1.11511

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

**2000.00**

**TOTAL** This Period (last page this line number only) .....

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

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

FOR LINE NUMBER: PAGE 15 / 112

(check only one)

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

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NAME OF COMMITTEE (In Full)

OB-GYNS FOR WOMEN'S HEALTH PAC

**A.** Full Name (Last, First, Middle Initial)  
ELAINE CARROLL  
Mailing Address 9 CEDAR COURT

City State Zip Code  
LEMONT IL 60439

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
LOYOLA UNIVERSITY

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 5 / 2 0 0 7

Transaction ID: SA11A1.11224

Amount of Each Receipt this Period

250.00

**B.** Full Name (Last, First, Middle Initial)  
KAY E. CASE  
Mailing Address 2700 THREE MILE LANE

City State Zip Code  
MCMINNVILLE OR 97128

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
WOMEN'S HEALTH CARE

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 2 / 2 0 0 7

Transaction ID: SA11A1.11565

Amount of Each Receipt this Period

300.00

**C.** Full Name (Last, First, Middle Initial)  
ANNABELLA CASTILLO-JUAT  
Mailing Address 3019 NORTH LINCOLN AVENUE

City State Zip Code  
CHICAGO IL 60657

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDI-GROUP

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 6 / 2 0 0 7

Transaction ID: SA11A1.11588

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

800.00

**TOTAL** This Period (last page this line number only) .....

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

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

FOR LINE NUMBER: PAGE 16 / 112

(check only one)

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

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NAME OF COMMITTEE (In Full)

OB-GYNS FOR WOMEN'S HEALTH PAC

A. Full Name (Last, First, Middle Initial)

CHARLES A. CASTLE

Mailing Address 690 GOOD DRIVE

City State Zip Code  
 LANCASTER PA 17604

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WOMEN & BABIES HOSPITAL

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 2 / 2 8 / 2 0 0 7

Transaction ID: SA11A1.11300

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

CHARLES A. CASTLE

Mailing Address 690 GOOD DRIVE

City State Zip Code  
 LANCASTER PA 17604

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WOMEN & BABIES HOSPITAL

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 4 / 2 5 / 2 0 0 7

Transaction ID: SA11A1.11539

Amount of Each Receipt this Period

250.00

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

WILLIAM H. CASTRO

Mailing Address 18555 NORTH 79TH AVENUE

City State Zip Code  
 GLENDALE AZ 85308

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 4 / 0 3 / 2 0 0 7

Transaction ID: SA11A1.11442

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

750.00

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



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

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

FOR LINE NUMBER: PAGE 17 / 112

(check only one)

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

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NAME OF COMMITTEE (In Full)

OB-GYNS FOR WOMEN'S HEALTH PAC

<b>A.</b> Full Name (Last, First, Middle Initial) EVA CHALAS		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 8 / 2 0 0 7
Mailing Address 994 JERICHO TURNPIKE		<b>Transaction ID:</b> SA11A1.11512
City SMITHTOWN	State NY	Zip Code 11787
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer LONG ISLAND OB/GYN	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>B.</b> Full Name (Last, First, Middle Initial) CAMILLA K. CHANCE		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 2 / 2 0 0 7
Mailing Address 631 GARY STREET		<b>Transaction ID:</b> SA11A1.11566
City AUGUSTA	State GA	Zip Code 30904
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>C.</b> Full Name (Last, First, Middle Initial) STEPHEN B. CHANNEY		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 2 5 / 2 0 0 7
Mailing Address 5030 LINCOLN STREET		<b>Transaction ID:</b> SA11A1.11148
City HOLLYWOOD	State FL	Zip Code 33021
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer MEMORIAL REGIONAL HOSPITAL	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

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

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

FOR LINE NUMBER: PAGE 18 / 112

(check only one)

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

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NAME OF COMMITTEE (In Full)

OB-GYNS FOR WOMEN'S HEALTH PAC

**A.** Full Name (Last, First, Middle Initial)  
BEN H. CHEEK  
Mailing Address 2000 HAMILTON ROAD

City State Zip Code  
COLUMBUS GA 31904

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
OB/GYN ASSOCIATES OF COLU-  
MBUS

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 0 7

Transaction ID: SA11A1.11302

Amount of Each Receipt this Period

250.00

**B.** Full Name (Last, First, Middle Initial)  
PETER H. CHEROUNY  
Mailing Address 43 PHEASANT WAY

City State Zip Code  
SOUTH BURLINGTON VT 05403

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
UNIVERSITY OF VERMONT

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11A1.11468

Amount of Each Receipt this Period

1000.00

**C.** Full Name (Last, First, Middle Initial)  
STEPHEN E. COATS  
Mailing Address 7635 WEST JEFFERSON BOULEVARD

City State Zip Code  
FORT WAYNE IN 46804

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
WOMEN'S HEALTH ADVANTAGE

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 0 7

Transaction ID: SA11A1.11303

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1750.00

**TOTAL** This Period (last page this line number only) .....

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

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

FOR LINE NUMBER: PAGE 19 / 112

(check only one)

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

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NAME OF COMMITTEE (In Full)

OB-GYNS FOR WOMEN'S HEALTH PAC

<b>A.</b> Full Name (Last, First, Middle Initial) IAN M. COHEN		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 8 / 2 0 0 7
Mailing Address 140 GRANDVIEW AVENUE		<b>Transaction ID:</b> SA11A1.11513
City WATERBURY	State CT	Zip Code 06708
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer ASSOCIATED WOMEN'S HEALTH	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>B.</b> Full Name (Last, First, Middle Initial) GABRIEL M. COHN		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 8 / 2 0 0 7
Mailing Address 6 PINE GROVE CIRCLE		<b>Transaction ID:</b> SA11A1.11305
City EAST LONGMEADOW	State MA	Zip Code 01028
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer BAYSTATE MEDICAL CENTER	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>C.</b> Full Name (Last, First, Middle Initial) CARL W. COLLISTER		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 8 / 2 0 0 7
Mailing Address 318-388 PORTAGE AVENUE		<b>Transaction ID:</b> SA11A1.11306
City WINNIPEG	State ZZ	Zip Code 00000
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

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

FOR LINE NUMBER: PAGE 20 / 112

(check only one)

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

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NAME OF COMMITTEE (In Full)

OB-GYNS FOR WOMEN'S HEALTH PAC

Full Name (Last, First, Middle Initial)

**A.** ALICIA M. CONSTANTINO

Mailing Address 315 EAST 1ST STREET

City	State	Zip Code
TUCSON	AZ	85705

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
MARANA HEALTH CENTEROccupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	5		2	0	0	7

Transaction ID: SA11A1.11540

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B.** RAYMOND L. COX

Mailing Address 2111 PARKSIDE DRIVE

City	State	Zip Code
MITCHELLVILLE	MD	20721

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
SAINT AGNES HOSPITALOccupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	5		2	0	0	7

Transaction ID: SA11A1.11541

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C.** DOUGLAS J. CREEDON

Mailing Address 1119 BUCKRIDGE DRIVE

City	State	Zip Code
ROCHESTER	MN	55906

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
MAYO CLINICOccupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	8		2	0	0	7

Transaction ID: SA11A1.11308

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) .....

1750.00

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

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

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

FOR LINE NUMBER: PAGE 21 / 112

(check only one)

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

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NAME OF COMMITTEE (In Full)

OB-GYNS FOR WOMEN'S HEALTH PAC

<b>A.</b> Full Name (Last, First, Middle Initial) LUIS B. CURET Mailing Address P.O. BOX 50519 City State Zip Code ALBUQUERQUE NM 87181 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation UNIVERSITY OF NEW MEXICO PHYSICIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 0 1 / 2 0 0 7 <b>Transaction ID:</b> SA11A1.11270 Amount of Each Receipt this Period 250.00
<b>B.</b> Full Name (Last, First, Middle Initial) DIANA S. CURRAN Mailing Address 2325 SOUTH 88TH STREET City State Zip Code OMAHA NE 68124 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation UNIVERSITY OF NEBRASKA PHYSICIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 8 / 2 0 0 7 <b>Transaction ID:</b> SA11A1.11310 Amount of Each Receipt this Period 250.00
<b>C.</b> Full Name (Last, First, Middle Initial) MARY E. D'ALTON Mailing Address 1075 PARK AVENUE City State Zip Code NEW YORK NY 10128 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation COLUMBIA UNIVERSITY PHYSICIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 5 / 2 0 0 7 <b>Transaction ID:</b> SA11A1.11095 Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

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

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

FOR LINE NUMBER: PAGE 22 / 112

(check only one)

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

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NAME OF COMMITTEE (In Full)

OB-GYNS FOR WOMEN'S HEALTH PAC

Full Name (Last, First, Middle Initial)

**A.** ANNA M. D'AMICO

Mailing Address 7 BUCKRIDGE DRIVE

City State Zip Code  
 WILMINGTON DE 19807

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CROZER HOSPITAL

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 2 / 2 8 / 2 0 0 7

Transaction ID: SA11A1.11311

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B.** JOHN D. DACHAUER

Mailing Address 701 NORTHEAST 10TH STREET

City State Zip Code  
 OKLAHOMA CITY OK 73104

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
OKLAHOMA CITY CLINIC

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 0 1 / 2 0 0 7

Transaction ID: SA11A1.11272

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C.** LAURA J. DAVID

Mailing Address 5323 MEADOW WOOD BOULEVARD

City State Zip Code  
 LYNDHURST OH 44124

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
UNIVERSITY HOSPITALS

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 0 5 / 2 0 0 7

Transaction ID: SA11A1.11226

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1750.00

**TOTAL** This Period (last page this line number only) .....

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

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

FOR LINE NUMBER: PAGE 23 / 112

(check only one)

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

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NAME OF COMMITTEE (In Full)

OB-GYNS FOR WOMEN'S HEALTH PAC

<b>A.</b> Full Name (Last, First, Middle Initial) LAURA A. DEAN		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 4 / 2 0 0 7
Mailing Address 14 HIGHWAY 96 EAST		<b>Transaction ID:</b> SA11A1.11618
City DELLWOOD	State MN	Zip Code 55110
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer STILLWATER MEDICAL GROUP	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>B.</b> Full Name (Last, First, Middle Initial) ROBERT M. DEAN		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 2 / 2 0 0 7
Mailing Address 700 STEWART AVENUE		<b>Transaction ID:</b> SA11A1.11637
City GARDEN CITY	State NY	Zip Code 11530
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>C.</b> Full Name (Last, First, Middle Initial) ROBERT H. DEBBS		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 8 / 2 0 0 7
Mailing Address 2 SASSAFRAS COURT		<b>Transaction ID:</b> SA11A1.11312
City VOORHEES	State NJ	Zip Code 08043
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer UNIVERSITY OF PENNSYLVANIA	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

**SUBTOTAL** of Receipts This Page (optional) .....

1750.00

**TOTAL** This Period (last page this line number only) .....

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

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

FOR LINE NUMBER: PAGE 24 / 112

(check only one)

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

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NAME OF COMMITTEE (In Full)

OB-GYNS FOR WOMEN'S HEALTH PAC

Full Name (Last, First, Middle Initial)

**A.** ROBERTO M. DECASTRO

Mailing Address 2877 SOUTHWEST CHAMPLAIN DRIVE

City State Zip Code  
 PORTLAND OR 97205

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
NORTHWEST WOMEN'S CLINIC

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 2 / 2 8 / 2 0 0 7

Transaction ID: SA11A1.11313

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B.** MARK S. DEFRANCESCO

Mailing Address 35 TERRELL FARM ROAD

City State Zip Code  
 CHESHIRE CT 06410

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
PHYSICIANS FOR WOMEN'S HE-  
ALTH

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 0 7 / 2 0 0 7

Transaction ID: SA11A1.11376

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C.** DOMINIQUE DELMA

Mailing Address 117 MARY'S AVENUE

City State Zip Code  
 KINGSTON NY 12401

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 2 9 / 2 0 0 7

Transaction ID: SA11A1.11137

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....



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

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

FOR LINE NUMBER: PAGE 25 / 112

(check only one)

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

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NAME OF COMMITTEE (In Full)

OB-GYNS FOR WOMEN'S HEALTH PAC

Full Name (Last, First, Middle Initial)

**A.** JAMES E. DELMORE

Mailing Address 851 NORTH HILLSIDE

City State Zip Code  
**WICHITA KS 67214**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
ASSOCIATES IN WOMEN'S HEA-  
LTH

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 5 / 2 2 / 2 0 0 7**

Transaction ID: SA11A1.11639

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B.** GREGORY W. DEMEO

Mailing Address 1020 KENT ROAD

City State Zip Code  
**WILMINGTON DE 19807**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
FIRST STATE WOMEN'S CARE

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 3 / 0 5 / 2 0 0 7**

Transaction ID: SA11A1.11227

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C.** ROBERTA H. DEREGT

Mailing Address 1135 116 AVENUE NE

City State Zip Code  
**BELLEVUE WA 98004**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
OBSTETRIX

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 5 / 1 4 / 2 0 0 7**

Transaction ID: SA11A1.11595

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

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

FOR LINE NUMBER: PAGE 26 / 112

(check only one)

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

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NAME OF COMMITTEE (In Full)

OB-GYNS FOR WOMEN'S HEALTH PAC

<b>A.</b> Full Name (Last, First, Middle Initial) <b>MARK S. DERMER</b> Mailing Address 160 PERPETUAL SQUARE DRIVE City State Zip Code <b>ANDERSON SC 29621</b> FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation <b>ANMED HEALTH PHYSICIAN</b> Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <div style="text-align: right;">400.00</div>		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td>/</td><td>2</td><td>7</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> <b>Transaction ID: SA11A1.11425</b> Amount of Each Receipt this Period <div style="text-align: right;">400.00</div>	M	M	/	D	D	/	Y	Y	Y	Y	0	3	/	2	7	/	2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
0	3	/	2	7	/	2	0	0	7													
<b>B.</b> Full Name (Last, First, Middle Initial) <b>T. CLIFFORD DEVENY</b> Mailing Address 525 EAST MARKET STREET City State Zip Code <b>AKRON OH 44304</b> FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation <b>SUMMA HEALTH SYSTEM PHYSICIAN</b> Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <div style="text-align: right;">250.00</div>		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td>/</td><td>1</td><td>1</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> <b>Transaction ID: SA11A1.11470</b> Amount of Each Receipt this Period <div style="text-align: right;">250.00</div>	M	M	/	D	D	/	Y	Y	Y	Y	0	4	/	1	1	/	2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
0	4	/	1	1	/	2	0	0	7													
<b>C.</b> Full Name (Last, First, Middle Initial) <b>NANCY M. DICKERSON</b> Mailing Address 3960 COON RAPIDS BOULEVARD City State Zip Code <b>COON RAPIDS MN 55433</b> FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation <b>ALLINA PHYSICIAN</b> Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <div style="text-align: right;">250.00</div>		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td>/</td><td>1</td><td>4</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> <b>Transaction ID: SA11A1.11596</b> Amount of Each Receipt this Period <div style="text-align: right;">250.00</div>	M	M	/	D	D	/	Y	Y	Y	Y	0	5	/	1	4	/	2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
0	5	/	1	4	/	2	0	0	7													

**SUBTOTAL** of Receipts This Page (optional) .....**900.00****TOTAL** This Period (last page this line number only) .....

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

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

FOR LINE NUMBER: PAGE 27 / 112

(check only one)

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

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NAME OF COMMITTEE (In Full)

OB-GYNS FOR WOMEN'S HEALTH PAC

Full Name (Last, First, Middle Initial)

**A.** VIVIAN M. DICKERSON

Mailing Address 6150 EAST WEST VIEW DRIVE

City State Zip Code  
 ORANGE CA 92869

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HOAG HOSPITAL

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 2 2 / 2 0 0 7

Transaction ID: SA11A1.11640

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B.** JANE ANN S. DIMER

Mailing Address 4631 90TH AVENUE SE

City State Zip Code  
 MERCER ISLAND WA 98040

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
GROUP HEALTH PERMANENTE

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 2 / 2 8 / 2 0 0 7

Transaction ID: SA11A1.11314

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C.** CHRISTOPHER C. DOTSON

Mailing Address 10150 NATIONAL BOULEVARD

City State Zip Code  
 LOS ANGELES CA 90034

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 1 8 / 2 0 0 7

Transaction ID: SA11A1.11515

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

1550.00

**TOTAL** This Period (last page this line number only) .....

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

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

FOR LINE NUMBER: PAGE 28 / 112

(check only one)

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

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NAME OF COMMITTEE (In Full)

OB-GYNS FOR WOMEN'S HEALTH PAC

Full Name (Last, First, Middle Initial)

**A.** DAMLA K. DRYDEN

Mailing Address 6624 FANNIN

City

HOUSTON

State

TX

Zip Code

77030

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WOMEN'S SPECIALISTS OF HO-  
USTON

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 4 / 2 0 0 7

Transaction ID: SA11A1.11621

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B.** BILL L. DUKE, II

Mailing Address 102 BOYD STREET

City

ASHLAND CITY

State

TN

Zip Code

37015

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WOMEN'S HEALTH & MATERNITY

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 3 / 2 0 0 7

Transaction ID: SA11A1.11443

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C.** NIEVE T. DUQUE-SALVA

Mailing Address 2500 GRUBB ROAD

City

WILMINGTON

State

DE

Zip Code

19810

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 5 / 2 0 0 7

Transaction ID: SA11A1.11542

Amount of Each Receipt this Period

365.00

**SUBTOTAL** of Receipts This Page (optional) .....

1365.00

**TOTAL** This Period (last page this line number only) .....

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

FOR LINE NUMBER: PAGE 29 / 112

(check only one)

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

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NAME OF COMMITTEE (In Full)

OB-GYNS FOR WOMEN'S HEALTH PAC

Full Name (Last, First, Middle Initial)

**A.** JOSE I. DURAN

Mailing Address 494 NORTH CARONDELET DRIVE

City	State	Zip Code
NOGALES	AZ	85621

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYEDOccupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	5	/	2	0	0	7

Transaction ID: SA11A1.11543

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B.** NEELOFER S. DURRANI

Mailing Address 2916 PITTSBURGH STREET

City	State	Zip Code
HOUSTON	TX	77005

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEMORIAL OB/GYNOccupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	7	/	2	0	0	7

Transaction ID: SA11A1.11377

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C.** UMA R. EACHEMPATI

Mailing Address 14499 LADUE ROAD

City	State	Zip Code
CHESTERFIELD	MO	63017

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11A1.11471

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

1000.00

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

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

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

FOR LINE NUMBER: PAGE 30 / 112

(check only one)

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

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NAME OF COMMITTEE (In Full)

OB-GYNS FOR WOMEN'S HEALTH PAC

Full Name (Last, First, Middle Initial)

**A.** JOSIAH O. EKUNNO

Mailing Address 11125 DUNN ROAD

City State Zip Code  
 ST. LOUIS MO 63136

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 0 3 / 2 0 0 7

Transaction ID: SA11A1.11444

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B.** LISA ENG

Mailing Address 8 78TH STREET

City State Zip Code  
 BROOKLYN NY 11209

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
NEW LIFE OB/GYN

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 0 3 / 2 0 0 7

Transaction ID: SA11A1.11445

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

**C.** ANGEL L. FRAGUADA

Mailing Address MANSION DEL SUR

City State Zip Code  
 TOA BAJA PR 00949

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11A1.11080

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

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

FOR LINE NUMBER: PAGE 31 / 112

(check only one)

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

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.** ANNE C. FRANTZ

Mailing Address 1701 HALLMARK DRIVE

City	State	Zip Code
TROY	MI	48098

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BEAUMONT HOSPITALOccupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	4	/	2	0	0	7

Transaction ID: SA11A1.11597

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B.** RUTH C. FRETTS

Mailing Address 1100 WEST ROXBURY DRIVE

City	State	Zip Code
CHESTNUT HILL	MA	02467

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HARBOR VANGUARD ASSOCIATESOccupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	7	/	2	0	0	7

Transaction ID: SA11A1.11426

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C.** FREDERICK FRIEDMAN, JR.

Mailing Address 1 LAKE ROAD SOUTH

City	State	Zip Code
GREAT NECK	NY	11020

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GYN/OB ASSOCIATES OF MANH-  
ATTANOccupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	8	/	2	0	0	7

Transaction ID: SA11A1.11516

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

1000.00

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

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

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

FOR LINE NUMBER: PAGE 32 / 112

(check only one)

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

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NAME OF COMMITTEE (In Full)

OB-GYNS FOR WOMEN'S HEALTH PAC

Full Name (Last, First, Middle Initial)

**A.** STEPHANIE C. FULTON

Mailing Address 15 WEST SHADY LANE

City State Zip Code  
**HOUSTON TX 77063**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 5 / 2 4 / 2 0 0 7**

Transaction ID: SA11A1.11622

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B.** LYNDON B. GAINES

Mailing Address 90 JACKSON PIKE

City State Zip Code  
**GALLIPOLIS OH 45631**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HOLZER CLINIC

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 4 / 0 3 / 2 0 0 7**

Transaction ID: SA11A1.11446

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C.** JOHN P. GALLAGHER

Mailing Address 220 CASE AVENUE

City State Zip Code  
**SHARON PA 16146**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
PRIMARY HEALTH NETWORK

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 2 / 2 8 / 2 0 0 7**

Transaction ID: SA11A1.11315

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....



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

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

FOR LINE NUMBER: PAGE 33 / 112

(check only one)

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

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NAME OF COMMITTEE (In Full)

OB-GYNS FOR WOMEN'S HEALTH PAC

A. Full Name (Last, First, Middle Initial)

GLENN T. GALLASPY

Mailing Address 3715 DAUPHIN STREET

City State Zip Code  
 MOBILE AL 36608

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AZELIA CITY PHYSICIANS

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 2 / 2 8 / 2 0 0 7

Transaction ID: SA11A1.11316

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)

PAMELA G. GALLUP

Mailing Address 113 GRAYS CREEK COURT

City State Zip Code  
 SAVANNAH GA 31410

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PROVIDENT OB/GYN

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 2 7 / 2 0 0 7

Transaction ID: SA11A1.11428

Amount of Each Receipt this Period

250.00

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

THOMAS M. GELLHAUS

Mailing Address 2322 EAST KIMBERLY

City State Zip Code  
 DAVENPORT IA 52807

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OB/GYN SPECIALISTS

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 1 / 2 9 / 2 0 0 7

Transaction ID: SA11A1.11139

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional) .....

1750.00

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

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

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

FOR LINE NUMBER: PAGE 34 / 112

(check only one)

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

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NAME OF COMMITTEE (In Full)

OB-GYNS FOR WOMEN'S HEALTH PAC

**A.** Full Name (Last, First, Middle Initial)  
LOIS J. GEMMELL  
Mailing Address 726 10TH AVENUE

City State Zip Code  
SALT LAKE CITY UT 84103

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AVENUES WOMEN'S CENTER

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11A1.11472

Amount of Each Receipt this Period

500.00

**B.** Full Name (Last, First, Middle Initial)  
JANICE A. GIVLER  
Mailing Address 2106 HILDA AVENUE

City State Zip Code  
MISSOULA MT 59801

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WESTERN MONTANA CLINIC

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 0 7

Transaction ID: SA11A1.11317

Amount of Each Receipt this Period

250.00

**C.** Full Name (Last, First, Middle Initial)  
MARK J. GODAT  
Mailing Address 7777 FOREST LANE

City State Zip Code  
DALLAS TX 75230

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 9 / 2 0 0 7

Transaction ID: SA11A1.11140

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....

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

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

FOR LINE NUMBER: PAGE 35 / 112

(check only one)

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

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NAME OF COMMITTEE (In Full)

OB-GYNS FOR WOMEN'S HEALTH PAC

**A.** Full Name (Last, First, Middle Initial)  
LAURIE R. GOLDSTEIN

Mailing Address 134 EAST 93RD STREET

City State Zip Code  
NEW YORK NY 10128

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
EAST SIDE WOMEN'S OB/GYN

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 2 / 2 0 0 7

Transaction ID: SA11A1.11569

Amount of Each Receipt this Period

1000.00

**B.** Full Name (Last, First, Middle Initial)  
ANDREW E. GOOD

Mailing Address 933 PAXTON ROAD, SW

City State Zip Code  
ROCHESTER MN 55902

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MAYO CLINIC

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 4 / 2 0 0 7

Transaction ID: SA11A1.11624

Amount of Each Receipt this Period

250.00

**C.** Full Name (Last, First, Middle Initial)  
DAVID C. GORE

Mailing Address 6200 WEST PARKER ROAD

City State Zip Code  
PLANO TX 75093

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 8 / 2 0 0 7

Transaction ID: SA11A1.11517

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

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

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

FOR LINE NUMBER: PAGE 36 / 112

(check only one)

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

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NAME OF COMMITTEE (In Full)

OB-GYNS FOR WOMEN'S HEALTH PAC

Full Name (Last, First, Middle Initial)

**A.** SANDRA D. GOTTWALD

Mailing Address 380 EAST DAPHNE ROAD

City State Zip Code  
 MILWAUKEE WI 53217

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
ADVANCED HEALTHCARE

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 1 8 / 2 0 0 7

Transaction ID: SA11A1.11518

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B.** ROBERT C. GRAMANN

Mailing Address 3021 GRIFFIN AVENUE

City State Zip Code  
 ENUMCLAW WA 98022

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
ENUMCLAW MEDICAL CENTER

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 2 9 / 2 0 0 7

Transaction ID: SA11A1.11142

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C.** DAVID L. GREENSPAN

Mailing Address 14930 NORTH 97TH PLACE

City State Zip Code  
 SCOTTSDALE AZ 85262

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 2 / 0 8 / 2 0 0 7

Transaction ID: SA11A1.11196

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....

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

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

FOR LINE NUMBER: PAGE 37 / 112

(check only one)

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

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NAME OF COMMITTEE (In Full)

OB-GYNS FOR WOMEN'S HEALTH PAC

Full Name (Last, First, Middle Initial)

**A.** ALBERT T. GROS

Mailing Address 5815 VAN WINKLE LANE

City State Zip Code  
 AUSTIN TX 78739

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 1 4 / 2 0 0 7

Transaction ID: SA11A1.11598

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B.** SUSAN T. HAAS

Mailing Address 720 HARRISON AVENUE

City State Zip Code  
 BOSTON MA 02118

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BOSTON MEDICAL CENTER

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 1 8 / 2 0 0 7

Transaction ID: SA11A1.11520

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C.** DAVID L. HAMACHER

Mailing Address 126 SOUTH 25TH STREET

City State Zip Code  
 ESCANABA MI 49829

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
GREAT LAKES GYN

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 2 8 / 2 0 0 7

Transaction ID: SA11A1.11409

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

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

FOR LINE NUMBER: PAGE 38 / 112

(check only one)

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

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NAME OF COMMITTEE (In Full)

OB-GYNS FOR WOMEN'S HEALTH PAC

**A.** Full Name (Last, First, Middle Initial)  
CHARLES B. HAMMOND

Mailing Address P.O. BOX 3853

City	State	Zip Code
DURHAM	NC	27710

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DUKE UNIVERSITYOccupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	8	/	2	0	0	7

Transaction ID: SA11A1.11319

Amount of Each Receipt this Period

1000.00

**B.** Full Name (Last, First, Middle Initial)  
KAREN E. HARRIS

Mailing Address 6440 WEST NEWBERRY ROAD

City	State	Zip Code
GAINESVILLE	FL	32605

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NORTH FLORIDA WOMEN'S PHY-  
SICIANSOccupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	8	/	2	0	0	7

Transaction ID: SA11A1.11320

Amount of Each Receipt this Period

250.00

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

Mailing Address 3741 HEARTHSTONE COURT

City	State	Zip Code
CHARLOTTE	NC	28211

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CAROLINA'S MEDICAL CENTEROccupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	5	/	2	0	0	7

Transaction ID: SA11A1.11228

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1750.00

**TOTAL** This Period (last page this line number only) .....

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

FOR LINE NUMBER: PAGE 39 / 112

(check only one)

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

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NAME OF COMMITTEE (In Full)

OB-GYNS FOR WOMEN'S HEALTH PAC

<b>A.</b> Full Name (Last, First, Middle Initial) RUTH E. HASKINS Mailing Address 3444 SMOKEY MOUNTAIN CIRCLE City EL DORADO HILLS State CA Zip Code 95762 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer UNIVERSITY OF CALIFORNIA Occupation PHYSICIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 0 5 / 2 0 0 7 <b>Transaction ID:</b> SA11A1.11229 Amount of Each Receipt this Period 250.00
<b>B.</b> Full Name (Last, First, Middle Initial) NAWAR HATOUM Mailing Address 2507 NORTH HALSTED STREET City CHICAGO State IL Zip Code 60614 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer MATERNAL-FETAL MEDICINE Occupation PHYSICIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 1 4 / 2 0 0 7 <b>Transaction ID:</b> SA11A1.11393 Amount of Each Receipt this Period 250.00
<b>C.</b> Full Name (Last, First, Middle Initial) SHAWNA HEDLEY Mailing Address 334 EAST 54TH STREET City NEW YORK State NY Zip Code 10022 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer SELF-EMPLOYED Occupation PHYSICIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 2 1 / 2 0 0 7 <b>Transaction ID:</b> SA11A1.11413 Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

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

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

FOR LINE NUMBER: PAGE 40 / 112

(check only one)

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

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NAME OF COMMITTEE (In Full)

OB-GYNS FOR WOMEN'S HEALTH PAC

**A.** Full Name (Last, First, Middle Initial)  
RICHARD W. HENDERSON

Mailing Address 1709 CLEAVER LANE

City State Zip Code  
WILMINGTON DE 19803

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ST. FRANCIS HOSPITAL

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 0 7

Transaction ID: SA11A1.11322

Amount of Each Receipt this Period

250.00

**B.** Full Name (Last, First, Middle Initial)  
RICHARD W. HENDERSON

Mailing Address 1709 CLEAVER LANE

City State Zip Code  
WILMINGTON DE 19803

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ST. FRANCIS HOSPITAL

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 3 / 2 0 0 7

Transaction ID: SA11A1.11508

Amount of Each Receipt this Period

250.00

**C.** Full Name (Last, First, Middle Initial)  
JULIE A. HENRIKSEN

Mailing Address 1740 SOUTH WESTGATE AVENUE

City State Zip Code  
LOS ANGELES CA 90025

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UCLA

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 2 / 2 0 0 7

Transaction ID: SA11A1.11647

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....



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

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

FOR LINE NUMBER: PAGE 41 / 112

(check only one)

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

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NAME OF COMMITTEE (In Full)

OB-GYNS FOR WOMEN'S HEALTH PAC

Full Name (Last, First, Middle Initial)

**A.** CARMELO A. HERNANDEZ

Mailing Address 87 MEDICAL PARK DRIVE

City State Zip Code  
 BREVARD NC 28712

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SYLVAN VALLEY OB/GYN

Occupation  
PHSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 2 5 / 2 0 0 7

Transaction ID: SA11A1.11546

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**B.** PETER H. HERTZAK

Mailing Address 985 ROBERT BOULEVARD

City State Zip Code  
 SLIDELL LA 70458

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 2 5 / 2 0 0 7

Transaction ID: SA11A1.11156

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C.** JOEL E. HIGGINS

Mailing Address 1208 ALICE STREET

City State Zip Code  
 WAYCROSS GA 31501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 0 5 / 2 0 0 7

Transaction ID: SA11A1.11230

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1550.00

**TOTAL** This Period (last page this line number only) .....

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

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

FOR LINE NUMBER: PAGE 42 / 112

(check only one)

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

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NAME OF COMMITTEE (In Full)

OB-GYNS FOR WOMEN'S HEALTH PAC

Full Name (Last, First, Middle Initial)

**A.** PHILLIP A. HIGGINS

Mailing Address 5306 PARLIAMENT PLACE

City State Zip Code  
 ROCKFORD IL 61107

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
ROCKFORD HEALTH SYSTEMS

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 2 2 / 2 0 0 7

Transaction ID: SA11A1.11583

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B.** LISA HILDENBRAND

Mailing Address 102 CAMELOT DRIVE

City State Zip Code  
 BUTLER PA 16001

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
ADVANCED OB/GYN

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 2 / 0 5 / 2 0 0 7

Transaction ID: SA11A1.11115

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C.** BRUCE G. HOPKINS

Mailing Address 820 SOUTH MCCLELLAN

City State Zip Code  
 SPOKANE WA 99203

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SPOKANE OB/GYN

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 2 / 2 8 / 2 0 0 7

Transaction ID: SA11A1.11323

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

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

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

FOR LINE NUMBER: PAGE 43 / 112

(check only one)

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

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NAME OF COMMITTEE (In Full)

OB-GYNS FOR WOMEN'S HEALTH PAC

**A.** Full Name (Last, First, Middle Initial)  
BRUCE G. HOPKINS  
Mailing Address 820 SOUTH MCCLELLAN

City State Zip Code  
SPOKANE WA 99203

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SPOKANE OB/GYN

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 3 / 2 0 0 7

Transaction ID: SA11A1.11448

Amount of Each Receipt this Period

100.00

**B.** Full Name (Last, First, Middle Initial)  
DIANNE D. HOTMER  
Mailing Address 817 KIMBERLY LANE

City State Zip Code  
WEST CHESTER PA 19382

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CHESTER COUNTY OB-GYN

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 2 / 2 0 0 7

Transaction ID: SA11A1.11648

Amount of Each Receipt this Period

500.00

**C.** Full Name (Last, First, Middle Initial)  
TERRY A. HUFF  
Mailing Address 6242 EAST ARBOR AVENUE

City State Zip Code  
MESA AZ 85206

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
DESERT ROSE OB/GYN

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11A1.11266

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1100.00

**TOTAL** This Period (last page this line number only) .....

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

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

FOR LINE NUMBER: PAGE 44 / 112

(check only one)

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

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NAME OF COMMITTEE (In Full)

OB-GYNS FOR WOMEN'S HEALTH PAC

**A.** Full Name (Last, First, Middle Initial)  
HARRY C. HUNEYCUTT  
Mailing Address 236 WEST 6TH STREET

City State Zip Code  
RENO NV 89503

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 4 / 2 0 0 7

Transaction ID: SA11A1.11599

Amount of Each Receipt this Period

250.00

**B.** Full Name (Last, First, Middle Initial)  
HEATHER M. IRVIN  
Mailing Address 600 18TH STREET

City State Zip Code  
PARKERSBURG WV 26101

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
ST. JOSEPH'S HOSPITAL

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 4 / 2 0 0 7

Transaction ID: SA11A1.11600

Amount of Each Receipt this Period

250.00

**C.** Full Name (Last, First, Middle Initial)  
KATHRYN IWATA  
Mailing Address 1818 VERDUGO BOULEVARD

City State Zip Code  
GLENDALE CA 91208

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
JOHN JAY FOX

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 4 / 2 0 0 7

Transaction ID: SA11A1.11395

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

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

FOR LINE NUMBER: PAGE 45 / 112

(check only one)

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

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NAME OF COMMITTEE (In Full)

OB-GYNS FOR WOMEN'S HEALTH PAC

Full Name (Last, First, Middle Initial)

**A.** JUDITH A. JACOBSON

Mailing Address 10010 NORTHEAST 37TH COURT

City	State	Zip Code
KIRKLAND	WA	98033

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
SELF-EMPLOYEDOccupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	5	/	2	0	0	7

Transaction ID: SA11A1.11231

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B.** ROBERT J. JAEGER

Mailing Address 1418 CHIPPEWA TRAIL

City	State	Zip Code
MOSINEE	WI	54455

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
RETIREDOccupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	8	/	2	0	0	7

Transaction ID: SA11A1.11324

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C.** MEENA JAIN

Mailing Address 3275 66TH STREET NORTH

City	State	Zip Code
ST. PETERSBURG	FL	33710

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
A WOMAN'S POINT OF VIEWOccupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	8	/	2	0	0	7

Transaction ID: SA11A1.11522

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) .....

1000.00

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

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

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

FOR LINE NUMBER: PAGE 46 / 112

(check only one)

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

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NAME OF COMMITTEE (In Full)

OB-GYNS FOR WOMEN'S HEALTH PAC

**A.** Full Name (Last, First, Middle Initial)  
DAVID H. JANOWITZ

Mailing Address 7007 NORTH FREEWAY

City State Zip Code  
HOUSTON TX 77076

FEC ID number of contributing federal political committee.

C

Name of Employer  
OB/GYN CAREOccupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 8 / 2 0 0 7

Transaction ID: SA11A1.11523

Amount of Each Receipt this Period

250.00

**B.** Full Name (Last, First, Middle Initial)

LYDIA M. JEFFRIES

Mailing Address 143 ASHELAND AVENUE

City State Zip Code  
ASHEVILLE NC 28801

FEC ID number of contributing federal political committee.

C

Name of Employer  
ASHEVILLE WOMEN'S CENTEROccupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 0 7

Transaction ID: SA11A1.11325

Amount of Each Receipt this Period

250.00

**C.** Full Name (Last, First, Middle Initial)

IAN V. JONES

Mailing Address 934 CENTER STREET

City State Zip Code  
ELGIN IL 60120

FEC ID number of contributing federal political committee.

C

Name of Employer  
SHERMAN HOSPITALOccupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 8 / 2 0 0 7

Transaction ID: SA11A1.11411

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

750.00

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

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

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

FOR LINE NUMBER: PAGE 47 / 112

(check only one)

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

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NAME OF COMMITTEE (In Full)

OB-GYNS FOR WOMEN'S HEALTH PAC

A. Full Name (Last, First, Middle Initial)

GERALD F. JOSEPH, JR.

Mailing Address 3430 EAST HUNTER LANE

City State Zip Code  
 OZARK MO 65721

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ST. JOHN'S CLINIC

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 1 4 / 2 0 0 7

Transaction ID: SA11A1.11397

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

LORI F. JOY

Mailing Address 1415 NORTH HOUK STREET

City State Zip Code  
 SPOKANE WA 99216

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
VALLEY OB/GYN

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 1 6 / 2 0 0 7

Transaction ID: SA11A1.11589

Amount of Each Receipt this Period

500.00

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

HAROLD A. KAMINETZKY

Mailing Address 26 YARMOUTH COURT

City State Zip Code  
 SCOTCH PLAINS NJ 07076

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 1 4 / 2 0 0 7

Transaction ID: SA11A1.11398

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional) .....

1750.00

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

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

FOR LINE NUMBER: PAGE 48 / 112

(check only one)

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

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

<b>A.</b> Full Name (Last, First, Middle Initial) LEAH A. KAUFMAN Mailing Address 7 HILL PARK AVENUE City State Zip Code GREAT NECK NY 11021 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation LONG ISLAND MEDICAL CENTER PHYSICIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 2 / 2 0 0 7 <b>Transaction ID:</b> SA11A1.11649 Amount of Each Receipt this Period 1000.00
<b>B.</b> Full Name (Last, First, Middle Initial) GARY L. KAYE Mailing Address 31 SOUTH UNION AVENUE City State Zip Code CRANFORD NJ 07016 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation SELF-EMPLOYED PHYSICIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 1 / 2 0 0 7 <b>Transaction ID:</b> SA11A1.11474 Amount of Each Receipt this Period 500.00
<b>C.</b> Full Name (Last, First, Middle Initial) BRIDGET B. KELLER Mailing Address 4248 LINDEN HILLS BOULEVARD City State Zip Code MINNEAPOLIS MN 55410 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation PARK NICOLLET CLINIC PHYSICIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 8 / 2 0 0 7 <b>Transaction ID:</b> SA11A1.11327 Amount of Each Receipt this Period 350.00

**SUBTOTAL** of Receipts This Page (optional) .....

1850.00

**TOTAL** This Period (last page this line number only) .....



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

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

FOR LINE NUMBER: PAGE 49 / 112

(check only one)

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

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NAME OF COMMITTEE (In Full)

OB-GYNS FOR WOMEN'S HEALTH PAC

Full Name (Last, First, Middle Initial)

**A.** JIMMY KHANDALAVALA

Mailing Address 2721 SOUTH 100TH STREET

City State Zip Code  
**OMAHA NE 68124**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**CREIGHTON UNIVERSITY**

Occupation  
**PHYSICIAN**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 2 / 0 5 / 2 0 0 7**

Transaction ID: SA11A1.11117

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B.** ELIZABETH W. KILLEBREW

Mailing Address 103 VILLAGE LAKE COURT

City State Zip Code  
**BROOKS GA 30205**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SOUTH CRESCENT HEALTHCARE**

Occupation  
**PHYSICIAN**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 5 / 2 2 / 2 0 0 7**

Transaction ID: SA11A1.11652

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C.** JUDITH M. KIMELMAN

Mailing Address 9242 SOUTHEAST 46TH STREET

City State Zip Code  
**MERCER ISLAND WA 98040**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SEATTLE OB/GYN GROUP**

Occupation  
**PHYSICIAN**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 2 / 2 8 / 2 0 0 7**

Transaction ID: SA11A1.11328

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....

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

FOR LINE NUMBER: PAGE 50 / 112

(check only one)

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

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NAME OF COMMITTEE (In Full)

OB-GYNS FOR WOMEN'S HEALTH PAC

**A.** Full Name (Last, First, Middle Initial)  
DOUGLAS H. KIRKPATRICK

Mailing Address 48 HYDE PARK CIRCLE

City	State	Zip Code
DENVER	CO	80209

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYEDOccupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	3	/	2	0	0	7

Transaction ID: SA11A1.11460

Amount of Each Receipt this Period

1000.00

**B.** Full Name (Last, First, Middle Initial)  
IRENE I. KOMARYNSKY

Mailing Address 166 WEST BROAD STREET

City	State	Zip Code
STAMFORD	CT	06902

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYEDOccupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	2	/	2	0	0	7

Transaction ID: SA11A1.11651

Amount of Each Receipt this Period

500.00

**C.** Full Name (Last, First, Middle Initial)  
MELANIE KONRADI

Mailing Address 2580 KINCAID STREET

City	State	Zip Code
EUGENE	OR	97405

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OREGON MEDICAL GROUPOccupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11A1.11082

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

1750.00

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

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

FOR LINE NUMBER: PAGE 51 / 112

(check only one)

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

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NAME OF COMMITTEE (In Full)

OB-GYNS FOR WOMEN'S HEALTH PAC

**A.** Full Name (Last, First, Middle Initial)  
ROBERT L. KRAUSS

Mailing Address 236 WEST NORTHVIEW

City	State	Zip Code
PHOENIX	AZ	85021

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SCHALLER ANDERSON OF ARIZ-  
ONAOccupation  
MEDICAL DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	5		2	0	0	7

Transaction ID: SA11A1.11234

Amount of Each Receipt this Period

250.00

**B.** Full Name (Last, First, Middle Initial)  
MICHAEL L. KUDLA

Mailing Address 4700 PONDEROSA

City	State	Zip Code
LAKE CHARLES	LA	70605

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYEDOccupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	8		2	0	0	7

Transaction ID: SA11A1.11329

Amount of Each Receipt this Period

500.00

**C.** Full Name (Last, First, Middle Initial)  
PETER V. KUHL

Mailing Address 2314 PARK FARM

City	State	Zip Code
SAN ANTONIO	TX	78259

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYEDOccupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	4		2	0	0	7

Transaction ID: SA11A1.11558

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

1000.00

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

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

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

FOR LINE NUMBER: PAGE 52 / 112

(check only one)

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

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NAME OF COMMITTEE (In Full)

OB-GYNS FOR WOMEN'S HEALTH PAC

**A.** Full Name (Last, First, Middle Initial)  
KOTESWARA R. KUNDA

Mailing Address 100 RIVERSIDE DRIVE

City State Zip Code  
 SAN MARCOS TX 78666

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 0 3 / 2 0 0 7

Transaction ID: SA11A1.11449

Amount of Each Receipt this Period

2000.00

**B.** Full Name (Last, First, Middle Initial)  
MICHAEL J. KUSH

Mailing Address 922 CHESTNUT AVENUE

City State Zip Code  
 DUBOIS PA 15801

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
DUBOIS REGIONAL MEDICAL  
CENTER

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 1 5 / 2 0 0 7

Transaction ID: SA11A1.11099

Amount of Each Receipt this Period

250.00

**C.** Full Name (Last, First, Middle Initial)  
WILLIS E. LANIER

Mailing Address 960 JOHNSON FERRY ROAD

City State Zip Code  
 ATLANTA GA 30342

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
ATLANTA WOMEN'S HEALTH GR-  
OUP

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 2 / 2 8 / 2 0 0 7

Transaction ID: SA11A1.11330

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

2500.00

**TOTAL** This Period (last page this line number only) .....

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

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

FOR LINE NUMBER: PAGE 53 / 112

(check only one)

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

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NAME OF COMMITTEE (In Full)

OB-GYNS FOR WOMEN'S HEALTH PAC

A. Full Name (Last, First, Middle Initial)

RUSSELL K. LAROS, JR.

Mailing Address 21 MARSH ROAD

City State Zip Code  
 TIBURON CA 94920

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UNIVERSITY OF CALIFORNIA

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11A1.11268

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

DOUGLAS W. LAUBE

Mailing Address 2025 JEFFERSON

City State Zip Code  
 MADISON WI 53711

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UNIVERSITY OF WISCONSIN

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 0 5 / 2 0 0 7

Transaction ID: SA11A1.11235

Amount of Each Receipt this Period

1000.00

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

SRIPEN LAVAVEJ

Mailing Address 507 8TH STREET

City State Zip Code  
 PRINCETON IL 61356

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PRINCETON FAMILY PHYSICIA-  
NS

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 0 5 / 2 0 0 7

Transaction ID: SA11A1.11236

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

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

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

FOR LINE NUMBER: PAGE 54 / 112

(check only one)

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

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NAME OF COMMITTEE (In Full)

OB-GYNS FOR WOMEN'S HEALTH PAC

**A.** Full Name (Last, First, Middle Initial)  
KATHERINE S. LIN  
Mailing Address 1099 WEST 2ND STREET

City State Zip Code  
XENIA OH 45385

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 2 / 2 0 0 7

Transaction ID: SA11A1.11654

Amount of Each Receipt this Period

250.00

**B.** Full Name (Last, First, Middle Initial)  
CHAD C. LUNT  
Mailing Address 515 SOUTH 300 EAST

City State Zip Code  
ST. GEORGE UT 84790

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: SA11A1.11475

Amount of Each Receipt this Period

2000.00

**C.** Full Name (Last, First, Middle Initial)  
DAVID A. LUTHY  
Mailing Address 1229 MEDICAL DRIVE

City State Zip Code  
SEATTLE WA 98104

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 0 8 / 2 0 0 7

Transaction ID: SA11A1.11198

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

2500.00

**TOTAL** This Period (last page this line number only) .....

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

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

FOR LINE NUMBER: PAGE 55 / 112

(check only one)

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

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NAME OF COMMITTEE (In Full)

OB-GYNS FOR WOMEN'S HEALTH PAC

Full Name (Last, First, Middle Initial)

**A.** SCOTT N. MACGREGOR

Mailing Address 2650 RIDGE AVENUE

City State Zip Code  
 EVANSTON IL 60201

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
EVANSTON HEALTHCARE

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 2 5 / 2 0 0 7

Transaction ID: SA11A1.11548

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B.** HARISH T. MADHAV

Mailing Address 2897 BOYNTON BEACH

City State Zip Code  
 BOYNTON FL 33435

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

251.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 2 2 / 2 0 0 7

Transaction ID: SA11A1.11657

Amount of Each Receipt this Period

251.00

Full Name (Last, First, Middle Initial)

**C.** LOUIS MAMELI

Mailing Address 214 CHEROKEE ROAD

City State Zip Code  
 THOMASTON GA 30286

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 0 2 / 2 0 0 7

Transaction ID: SA11A1.11571

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1251.00

**TOTAL** This Period (last page this line number only) .....

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

FOR LINE NUMBER: PAGE 56 / 112

(check only one)

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

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NAME OF COMMITTEE (In Full)

OB-GYNS FOR WOMEN'S HEALTH PAC

**A.** Full Name (Last, First, Middle Initial)  
ROBERT J. MAROTZ

Mailing Address 485 SOUTH DOBSON

City State Zip Code  
PHOENIX AZ 85224

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NEW HORIZON HEALTH CENTEROccupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	8	/	2	0	0	7

Transaction ID: SA11A1.11526

Amount of Each Receipt this Period

1000.00

**B.** Full Name (Last, First, Middle Initial)  
STEFANIE N. MARSHALL

Mailing Address 1410 HAMILTON STREET

City State Zip Code  
WILMINGTON DE 19806

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FIRST STATE WOMEN'S CAREOccupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	3	0	/	2	0	0	7

Transaction ID: SA11A1.11421

Amount of Each Receipt this Period

250.00

**C.** Full Name (Last, First, Middle Initial)  
DIMITRIOS S. MASTROGIANNIS

Mailing Address 42 TALISMAN DRIVE

City State Zip Code  
DIX HILLS NY 11746

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LONG ISLAND SPECIALISTSOccupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	7	/	2	0	0	7

Transaction ID: SA11A1.11429

Amount of Each Receipt this Period

2000.00

SUBTOTAL of Receipts This Page (optional) .....

3250.00

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



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

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

FOR LINE NUMBER: PAGE 57 / 112

(check only one)

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

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NAME OF COMMITTEE (In Full)

OB-GYNS FOR WOMEN'S HEALTH PAC

**A.** Full Name (Last, First, Middle Initial)

PROMILA MATHUR

Mailing Address 5 FOX LANE

City State Zip Code  
 WESTBOROUGH MA 01581

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 1 4 / 2 0 0 7

Transaction ID: SA11A1.11399

Amount of Each Receipt this Period

500.00

**B.** Full Name (Last, First, Middle Initial)

WILLIAM D. MCCALLUM

Mailing Address 1580 WEST EL CAMINO REAL

City State Zip Code  
 MOUNTAIN VIEW CA 94040

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 1 4 / 2 0 0 7

Transaction ID: SA11A1.11601

Amount of Each Receipt this Period

1000.00

**C.** Full Name (Last, First, Middle Initial)

CLAYTON H. MCCracken

Mailing Address 2914 GLENWOOD LANE

City State Zip Code  
 BILLINGS MT 59107

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DEACONESS BILLINGS CLINIC

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 2 / 2 8 / 2 0 0 7

Transaction ID: SA11A1.11334

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1750.00

**TOTAL** This Period (last page this line number only) .....

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

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

FOR LINE NUMBER: PAGE 58 / 112

(check only one)

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

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NAME OF COMMITTEE (In Full)

OB-GYNS FOR WOMEN'S HEALTH PAC

Full Name (Last, First, Middle Initial)

**A.** JOEL B. MCCUAIG

Mailing Address 904 SOUTH STREET

City State Zip Code  
 LAFAYETTE IN 47901

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 2 2 / 2 0 0 7

Transaction ID: SA11A1.11659

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B.** KELLY A. MCCUE

Mailing Address 2345 FAIR OAKS BOULEVARD

City State Zip Code  
 SACRAMENTO CA 95825

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
KAISER

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 2 / 2 8 / 2 0 0 7

Transaction ID: SA11A1.11345

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C.** THOMAS E. MCCURDY

Mailing Address 2804 CINNABAR ROAD

City State Zip Code  
 COLORADO SPRINGS CO 80921

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 0 4 / 2 0 0 7

Transaction ID: SA11A1.11559

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

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

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

FOR LINE NUMBER: PAGE 59 / 112

(check only one)

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

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NAME OF COMMITTEE (In Full)

OB-GYNS FOR WOMEN'S HEALTH PAC

Full Name (Last, First, Middle Initial)

**A.** JOHN J. MCHUGH

Mailing Address 629 CLUBHOUSE TERRACE

City State Zip Code  
PENSACOLA FL 32506

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
U.S. NAVY

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 0 7

Transaction ID: SA11A1.11333

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B.** KAREN E. MCSHANE

Mailing Address 383 PINK STREET

City State Zip Code  
COOPERSTOWN NY 13326

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BASSETT HEALTHCARE

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11A1.11476

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C.** MICHAEL T. MENNUTI

Mailing Address 1311 HILLSIDE ROAD

City State Zip Code  
WYNNWOOD PA 19096

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
UNIVERSITY OF PENNSYLVANIA

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 5 / 2 0 0 7

Transaction ID: SA11A1.11242

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

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

FOR LINE NUMBER: PAGE 60 / 112

(check only one)

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

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NAME OF COMMITTEE (In Full)

OB-GYNS FOR WOMEN'S HEALTH PAC

<b>A.</b> Full Name (Last, First, Middle Initial) KENNETH W. MERKITCH, JR. Mailing Address W5732 HEATHERWOOD PLACE City LACROSSE State WI Zip Code 54601 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer GUNDERSEN LUTHERAN Occupation PHYSICIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: SA11A1.11450 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">500.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	3		2	0	0	7	500.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	4		0	3		2	0	0	7																							
500.00																																
<b>B.</b> Full Name (Last, First, Middle Initial) PHILIP A. MILES Mailing Address 8815 DYER City EL PASO State TX Zip Code 79904 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer GYN/PATH SERVICES Occupation PHYSICIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: SA11A1.11158 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">500.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	5		2	0	0	7	500.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	1		2	5		2	0	0	7																							
500.00																																
<b>C.</b> Full Name (Last, First, Middle Initial) ROBERT D. MIXSON Mailing Address 104 LAKESHORE DRIVE City ST. MARY'S State GA Zip Code 31558 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer SELF-EMPLOYED Occupation PHYSICIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: SA11A1.11549 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">250.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	5		2	0	0	7	250.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	4		2	5		2	0	0	7																							
250.00																																

SUBTOTAL of Receipts This Page (optional) .....

1250.00

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

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

FOR LINE NUMBER: PAGE 61 / 112

(check only one)

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

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NAME OF COMMITTEE (In Full)

OB-GYNS FOR WOMEN'S HEALTH PAC

Full Name (Last, First, Middle Initial)

**A.** ALFRED H. MOFFETT, JR.

Mailing Address 601 EAST DIXIE AVENUE

City

LEESBURG

State

FL

Zip Code

34748

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
OB/GYN ASSOCIATES OF MID-  
FLORIDA

Occupation

PHYSICIAN

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	7	/	2	0	0	7

Transaction ID: SA11A1.11432

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B.** LUIS J. MORALES

Mailing Address 2065 GRIFFON PLACE

City

CENTERVILLE

State

OH

Zip Code

45459

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	1	9	/	2	0	0	7

Transaction ID: SA11A1.11185

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C.** NATHAN MORDEL

Mailing Address 105 COLLIER ROAD

City

ATLANTA

State

GA

Zip Code

30309

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
TIFTON WOMAN'S CENTER

Occupation

PHYSICIAN

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	0	3	/	2	0	0	7

Transaction ID: SA11A1.11451

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

750.00

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

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

FOR LINE NUMBER: PAGE 62 / 112

(check only one)

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

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NAME OF COMMITTEE (In Full)

OB-GYNS FOR WOMEN'S HEALTH PAC

Full Name (Last, First, Middle Initial)

**A. SURESH R. NAYAK**

Mailing Address 303 NORTH 15TH STREET

City	State	Zip Code
SAN JOSE	CA	95112

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
SELF-EMPLOYEDOccupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11A1.11084

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. WADE A. NEIMAN**

Mailing Address 1300 CRENSHAW COURT

City	State	Zip Code
LYNCHBURG	VA	24503

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
WOMEN'S HEALTH SERVICESOccupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	5	/	2	0	0	7

Transaction ID: SA11A1.11245

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. HARRY C. NELSON**

Mailing Address 1021 COOLIDGE STREET

City	State	Zip Code
GREENEVILLE	TN	37743

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
WOMEN'S CENTER OF GREENVI-  
LLEOccupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11A1.11477

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

1750.00

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

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

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

FOR LINE NUMBER: PAGE 63 / 112

(check only one)

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

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NAME OF COMMITTEE (In Full)

OB-GYNS FOR WOMEN'S HEALTH PAC

Full Name (Last, First, Middle Initial)

**A.** KATHLEEN G. NELSON

Mailing Address 210 SUNNYVIEW LANE

City State Zip Code  
 KALISPELL MT 59901

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
KALISPELL OB/GYN

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11A1.11478

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B.** ALFREDO NIEVES-GONZALEZ

Mailing Address 1755 GUNBARREL ROAD

City State Zip Code  
 CHATTANOOGA TN 37421

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 2 5 / 2 0 0 7

Transaction ID: SA11A1.11161

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C.** J. DOUGLAS NISBET

Mailing Address 390 TOLL GATE ROAD

City State Zip Code  
 WARWICK RI 02886

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 1 8 / 2 0 0 7

Transaction ID: SA11A1.11528

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

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

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

FOR LINE NUMBER: PAGE 64 / 112

(check only one)

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

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NAME OF COMMITTEE (In Full)

OB-GYNS FOR WOMEN'S HEALTH PAC

**A.** Full Name (Last, First, Middle Initial)  
KENNETH L. NOLLER

Mailing Address 750 WASHINGTON STREET

City State Zip Code  
BOSTON MA 02111

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TUFTS MEDICAL CENTER

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 0 7

Transaction ID: SA11A1.11337

Amount of Each Receipt this Period

500.00

**B.** Full Name (Last, First, Middle Initial)  
KENNETH L. NOLLER

Mailing Address 750 WASHINGTON STREET

City State Zip Code  
BOSTON MA 02111

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TUFTS MEDICAL CENTER

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 1 / 2 0 0 7

Transaction ID: SA11A1.11359

Amount of Each Receipt this Period

500.00

**C.** Full Name (Last, First, Middle Initial)  
BARRY A. NOORDA

Mailing Address 193 EASTRIDGE LANE

City State Zip Code  
LOGAN UT 84321

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 9 / 2 0 0 7

Transaction ID: SA11A1.11187

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....



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

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

FOR LINE NUMBER: PAGE 65 / 112

(check only one)

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

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NAME OF COMMITTEE (In Full)

OB-GYNS FOR WOMEN'S HEALTH PAC

Full Name (Last, First, Middle Initial)

**A.** MARGARET C. NORDELL

Mailing Address 831 SOUTH BROADWAY

City State Zip Code  
 MINOT ND 58701

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
TRINITY HEALTH

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11A1.11479

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B.** PATRICK D. NUNNELLY

Mailing Address 1301 WEST 38TH STREET

City State Zip Code  
 AUSTIN TX 78705

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11A1.11086

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C.** JERRY M. OBRITSCH

Mailing Address 401 NORTH 9TH STREET

City State Zip Code  
 BISMARCK ND 58501

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MID DAKOTA CENTER FOR WOM-  
EN

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 2 7 / 2 0 0 7

Transaction ID: SA11A1.11433

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1750.00

**TOTAL** This Period (last page this line number only) .....

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

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

FOR LINE NUMBER: PAGE 66 / 112

(check only one)

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

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NAME OF COMMITTEE (In Full)

OB-GYNS FOR WOMEN'S HEALTH PAC

**A.** Full Name (Last, First, Middle Initial)  
PETER E. PALACIO

Mailing Address 62826 STENKAMP ROAD

City State Zip Code  
BEND OR 97701

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BEND OB/GYN

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 1 / 2 0 0 7

Transaction ID: SA11A1.11282

Amount of Each Receipt this Period

250.00

**B.** Full Name (Last, First, Middle Initial)  
ROBERT C. PARK

Mailing Address 11615 LE BARON TERRACE

City State Zip Code  
SILVER SPRING MD 20902

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 4 / 2 0 0 7

Transaction ID: SA11A1.11602

Amount of Each Receipt this Period

250.00

**C.** Full Name (Last, First, Middle Initial)  
ROBERT C. PARK

Mailing Address 11615 LE BARON TERRACE

City State Zip Code  
SILVER SPRING MD 20902

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 4 / 2 0 0 7

Transaction ID: SA11A1.11603

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

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

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

FOR LINE NUMBER: PAGE 67 / 112

(check only one)

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

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NAME OF COMMITTEE (In Full)

OB-GYNS FOR WOMEN'S HEALTH PAC

Full Name (Last, First, Middle Initial)

**A.** ROBERT C. PARK

Mailing Address 11615 LE BARON TERRACE

City State Zip Code  
 SILVER SPRING MD 20902

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 1 4 / 2 0 0 7

Transaction ID: SA11A1.11604

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B.** DONALD W. PARKER

Mailing Address 1307 WEST 3RD STREET

City State Zip Code  
 GILLETTE WY 82716

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ASSOCIATES IN WOMEN'S HEA-  
LTH

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 2 5 / 2 0 0 7

Transaction ID: SA11A1.11163

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C.** MICHAEL L. PECH

Mailing Address 0374 PINE RIDGE ROAD

City State Zip Code  
 OSHKOSH WI 54904

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AURORA MEDICAL GROUP

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11A1.11480

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

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

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

FOR LINE NUMBER: PAGE 68 / 112

(check only one)

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

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NAME OF COMMITTEE (In Full)

OB-GYNS FOR WOMEN'S HEALTH PAC

A. Full Name (Last, First, Middle Initial)

ERIC M. PECK

Mailing Address 11535 SOUTH NORTHWOOD DRIVE

City State Zip Code  
 OLATHE KS 66061

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OLATHE OB/GYN

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 1 4 / 2 0 0 7

Transaction ID: SA11A1.11605

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

SHARON T. PHELAN

Mailing Address 13429 DESERT HILLS NE

City State Zip Code  
 ALBUQUERQUE NM 87111

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UNIVERSITY OF NEW MEXICO

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 2 5 / 2 0 0 7

Transaction ID: SA11A1.11165

Amount of Each Receipt this Period

500.00

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

SHARON T. PHELAN

Mailing Address 13429 DESERT HILLS NE

City State Zip Code  
 ALBUQUERQUE NM 87111

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UNIVERSITY OF NEW MEXICO

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 2 2 / 2 0 0 7

Transaction ID: SA11A1.11663

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) .....

1250.00

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

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

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

FOR LINE NUMBER: PAGE 69 / 112

(check only one)

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

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NAME OF COMMITTEE (In Full)

OB-GYNS FOR WOMEN'S HEALTH PAC

A. Full Name (Last, First, Middle Initial)  
TIMOTHY E. PHELAN

Mailing Address 1621 CREEKSIDE DRIVE

City State Zip Code  
FOLSOM CA 95630

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 4 / 2 0 0 7

Transaction ID: SA11A1.11606

Amount of Each Receipt this Period

1000.00

B. Full Name (Last, First, Middle Initial)  
ROBERT W. PHILLIPS

Mailing Address 501 WEST EUGIE AVENUE

City State Zip Code  
GLENDALE AZ 85304

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DESERT WEST OB/GYN

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 2 / 2 0 0 7

Transaction ID: SA11A1.11664

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)  
JOEL C. PITTARD

Mailing Address 121 NORTH 20TH STREET

City State Zip Code  
OPELIKA AL 36801

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LEE OB/GYN

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 5 / 2 0 0 7

Transaction ID: SA11A1.11550

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) .....

2000.00

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

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

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

FOR LINE NUMBER: PAGE 70 / 112

(check only one)

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

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NAME OF COMMITTEE (In Full)

OB-GYNS FOR WOMEN'S HEALTH PAC

Full Name (Last, First, Middle Initial)

**A.** TANYA S. PRATT

Mailing Address 4606 NORSAW COURT

City State Zip Code  
 GREENSBORO NC 27410

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
WOMEN'S HOSPITAL OF GREEN-  
SBORO

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 2 5 / 2 0 0 7

Transaction ID: SA11A1.11166

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B.** AUDREY I. PREFER

Mailing Address 65 PATRIOT HILL DRIVE

City State Zip Code  
 BASKING RIDGE NJ 07920

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
ADVANCED OBSTETRICS

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 0 5 / 2 0 0 7

Transaction ID: SA11A1.11077

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

**C.** WILLIAM F. PRICE

Mailing Address 2700 EAST 29TH STREET

City State Zip Code  
 BRYAN TX 77802

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 0 3 / 2 0 0 7

Transaction ID: SA11A1.11453

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1650.00

**TOTAL** This Period (last page this line number only) .....

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

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

FOR LINE NUMBER: PAGE 71 / 112

(check only one)

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

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NAME OF COMMITTEE (In Full)

OB-GYNS FOR WOMEN'S HEALTH PAC

Full Name (Last, First, Middle Initial)

**A.** DAVID M. PRIVER

Mailing Address 4282 GENESEE AVENUE

City State Zip Code  
 SAN DIEGO CA 92117

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SAN DIEGO WOMEN'S CLINIC

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 0 1 / 2 0 0 7

Transaction ID: SA11A1.11284

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B.** THOMAS F. PURDON

Mailing Address 706 EAST BENT BRANCH PLACE

City State Zip Code  
 GREEN VALLEY AZ 85614

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 0 5 / 2 0 0 7

Transaction ID: SA11A1.11246

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C.** THOMAS F. PURDON

Mailing Address 706 EAST BENT BRANCH PLACE

City State Zip Code  
 GREEN VALLEY AZ 85614

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 0 5 / 2 0 0 7

Transaction ID: SA11A1.11247

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

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

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

FOR LINE NUMBER: PAGE 72 / 112

(check only one)

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

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NAME OF COMMITTEE (In Full)

OB-GYNS FOR WOMEN'S HEALTH PAC

Full Name (Last, First, Middle Initial)

**A.** WILLIAM D. PUTMAN

Mailing Address 800 NORTH 1ST STREET

City State Zip Code  
 SPRINGFIELD IL 62702

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SPRINGFIELD CLINIC

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 2 5 / 2 0 0 7

Transaction ID: SA11A1.11551

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B.** ALAN T. RAPPLEYE

Mailing Address 3970 SOUTH 700 EAST

City State Zip Code  
 SALT LAKE CITY UT 84107

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 0 1 / 2 0 0 7

Transaction ID: SA11A1.11286

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C.** SARA W. REICHARD

Mailing Address 1164 RENWICK DRIVE

City State Zip Code  
 WEST CHESTER PA 19382

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
GREAT VALLEY OB/GYN

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 2 / 0 8 / 2 0 0 7

Transaction ID: SA11A1.11202

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....



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

FOR LINE NUMBER: PAGE 73 / 112

(check only one)

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

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NAME OF COMMITTEE (In Full)

OB-GYNS FOR WOMEN'S HEALTH PAC

<b>A.</b> Full Name (Last, First, Middle Initial) GLORIA A. RICHARD-DAVIS Mailing Address 1005 DR. D.B. TODD, JR. BOULEVARD City NASHVILLE State TN Zip Code 37208 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer MEHARRY MEDICAL COLLEGE Occupation PHYSICIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 2 / 2 0 0 7 <b>Transaction ID:</b> SA11A1.11665 Amount of Each Receipt this Period 250.00
<b>B.</b> Full Name (Last, First, Middle Initial) JEFFREY R. RICHARDSON, JR. Mailing Address 3555 LOMA VISTA ROAD City VENTURA State CA Zip Code 93003 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer SELF-EMPLOYED Occupation PHYSICIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 1 / 2 0 0 7 <b>Transaction ID:</b> SA11A1.11482 Amount of Each Receipt this Period 1000.00
<b>C.</b> Full Name (Last, First, Middle Initial) W. CLARK RIDLEY Mailing Address 2012 EDGEBROOK COURT City ARLINGTON State TX Zip Code 76015 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer LIFE SPAN MEDICINE Occupation PHYSICIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 0 8 / 2 0 0 7 <b>Transaction ID:</b> SA11A1.11206 Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

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

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

FOR LINE NUMBER: PAGE 74 / 112

(check only one)

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

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NAME OF COMMITTEE (In Full)

OB-GYNS FOR WOMEN'S HEALTH PAC

Full Name (Last, First, Middle Initial)

**A.** SCOTT W. ROBERTS

Mailing Address 4509 BRIAR HOLLOW DRIVE

City State Zip Code  
 PLANO TX 75093

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 2 5 / 2 0 0 7

Transaction ID: SA11A1.11552

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B.** ROGER B. ROWLES

Mailing Address 2612 PALATINE AVENUE

City State Zip Code  
 YAKIMA WA 98902

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 2 / 2 8 / 2 0 0 7

Transaction ID: SA11A1.11339

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C.** RHONDA A. SANDERSON

Mailing Address 45 TEMPLAR DRIVE

City State Zip Code  
 WATCHUNG NJ 07069

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 1 8 / 2 0 0 7

Transaction ID: SA11A1.11531

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

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

FOR LINE NUMBER: PAGE 75 / 112

(check only one)

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

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

<b>A.</b> Full Name (Last, First, Middle Initial) HAMID SANJAGHSAZ Mailing Address 6244 INKSTER ROAD City State Zip Code GARDEN CITY MI 48135 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer SELF-EMPLOYED Occupation PHYSICIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 5 / 2 0 0 7 <b>Transaction ID:</b> SA11A1.11553 Amount of Each Receipt this Period 250.00
<b>B.</b> Full Name (Last, First, Middle Initial) MICHAEL A. SBARRA Mailing Address 20 PROSPECT AVENUE City State Zip Code HACKENSACK NJ 07601 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer SELF-EMPLOYED Occupation PHYSICIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 2 / 2 0 0 7 <b>Transaction ID:</b> SA11A1.11574 Amount of Each Receipt this Period 500.00
<b>C.</b> Full Name (Last, First, Middle Initial) JANET M. SCHAFFER Mailing Address 2635 TOWN LAKE DRIVE City State Zip Code WOODBURY MN 55125 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer PARK NICOLLET Occupation PHYSICIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 1 / 2 0 0 7 <b>Transaction ID:</b> SA11A1.11483 Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....

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

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

FOR LINE NUMBER: PAGE 76 / 112

(check only one)

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

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NAME OF COMMITTEE (In Full)

OB-GYNS FOR WOMEN'S HEALTH PAC

Full Name (Last, First, Middle Initial)

**A.** ROY A. SCHNEIDER

Mailing Address 2601 EAST MAIN STREET

City State Zip Code  
 VENTURA CA 93003

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
KAISER

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11A1.11090

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B.** PETER A. SCHWARTZ

Mailing Address P.O. BOX 16052

City State Zip Code  
 READING PA 19610

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 2 / 2 8 / 2 0 0 7

Transaction ID: SA11A1.11341

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C.** MARLA L. SCOTT

Mailing Address P.O. BOX 2037

City State Zip Code  
 AIKEN SC 29803

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MAGNOLIA MEDICAL

Occupation  
OFFICE MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 0 1 / 2 0 0 7

Transaction ID: SA11A1.11280

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

OB-GYNS FOR WOMEN'S HEALTH PAC

Full Name (Last, First, Middle Initial)

**A.** BAHRAM SHAH-HOSSEINI

Mailing Address 30 BRIARWOOD ROAD

City State Zip Code  
 LINCOLN RI 02865

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 2 5 / 2 0 0 7

Transaction ID: SA11A1.11170

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B.** F. MICHAEL SHAW

Mailing Address 15 NORTH BROADWAY

City State Zip Code  
 WHITE PLAINS NY 10601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
WHITE PLAINS OB/GYN

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 2 7 / 2 0 0 7

Transaction ID: SA11A1.11436

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C.** DEBORAH K. SHEPARD

Mailing Address P.O. BOX 20052

City State Zip Code  
 ST. SIMONS GA 31522

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 1 5 / 2 0 0 7

Transaction ID: SA11A1.11104

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

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

Use separate schedule(s)  
or each category of the  
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(check only one)

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

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NAME OF COMMITTEE (In Full)

OB-GYNS FOR WOMEN'S HEALTH PAC

Full Name (Last, First, Middle Initial)

**A.** ARTHUR P. SIGNORELLA

Mailing Address 4733 BAYARD STREET

City State Zip Code  
 PITTSBURGH PA 15213

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 2 / 1 6 / 2 0 0 7

Transaction ID: SA11A1.11216

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B.** ELIZABETH A. SIMONEAU

Mailing Address 5289 NORTH SUNSET SHADOWS

City State Zip Code  
 TUCSON AZ 85750

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 1 8 / 2 0 0 7

Transaction ID: SA11A1.11532

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C.** LAURA L. SIROTT

Mailing Address 10 CONGRESS STREET

City State Zip Code  
 PASADENA CA 91105

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 2 / 2 8 / 2 0 0 7

Transaction ID: SA11A1.11342

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

OB-GYNS FOR WOMEN'S HEALTH PAC

**A.** Full Name (Last, First, Middle Initial)  
SIDNEY T. SMITH

Mailing Address 1000 COLD BRANCH DRIVE

City State Zip Code  
COLUMBIA SC 29723

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SOUTH CAROLINA ONCOLOGY

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 2 / 2 0 0 7

Transaction ID: SA11A1.11576

Amount of Each Receipt this Period

1000.00

**B.** Full Name (Last, First, Middle Initial)  
STACY L. SMITHSON

Mailing Address 1404 WEST MAIN STREET

City State Zip Code  
LEXINGTON SC 29072

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LAKE MARY OB/GYN

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 5 / 2 0 0 7

Transaction ID: SA11A1.11172

Amount of Each Receipt this Period

500.00

**C.** Full Name (Last, First, Middle Initial)  
RICK D. ST. ONGE

Mailing Address 554 JUNIPER LANE

City State Zip Code  
GALLIPOLIS OH 45631

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOLZER CLINIC

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11A1.11484

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

2000.00

**TOTAL** This Period (last page this line number only) .....

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

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

FOR LINE NUMBER: PAGE 80 / 112

(check only one)

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

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NAME OF COMMITTEE (In Full)

OB-GYNS FOR WOMEN'S HEALTH PAC

Full Name (Last, First, Middle Initial)

**A.** GAYLE M. STEWART

Mailing Address 1060 EAST 100 SOUTH

City State Zip Code  
 SALT LAKE CITY UT 84102

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
ALPINE MEDICAL GROUP

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 2 5 / 2 0 0 7

Transaction ID: SA11A1.11174

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B.** J. CRAIG STRAFFORD

Mailing Address 494 BUHL MORTON ROAD

City State Zip Code  
 GALLIPOLIS OH 45631

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HOLZER CLINIC

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 2 / 2 8 / 2 0 0 7

Transaction ID: SA11A1.11348

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C.** JANETTE H. STRATHY

Mailing Address 5428 WEST HIGHWOOD DRIVE

City State Zip Code  
 EDINA MN 55436

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
PARK NICOLET CLINIC

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 1 5 / 2 0 0 7

Transaction ID: SA11A1.11106

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

2250.00

**TOTAL** This Period (last page this line number only) .....



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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

OB-GYNS FOR WOMEN'S HEALTH PAC

Full Name (Last, First, Middle Initial)

**A.** ALBERT L. STRUNK

Mailing Address 698 CONSTELLATION COURT

City State Zip Code  
 DAVIDSONVILLE MD 21035

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACOG

Occupation  
VICE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 0 5 / 2 0 0 7

Transaction ID: SA11A1.11250

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B.** RAMON A. SUAREZ

Mailing Address 725 NORTH ISLAND DRIVE

City State Zip Code  
 ATLANTA GA 30327

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 2 / 2 8 / 2 0 0 7

Transaction ID: SA11A1.11349

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C.** JEAN R. TALATI

Mailing Address 369 PINEHURST DRIVE

City State Zip Code  
 EAST LONGMEADOW MA 01028

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RIVERSBEND MEDICAL

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 0 4 / 2 0 0 7

Transaction ID: SA11A1.11562

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

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

FOR LINE NUMBER: PAGE 82 / 112

(check only one)

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

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NAME OF COMMITTEE (In Full)

OB-GYNS FOR WOMEN'S HEALTH PAC

**A.**

Full Name (Last, First, Middle Initial)

BRUCE E. TAYLOR

Mailing Address 721 REDWOOD DRIVE

City	State	Zip Code
LINCOLN	NE	68510

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CONTEMPORARY HEALTH CAREOccupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	8	/	2	0	0	7

Transaction ID: SA11A1.11350

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

JUDY A. TIEDT

Mailing Address P.O. BOX 2469

City	State	Zip Code
LANCASTER	PA	29721

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DOUGLAS L. TIEDT, MDOccupation  
HEAD NURSE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	4	/	2	0	0	7

Transaction ID: SA11A1.11608

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

PAUL G. TOMICH

Mailing Address 3637 QUINCE COURT

City	State	Zip Code
DOWNERS GROVE	IL	60515

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UNIVERSITY OF NEBRASKAOccupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	5	/	2	0	0	7

Transaction ID: SA11A1.11251

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

1750.00

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

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

Use separate schedule(s)  
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(check only one)

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

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NAME OF COMMITTEE (In Full)

OB-GYNS FOR WOMEN'S HEALTH PAC

Full Name (Last, First, Middle Initial)

**A.** PAUL D. URNES

Mailing Address 880 NORTH LAKE SHORE DRIVE

City State Zip Code  
 CHICAGO IL 60611

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 1 8 / 2 0 0 7

Transaction ID: SA11A1.11533

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B.** ROBERT L. VERMILLION

Mailing Address 10 24TH STREET, SW

City State Zip Code  
 ROANOKE VA 24013

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
PHYSICIANS TO WOMEN

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 2 / 2 8 / 2 0 0 7

Transaction ID: SA11A1.11351

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C.** WILLIAM C. VOGELPOHL

Mailing Address 337 EL DORADO STREET

City State Zip Code  
 MONTEREY CA 93940

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 1 4 / 2 0 0 7

Transaction ID: SA11A1.11610

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

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

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

FOR LINE NUMBER: PAGE 84 / 112

(check only one)

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

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NAME OF COMMITTEE (In Full)

OB-GYNS FOR WOMEN'S HEALTH PAC

Full Name (Last, First, Middle Initial)

**A.** JOSEPHINE L. VON HERZEN

Mailing Address 883 CREEKSIDE DRIVE SE

City State Zip Code  
**SALEM OR 97306**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SALEM HOSPITAL

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 5 / 1 6 / 2 0 0 7**

Transaction ID: SA11A1.11591

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B.** J.B. WALLACE

Mailing Address 1414 ARLINGTON

City State Zip Code  
**ADA OK 74820**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 1 / 2 5 / 2 0 0 7**

Transaction ID: SA11A1.11178

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**C.** PHILIP L. WATTERSON

Mailing Address 5328 CHAMPIONSHIP CUP LANE

City State Zip Code  
**BROOKSVILLE FL 34609**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 5 / 2 2 / 2 0 0 7**

Transaction ID: SA11A1.11586

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

800.00

**TOTAL** This Period (last page this line number only) .....

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

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

FOR LINE NUMBER: PAGE 85 / 112

(check only one)

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

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NAME OF COMMITTEE (In Full)

OB-GYNS FOR WOMEN'S HEALTH PAC

**A.** Full Name (Last, First, Middle Initial)  
DONALD F. WEBER  
Mailing Address 3508 SHARON DRIVE

City State Zip Code  
EAU CLAIRE WI 54701

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LUTHER MIDELFORT

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 0 7

Transaction ID: SA11A1.11352

Amount of Each Receipt this Period

250.00

**B.** Full Name (Last, First, Middle Initial)  
GERSON WEISS  
Mailing Address 185 SOUTH ORANGE STREET

City State Zip Code  
NEWARK NJ 07103

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NEW JERSEY MEDICAL SCHOOL

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11A1.11486

Amount of Each Receipt this Period

250.00

**C.** Full Name (Last, First, Middle Initial)  
RUSSELL J. WEISTER  
Mailing Address 850 EAST HARVARD AVENUE

City State Zip Code  
DENVER CO 80210

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 4 / 2 0 0 7

Transaction ID: SA11A1.11401

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

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

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

FOR LINE NUMBER: PAGE 86 / 112

(check only one)

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

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NAME OF COMMITTEE (In Full)

OB-GYNS FOR WOMEN'S HEALTH PAC

A. Full Name (Last, First, Middle Initial)

ROBERT M. WHEELER

Mailing Address 707 HOLLYBROOK DRIVE

City State Zip Code  
 LONGVIEW TX 75605

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DIAGNOSTIC CLINIC OF LONG-  
VIEW

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 2 2 / 2 0 0 7

Transaction ID: SA11A1.11670

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

ESTELLE H. WHITNEY

Mailing Address 1941 LIMESTONE ROAD

City State Zip Code  
 PHILADELPHIA PA 19131

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CHRISTIANA CARE

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 2 / 2 8 / 2 0 0 7

Transaction ID: SA11A1.11353

Amount of Each Receipt this Period

250.00

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

MITCHELL L. WILLENS

Mailing Address 910 EAST HOUSTON STREET

City State Zip Code  
 TYLER TX 75702

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TYLER OB/GYN

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 2 2 / 2 0 0 7

Transaction ID: SA11A1.11672

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) .....

1000.00

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

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

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

FOR LINE NUMBER: PAGE 87 / 112

(check only one)

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

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NAME OF COMMITTEE (In Full)

OB-GYNS FOR WOMEN'S HEALTH PAC

Full Name (Last, First, Middle Initial)

**A.** JOHN B. WILLEY

Mailing Address 323 GREENFIELD AVENUE

City State Zip Code  
**WINCHESTER VA 22602**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 5 / 2 2 / 2 0 0 7**

Transaction ID: SA11A1.11673

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B.** DAVID J. WILLIAMS

Mailing Address 460 WEST BANKHEAD

City State Zip Code  
**NEW ALBANY MS 38652**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
WOMEN'S CLINIC OF NEW ALB-  
ANY

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 4 / 1 8 / 2 0 0 7**

Transaction ID: SA11A1.11534

Amount of Each Receipt this Period

1500.00

Full Name (Last, First, Middle Initial)

**C.** PERRI L. WITTGROVE

Mailing Address 6719 ALVARADO ROAD

City State Zip Code  
**SAN DIEGO CA 92120**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
**0 4 / 1 8 / 2 0 0 7**

Transaction ID: SA11A1.11535

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

**2250.00**

**TOTAL** This Period (last page this line number only) .....

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

FOR LINE NUMBER: PAGE 88 / 112

(check only one)

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

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NAME OF COMMITTEE (In Full)

OB-GYNS FOR WOMEN'S HEALTH PAC

<b>A.</b> Full Name (Last, First, Middle Initial) HUGH D. WOLCOTT Mailing Address 100 KINGSLEY LANE City NORFOLK State VA Zip Code 23505 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer WOMAN CARE CENTERS Occupation PHYSICIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 8 / 2 0 0 7 <b>Transaction ID:</b> SA11A1.11354 Amount of Each Receipt this Period 250.00
<b>B.</b> Full Name (Last, First, Middle Initial) CONCHITA L. WOODRUFF Mailing Address 17318 WEST 6TH STREET City SAND SPRINGS State OK Zip Code 74063 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer GREEN COUNTRY HEALTHCARE Occupation PHYSICIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 0 8 / 2 0 0 7 <b>Transaction ID:</b> SA11A1.11210 Amount of Each Receipt this Period 500.00
<b>C.</b> Full Name (Last, First, Middle Initial) MICHAEL P. WOODS Mailing Address 2206 LONGO DRIVE City BELLEVUE State NE Zip Code 68005 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer BELLEVUE OB/GYN Occupation PHYSICIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2500.00		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 0 5 / 2 0 0 7 <b>Transaction ID:</b> SA11A1.11252 Amount of Each Receipt this Period 2500.00

**SUBTOTAL** of Receipts This Page (optional) .....**3250.00****TOTAL** This Period (last page this line number only) .....



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

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

FOR LINE NUMBER: PAGE 89 / 112

(check only one)

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

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NAME OF COMMITTEE (In Full)

OB-GYNS FOR WOMEN'S HEALTH PAC

**A.** Full Name (Last, First, Middle Initial)  
MICHAEL P. WOODS  
Mailing Address 2206 LONGO DRIVE

City State Zip Code  
BELLEVUE NE 68005

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BELLEVUE OB/GYN

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 4 / 2 0 0 7

Transaction ID: SA11A1.11629

Amount of Each Receipt this Period

500.00

**B.** Full Name (Last, First, Middle Initial)  
MARY R. WREN  
Mailing Address 628 HOSPITAL DRIVE

City State Zip Code  
MOUNTAIN HOME AZ 72653

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 0 7

Transaction ID: SA11A1.11355

Amount of Each Receipt this Period

250.00

**C.** Full Name (Last, First, Middle Initial)  
JEFFREY A. WRIGHTSON  
Mailing Address 1950 PINTO LANE

City State Zip Code  
LAS VEGAS NV 89106

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 0 7

Transaction ID: SA11A1.11357

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

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

FOR LINE NUMBER: PAGE 90 / 112

(check only one)

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

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NAME OF COMMITTEE (In Full)

OB-GYNS FOR WOMEN'S HEALTH PAC

**A.**

Full Name (Last, First, Middle Initial)

CONCEPCION T. YEN

Mailing Address 1728 JONATHAN STREET

City

ALLENTOWN

State

PA

Zip Code

18104

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11A1.11488

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

HELIO C. ZAPATA

Mailing Address P.O. BOX 47259

City

CHICAGO

State

IL

Zip Code

60647

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MOUNT CARMEL MEDICAL CENT-  
ER

Occupation

PHYSICIAN

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11A1.11489

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) .....

1500.00

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

120916.00

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

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

FOR LINE NUMBER: PAGE 91 / 112

(check only one)

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

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NAME OF COMMITTEE (In Full)

OB-GYNS FOR WOMEN'S HEALTH PAC

A. Full Name (Last, First, Middle Initial)

TORPEDO FACTORY ART CENTER

Mailing Address 105 NORTH UNION STREET

City State Zip Code  
 ALEXANDRIA VA 22314

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1020.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 2 3 / 2 0 0 7

Transaction ID: SA15.11504

Amount of Each Receipt this Period

1020.00

REFUND OF GENERIC SITE RE-  
NTAL DEPOSIT

SUBTOTAL of Receipts This Page (optional) .....

1020.00

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

1020.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 92 / 112

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

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NAME OF COMMITTEE (In Full)

OB-GYNS FOR WOMEN'S HEALTH PAC

Full Name (Last, First, Middle Initial)

**A. AMERICAN EXPRESS**

Mailing Address P.O. BOX 53852

City  
PHOENIX

State  
AZ

Zip Code  
85072

Purpose of Disbursement  
CREDIT CARD TRANSACTION FEES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

**Transaction ID: SB21B.11383**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

8.85

Full Name (Last, First, Middle Initial)

**B. AMERICAN EXPRESS**

Mailing Address P.O. BOX 53852

City  
PHOENIX

State  
AZ

Zip Code  
85072

Purpose of Disbursement  
CREDIT CARD TRANSACTION FEES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

**Transaction ID: SB21B.11458**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

333.36

Full Name (Last, First, Middle Initial)

**C. AMERICAN EXPRESS**

Mailing Address P.O. BOX 53852

City  
PHOENIX

State  
AZ

Zip Code  
85072

Purpose of Disbursement  
CREDIT CARD TRANSACTION FEES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

**Transaction ID: SB21B.11580**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

465.25

**SUBTOTAL** of Disbursements This Page (optional) .....

807.46

**TOTAL** This Period (last page this line number only) .....

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 93 / 112

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

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NAME OF COMMITTEE (In Full)

OB-GYNS FOR WOMEN'S HEALTH PAC

Full Name (Last, First, Middle Initial)

**A. D.C. TREASURER**

Mailing Address P.O. BOX 96384

City  
WASHINGTON

State  
DC

Zip Code  
20090

Purpose of Disbursement  
SALES & USE TAXES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

**Transaction ID: SB21B.11113**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

207.42

Full Name (Last, First, Middle Initial)

**B. FIRST NATIONAL MERCHANT SOLUTIONS**

Mailing Address 1620 DODGE STREET

City  
OMAHA

State  
NE

Zip Code  
68197

Purpose of Disbursement  
CREDIT CARD TRANSACTION FEES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

**Transaction ID: SB21B.11134**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

219.03

Full Name (Last, First, Middle Initial)

**C. FIRST NATIONAL MERCHANT SOLUTIONS**

Mailing Address 1620 DODGE STREET

City  
OMAHA

State  
NE

Zip Code  
68197

Purpose of Disbursement  
CREDIT CARD TRANSACTION FEES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

**Transaction ID: SB21B.11261**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

122.59

**SUBTOTAL** of Disbursements This Page (optional) .....

549.04

**TOTAL** This Period (last page this line number only) .....

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 94 / 112

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

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NAME OF COMMITTEE (In Full)

OB-GYNS FOR WOMEN'S HEALTH PAC

Full Name (Last, First, Middle Initial)

## **A. FIRST NATIONAL MERCHANT SOLUTIONS**

Mailing Address 1620 DODGE STREET

City OMAHA State NE Zip Code 68197

Purpose of Disbursement  
CREDIT CARD TRANSACTION FEES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

Transaction ID: SB21B.11459

Date of Disbursement

/   /

Amount of Each Disbursement this Period

526.15

Full Name (Last, First, Middle Initial)

## **B. FIRST NATIONAL MERCHANT SOLUTIONS**

Mailing Address 1620 DODGE STREET

City OMAHA State NE Zip Code 68197

Purpose of Disbursement  
CREDIT CARD TRANSACTION FEES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

Transaction ID: SB21B.11554

Date of Disbursement

/   /

Amount of Each Disbursement this Period

566.28

Full Name (Last, First, Middle Initial)

## **C. SUSANNE HAESSLER**

Mailing Address 3700 MASSACHUSETTS AVENUE, NW

City WASHINGTON State DC Zip Code 20016

Purpose of Disbursement  
ACCOUNTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

Transaction ID: SB21B.11072

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1232.50

**SUBTOTAL** of Disbursements This Page (optional) .....

2324.93

**TOTAL** This Period (last page this line number only) .....

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 95 / 112

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

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NAME OF COMMITTEE (In Full)

OB-GYNS FOR WOMEN'S HEALTH PAC

Full Name (Last, First, Middle Initial)

**A. SUSANNE HAESSLER**

Mailing Address 3700 MASSACHUSETTS AVENUE, NW

City  
WASHINGTON

State  
DC

Zip Code  
20016

Purpose of Disbursement  
POSTAGE & DELIVERY

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

**Transaction ID: SB21B.11073**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

65.13

Full Name (Last, First, Middle Initial)

**B. SUSANNE HAESSLER**

Mailing Address 3700 MASSACHUSETTS AVENUE, NW

City  
WASHINGTON

State  
DC

Zip Code  
20016

Purpose of Disbursement  
ACCOUNTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

**Transaction ID: SB21B.11132**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1275.00

Full Name (Last, First, Middle Initial)

**C. SUSANNE HAESSLER**

Mailing Address 3700 MASSACHUSETTS AVENUE, NW

City  
WASHINGTON

State  
DC

Zip Code  
20016

Purpose of Disbursement  
ACCOUNTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

**Transaction ID: SB21B.11260**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1462.50

**SUBTOTAL** of Disbursements This Page (optional) .....

2802.63

**TOTAL** This Period (last page this line number only) .....

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 96 / 112

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

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NAME OF COMMITTEE (In Full)

OB-GYNS FOR WOMEN'S HEALTH PAC

Full Name (Last, First, Middle Initial)

**A. SUSANNE HAESSLER**

Mailing Address 3700 MASSACHUSETTS AVENUE, NW

City  
WASHINGTON

State  
DC

Zip Code  
20016

Purpose of Disbursement  
ACCOUNTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

Transaction ID: SB21B.11437

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2700.00

Full Name (Last, First, Middle Initial)

**B. SUSANNE HAESSLER**

Mailing Address 3700 MASSACHUSETTS AVENUE, NW

City  
WASHINGTON

State  
DC

Zip Code  
20016

Purpose of Disbursement  
POSTAGE & DELIVERY

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

Transaction ID: SB21B.11438

Date of Disbursement

/   /

Amount of Each Disbursement this Period

133.76

Full Name (Last, First, Middle Initial)

**C. SUSANNE HAESSLER**

Mailing Address 3700 MASSACHUSETTS AVENUE, NW

City  
WASHINGTON

State  
DC

Zip Code  
20016

Purpose of Disbursement  
ACCOUNTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

Transaction ID: SB21B.11555

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1350.00

**SUBTOTAL** of Disbursements This Page (optional) .....

4183.76

**TOTAL** This Period (last page this line number only) .....



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

OB-GYNS FOR WOMEN'S HEALTH PAC

Full Name (Last, First, Middle Initial)

## **A. NATIONAL CAPITAL TELESERVICES**

Mailing Address 300 FIFTH STREET, NE

City  
WASHINGTON

State  
DC

Zip Code  
20002

Purpose of Disbursement  
GENERIC TELEPHONE SOLICITATIONS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

Transaction ID: SB21B.11071

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1370.63

Full Name (Last, First, Middle Initial)

## **B. NATIONAL CAPITAL TELESERVICES**

Mailing Address 300 FIFTH STREET, NE

City  
WASHINGTON

State  
DC

Zip Code  
20002

Purpose of Disbursement  
GENERIC TELEPHONE SOLICITATIONS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

Transaction ID: SB21B.11133

Date of Disbursement

/   /

Amount of Each Disbursement this Period

15684.41

Full Name (Last, First, Middle Initial)

## **C. NATIONAL CAPITAL TELESERVICES**

Mailing Address 300 FIFTH STREET, NE

City  
WASHINGTON

State  
DC

Zip Code  
20002

Purpose of Disbursement  
GENERIC TELEPHONE SOLICITATIONS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

Transaction ID: SB21B.11259

Date of Disbursement

/   /

Amount of Each Disbursement this Period

7490.67

**SUBTOTAL** of Disbursements This Page (optional) .....

24545.71

**TOTAL** This Period (last page this line number only) .....

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

OB-GYNS FOR WOMEN'S HEALTH PAC

Full Name (Last, First, Middle Initial)

## **A. NATIONAL CAPITAL TELESERVICES**

Mailing Address 300 FIFTH STREET, NE

City  
WASHINGTON

State  
DC

Zip Code  
20002

Purpose of Disbursement  
GENERIC TELEPHONE SOLICITATIONS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

Transaction ID: SB21B.11408

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2422.52

Full Name (Last, First, Middle Initial)

## **B. NATIONAL CAPITAL TELESERVICES**

Mailing Address 300 FIFTH STREET, NE

City  
WASHINGTON

State  
DC

Zip Code  
20002

Purpose of Disbursement  
GENERIC TELEPHONE SOLICITATIONS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

Transaction ID: SB21B.11439

Date of Disbursement

/   /

Amount of Each Disbursement this Period

3612.52

Full Name (Last, First, Middle Initial)

## **C. NATIONAL CAPITAL TELESERVICES**

Mailing Address 300 FIFTH STREET, NE

City  
WASHINGTON

State  
DC

Zip Code  
20002

Purpose of Disbursement  
GENERIC TELEPHONE SOLICITATIONS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

Transaction ID: SB21B.11505

Date of Disbursement

/   /

Amount of Each Disbursement this Period

4235.50

**SUBTOTAL** of Disbursements This Page (optional) .....

10270.54

**TOTAL** This Period (last page this line number only) .....

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 99 / 112

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

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NAME OF COMMITTEE (In Full)

OB-GYNS FOR WOMEN'S HEALTH PAC

Full Name (Last, First, Middle Initial)

## **A. NATIONAL CAPITAL TELESERVICES**

Mailing Address 300 FIFTH STREET, NE

City  
WASHINGTON

State  
DC

Zip Code  
20002

Purpose of Disbursement  
GENERIC TELEPHONE SOLICITATIONS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

Transaction ID: SB21B.11612

Date of Disbursement

05 / 21 / 2007

Amount of Each Disbursement this Period

5719.00

Full Name (Last, First, Middle Initial)

## **B. NATIONAL CAPITAL TELESERVICES**

Mailing Address 300 FIFTH STREET, NE

City  
WASHINGTON

State  
DC

Zip Code  
20002

Purpose of Disbursement  
GENERIC TELEPHONE SOLICITATIONS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

Transaction ID: SB21B.11616

Date of Disbursement

05 / 24 / 2007

Amount of Each Disbursement this Period

5106.25

Full Name (Last, First, Middle Initial)

## **C. OCCASIONS**

Mailing Address 5458 3RD STREET, NE

City  
WASHINGTON

State  
DC

Zip Code  
20011

Purpose of Disbursement  
GENERIC CATERING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

Transaction ID: SB21B.11180

Date of Disbursement

02 / 06 / 2007

Amount of Each Disbursement this Period

6442.50

**SUBTOTAL** of Disbursements This Page (optional) .....

17267.75

**TOTAL** This Period (last page this line number only) .....

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

OB-GYNS FOR WOMEN'S HEALTH PAC

Full Name (Last, First, Middle Initial)

## **A. TORPEDO FACTORY ART CENTER**

Mailing Address 105 NORTH UNION STREET

City  
ALEXANDRIA

State  
VA

Zip Code  
22314

Purpose of Disbursement  
GENERIC SITE RENTAL DEPOSIT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

Transaction ID: SB21B.11109

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1020.00

Full Name (Last, First, Middle Initial)

## **B. TORPEDO FACTORY ART CENTER**

Mailing Address 105 NORTH UNION STREET

City  
ALEXANDRIA

State  
VA

Zip Code  
22314

Purpose of Disbursement  
GENERIC PROMOTIONAL MATERIALS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

Transaction ID: SB21B.11503

Date of Disbursement

/   /

Amount of Each Disbursement this Period

480.00

**SUBTOTAL** of Disbursements This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

64251.82

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

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

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NAME OF COMMITTEE (In Full)

OB-GYNS FOR WOMEN'S HEALTH PAC

Full Name (Last, First, Middle Initial)

**A. ANNA ESHOO FOR CONGRESS**

Mailing Address 555 CAPITOL MALL

City  
SACRAMENTOState  
CAZip Code  
95814Purpose of Disbursement  
CONTRIBUTIONCandidate Name  
ANNA G. ESHOOCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 14

Transaction ID: SB23.11556

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	0	4	/	2	0	0	7

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. ARCURI FOR CONGRESS**

Mailing Address P.O. BOX 8508

City  
UTICAState  
NYZip Code  
13505Purpose of Disbursement  
CONTRIBUTIONCandidate Name  
MICHAEL A. ARCURICategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY District: 24

Transaction ID: SB23.11253

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	5	/	2	0	0	7

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. ARCURI FOR CONGRESS**

Mailing Address P.O. BOX 8508

City  
UTICAState  
NYZip Code  
13505Purpose of Disbursement  
CONTRIBUTIONCandidate Name  
MICHAEL A. ARCURICategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY District: 24

Transaction ID: SB23.11581

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	4	/	2	0	0	7

Amount of Each Disbursement this Period

250.00

SUBTOTAL of Disbursements This Page (optional) .....

2250.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

OB-GYNS FOR WOMEN'S HEALTH PAC

Full Name (Last, First, Middle Initial)

## **A. ATC PRINT CONSULTANTS**

Mailing Address 20604 GORDON PARK SQUARE

City ASHBURN State VA Zip Code 20147

Purpose of Disbursement  
IN-KIND: FUNDRAISING MAIL SOLICITATIONS

Candidate Name  
JAMES L. WHITEHEAD, SR.

Category/  
Type

Office Sought: ☒ House ☐ Senate ☐ President  
State: GA District: 10  
Disbursement For: 2007 ☐ Primary ☐ General  
☒ Other (specify) ▼  
Special-General

Transaction ID: SB23.11613

Date of Disbursement

05 / 21 / 2007

Amount of Each Disbursement this Period

1404.98

Full Name (Last, First, Middle Initial)

## **B. BLUE DOG POLITICAL ACTION COMMITTEE**

Mailing Address 6849 OLD DOMINION DRIVE

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
State: District:  
Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB23.11131

Date of Disbursement

02 / 05 / 2007

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

## **C. CONGRESSMAN BART GORDON COMMITTEE**

Mailing Address P.O. BOX 2008

City MURFREESBORO State TN Zip Code 37133

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
BARTON J. GORDON

Category/  
Type

Office Sought: ☒ House ☐ Senate ☐ President  
State: TN District: 06  
Disbursement For: 2008 ☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB23.11495

Date of Disbursement

04 / 16 / 2007

Amount of Each Disbursement this Period

5000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

8904.98

**TOTAL** This Period (last page this line number only) .....

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

Use separate schedule(s)  
for each category of the  
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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

OB-GYNS FOR WOMEN'S HEALTH PAC

Full Name (Last, First, Middle Initial)

**A. DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE**

Mailing Address 430 SOUTH CAPITOL STREET, SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

Transaction ID: SB23.11258

Date of Disbursement

/   /

Amount of Each Disbursement this Period

15000.00

Full Name (Last, First, Middle Initial)

**B. EARL POMEROY FOR CONGRESS**

Mailing Address P.O. BOX 9336

City  
FARGO

State  
ND

Zip Code  
58106

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
EARL R. POMEROY

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: ND District: 00

Transaction ID: SB23.11256

Date of Disbursement

/   /

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. FRIENDS FOR HARRY REID**

Mailing Address P.O. BOX 19163

City  
LAS VEGAS

State  
NV

Zip Code  
89132

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
HARRY REID

Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

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

State: NV District: 00

Transaction ID: SB23.11128

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

22500.00

**TOTAL** This Period (last page this line number only) .....

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

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

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

OB-GYNS FOR WOMEN'S HEALTH PAC

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF MAX BAUCUS**

Mailing Address P.O. BOX 586

City  
HELENA

State  
MT

Zip Code  
59624

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
MAX S. BAUCUS

Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: MT District: 00

**Transaction ID: SB23.11494**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**B. GINGREY FOR CONGRESS**

Mailing Address P.O. BOX U

City  
MARIETTA

State  
GA

Zip Code  
30060

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
J. PHILLIP GINGREY

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: GA District: 11

**Transaction ID: SB23.11407**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. GINGREY FOR CONGRESS**

Mailing Address P.O. BOX U

City  
MARIETTA

State  
GA

Zip Code  
30060

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
J. PHILLIP GINGREY

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: GA District: 11

**Transaction ID: SB23.11536**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

206.83

**SUBTOTAL** of Disbursements This Page (optional) .....

4706.83

**TOTAL** This Period (last page this line number only) .....



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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

OB-GYNS FOR WOMEN'S HEALTH PAC

Full Name (Last, First, Middle Initial)

**A. HOOLEY FOR CONGRESS**

Mailing Address P.O. BOX 2050

City  
SALEM

State  
OR

Zip Code  
97308

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
DARLENE HOOLEY

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: OR District: 05

Transaction ID: SB23.11404

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. HOYER FOR CONGRESS**

Mailing Address 7905 MALCOLM ROAD

City  
CLINTON

State  
MD

Zip Code  
20735

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
STENY H. HOYER

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MD District: 05

Transaction ID: SB23.11492

Date of Disbursement

/   /

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. JIM CLYBURN CAMPAIGN COMMITTEE**

Mailing Address P.O. BOX 12567

City  
COLUMBIA

State  
SC

Zip Code  
29211

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
JAMES E. CLYBURN

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: SC District: 06

Transaction ID: SB23.11362

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

8500.00

**TOTAL** This Period (last page this line number only) .....

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

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

FOR LINE NUMBER:  
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

OB-GYNS FOR WOMEN'S HEALTH PAC

Full Name (Last, First, Middle Initial)

**A. MICHAEL BURGESS FOR CONGRESS**

Mailing Address P.O. BOX 2334

City  
DENTON

State  
TX

Zip Code  
76202

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
MICHAEL C. BURGESS

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TX District: 26

Transaction ID: SB23.11222

Date of Disbursement

/   /

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. MIKE THOMPSON FOR CONGRESS**

Mailing Address 5429 MADISON AVENUE

City  
SACRAMENTO

State  
CA

Zip Code  
95841

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
MIKE THOMPSON

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 01

Transaction ID: SB23.11499

Date of Disbursement

/   /

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. PALLONE FOR CONGRESS**

Mailing Address P.O. BOX 3176

City  
LONG BRANCH

State  
NJ

Zip Code  
07740

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
FRANK PALLONE, JR.

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NJ District: 06

Transaction ID: SB23.11493

Date of Disbursement

/   /

Amount of Each Disbursement this Period

3000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

13000.00

**TOTAL** This Period (last page this line number only) .....

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 107 / 112

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

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NAME OF COMMITTEE (In Full)

OB-GYNS FOR WOMEN'S HEALTH PAC

Full Name (Last, First, Middle Initial)

## **A. REPUBLICAN MAINSTREET PARTNERSHIP PAC**

Mailing Address 2201 WISCONSIN AVENUE, NW

City  
WASHINGTON

State  
DC

Zip Code  
20007

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

Transaction ID: SB23.11500

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

## **B. SOLIS FOR CONGRESS**

Mailing Address 6380 WILSHIRE BOULEVARD

City  
LOS ANGELES

State  
CA

Zip Code  
90048

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
HILDA SOLIS

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 32

Transaction ID: SB23.11257

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

## **C. STEPHANIE TUBBS JONES FOR U.S. CONGRESS**

Mailing Address 3729 SILSBY RD

City  
UNIVERSITY HEIGHTS

State  
OH

Zip Code  
44118

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
STEPHANIE TUBBS-JONES

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: OH District: 11

Transaction ID: SB23.11365

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

4500.00

**TOTAL** This Period (last page this line number only) .....

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

OB-GYNS FOR WOMEN'S HEALTH PAC

Full Name (Last, First, Middle Initial)

## **A. TAMMY BALDWIN FOR CONGRESS**

Mailing Address P.O. BOX 696

City  
MADISON

State  
WI

Zip Code  
53701

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
TAMMY BALDWIN

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: WI District: 02

Transaction ID: SB23.11491

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

## **B. TIM RYAN FOR CONGRESS**

Mailing Address 80 F STREET, NW

City  
WASHINGTON

State  
DC

Zip Code  
20001

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
TIMOTHY J. RYAN

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: OH District: 17

Transaction ID: SB23.11496

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

## **C. VOICE FOR FREEDOM**

Mailing Address 2814 SPRING ROAD

City  
ATLANTA

State  
GA

Zip Code  
30339

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

Transaction ID: SB23.11220

Date of Disbursement

/   /

Amount of Each Disbursement this Period

5000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

7000.00

**TOTAL** This Period (last page this line number only) .....

71361.81

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 109 / 112

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

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NAME OF COMMITTEE (In Full)

OB-GYNS FOR WOMEN'S HEALTH PAC

Full Name (Last, First, Middle Initial)

**A. CARL W. COLLISTER**

Mailing Address 318-388 PORTAGE AVENUE

City  
WINNIPEG

State  
ZZ

Zip Code  
00000

Purpose of Disbursement  
CONTRIBUTION REFUND

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

**Transaction ID: SB28A.11384**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

**B. KENNETH L. NOLLER**

Mailing Address 750 WASHINGTON STREET

City  
BOSTON

State  
MA

Zip Code  
02111

Purpose of Disbursement  
CONTRIBUTION REFUND

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

**Transaction ID: SB28A.11385**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**C. ROBERT C. PARK**

Mailing Address 11615 LE BARON TERRACE

City  
SILVER SPRING

State  
MD

Zip Code  
20902

Purpose of Disbursement  
CONTRIBUTION REFUND

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

**Transaction ID: SB28A.11615**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 110 / 112

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

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NAME OF COMMITTEE (In Full)

OB-GYNS FOR WOMEN'S HEALTH PAC

Full Name (Last, First, Middle Initial)

**A.** MARLA L. SCOTT

Mailing Address P.O. BOX 2037

City  
AIKEN

State  
SC

Zip Code  
29803

Purpose of Disbursement  
CONTRIBUTION REFUND

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB28A.11386

Date of Disbursement

/   /

Amount of Each Disbursement this Period

250.00

**SUBTOTAL** of Disbursements This Page (optional) .....

250.00

**TOTAL** This Period (last page this line number only) .....

1500.00

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 111 / 112

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

OB-GYNS FOR WOMEN'S HEALTH PAC

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
SUSANNE HAESSLERNature of Debt (Purpose):  
ACCOUNTING

Mailing Address 3700 MASSACHUSETTS AVENUE, NW

City State ZIP Code  
WASHINGTON DC 20016

Outstanding Balance Beginning This Period

1232.50

Transaction ID: SD10.11068

Amount Incurred This Period

0.00

Payment This Period

1232.50

Outstanding Balance at Close of This Period

0.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
SUSANNE HAESSLERNature of Debt (Purpose):  
POSTAGE & DELIVERY

Mailing Address 3700 MASSACHUSETTS AVENUE, NW

City State ZIP Code  
WASHINGTON DC 20016

Outstanding Balance Beginning This Period

65.13

Transaction ID: SD10.11069

Amount Incurred This Period

0.00

Payment This Period

65.13

Outstanding Balance at Close of This Period

0.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
SUSANNE HAESSLERNature of Debt (Purpose):  
ACCOUNTING

Mailing Address 3700 MASSACHUSETTS AVENUE, NW

City State ZIP Code  
WASHINGTON DC 20016

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.11677

Amount Incurred This Period

2437.50

Payment This Period

0.00

Outstanding Balance at Close of This Period

2437.50

**1) SUBTOTALS** This Period This Page (optional).....

2437.50

**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)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 112 / 112

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

OB-GYNS FOR WOMEN'S HEALTH PAC

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
NATIONAL CAPITAL TELESERVICESNature of Debt (Purpose):  
GENERIC TELEPHONE SOLICIT-  
ATIONS

Mailing Address 300 FIFTH STREET, NE

City State ZIP Code  
WASHINGTON DC 20002

Outstanding Balance Beginning This Period

1370.63

Transaction ID: SD10.11067

Amount Incurred This Period

0.00

Payment This Period

1370.63

Outstanding Balance at Close of This Period

0.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
NATIONAL CAPITAL TELESERVICESNature of Debt (Purpose):  
GENERIC TELEPHONE SOLICIT-  
ATIONS

Mailing Address 300 FIFTH STREET, NE

City State ZIP Code  
WASHINGTON DC 20002

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.11675

Amount Incurred This Period

4461.25

Payment This Period

0.00

Outstanding Balance at Close of This Period

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)