SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 93
(check only one)
[X] 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

A.
Full Name (Last, First, Middle Initial): CARYN N. BRYANT
Mailing Address: 409 NORTH CANAL STREET
City: CHICAGO State: IL Zip Code: 60610
FEC ID number of contributing federal political committee: C
Name of Employer: WOMEN'S HEALTH CARE AFFILIATES
Occupation: PHYSICIAN
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 10 11 2005
Transaction ID: SA11A1.8872
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial): ROBERT J. BURNETT
Mailing Address: 3524 TONGASS AVENUE
City: KETCHIKAN State: AK Zip Code: 99901
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: 07 07 2005
Transaction ID: SA11A1.8502
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial): FRANK C. CAILLET
Mailing Address: 4540 AMBASSADOR CAFFERY
City: LAFAYETTE State: LA Zip Code: 70508
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: 08 24 2005
Transaction ID: SA11A1.8681
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) ..... ▶