

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

ADDRESS (number and street) 409 12TH STREET, SW
 Check if different than previously reported. (ACC)
WASHINGTON DC 20024

2. **FEC IDENTIFICATION NUMBER** C00364158
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 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 (12S)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 09 01 2010 through 09 30 2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer STACIE MONROE

Signature of Treasurer Electronically Filed by STACIE MONROE Date 10 02 2010

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

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

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

Report Covering the Period: From:

M	M
0	9

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		49181.92
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	297592.89									
(c) Total Receipts (from Line 19)	29130.00	509214.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	326722.89	558395.92								
7. Total Disbursements (from Line 31)	111049.36	342722.39								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	215673.53	215673.53								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

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

Report Covering the Period: From:

M	M
0	9

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	17450.00	430530.00
(ii) Unitemized	11680.00	76684.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	29130.00	507214.00
(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)	29130.00	507214.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	2000.00
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))	29130.00	509214.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	29130.00	509214.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	609.36	21782.39
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	609.36	21782.39
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	39500.00	249000.00
24. Independent Expenditure (use Schedule E)	70940.00	70940.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	1000.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	1000.00
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))..	111049.36	342722.39
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	111049.36	342722.39

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	29130.00	507214.00
34. Total Contribution Refunds (from Line 28(d))	0.00	1000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	29130.00	506214.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	609.36	21782.39
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	609.36	21782.39

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 34
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

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

Mailing Address 142 JORALEMON STREET

City State Zip Code
BROOKLYN NY 11201

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
09 / 20 / 2010

Transaction ID: SA11AI.19922

Amount of Each Receipt this Period 1000.00

B. Full Name (Last, First, Middle Initial)
THOMAS V. AYOUB

Mailing Address 186 MIDDLE RIDGE ROAD

City State Zip Code
NEW CANAAN CT 06840

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 ▼ 500.00

Date of Receipt M M / D D / Y Y Y Y
09 / 24 / 2010

Transaction ID: SA11AI.19951

Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
KENNETH I. BARRON

Mailing Address 14 CADY STREET

City State Zip Code
PROVIDENCE RI 02903

FEC ID number of contributing federal political committee. C

Name of Employer TRUESDALE 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
09 / 07 / 2010

Transaction ID: SA11AI.19731

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) 1500.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 34
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

A.	Full Name (Last, First, Middle Initial) RICHARD L. BERKOWITZ	Date of Receipt MM / DD / YYYY 09 / 07 / 2010
	Mailing Address 1075 PARK AVENUE	Transaction ID: SA11AI.19732
	City State Zip Code NEW YORK NY 10128	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
Name of Employer COLUMBIA UNIVERSITY MEDICAL	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

B.	Full Name (Last, First, Middle Initial) DALE BROWN, JR.	Date of Receipt MM / DD / YYYY 09 / 20 / 2010
	Mailing Address 6620 MAIN STREET	Transaction ID: SA11AI.19924
	City State Zip Code HOUSTON TX 77030	Amount of Each Receipt this Period 750.00
	FEC ID number of contributing federal political committee. C	
Name of Employer BAYLOR COLLEGE OF MEDICINE	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

C.	Full Name (Last, First, Middle Initial) STEVEN P. BUCHANAN	Date of Receipt MM / DD / YYYY 09 / 21 / 2010
	Mailing Address 945 SPRING CREEK DRIVE	Transaction ID: SA11AI.19852
	City State Zip Code GRAPEVINE TX 76051	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
Name of Employer UNIVERSITY OF NORTH TEXAS	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)	2250.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 34
(check only one)

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

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NAME OF COMMITTEE (In Full)
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

A. Full Name (Last, First, Middle Initial)
JAMES W. BUCKREUS

Mailing Address 8973 TECUMSEH COVE COURT

City State Zip Code
HUNTSVILLE OH 43324

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

Name of Employer BELLEFONTAINE OB/GYN Occupation PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: MM / DD / YYYY
09 / 07 / 2010

Transaction ID: SA11AI.19737

Amount of Each Receipt this Period: 100.00

B. Full Name (Last, First, Middle Initial)
LONNIE S. BURNETT

Mailing Address 78 CONCORD PARK WEST

City State Zip Code
NASHVILLE TN 37205

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

Name of Employer VANDERBILT UNIVERSITY HOSPITAL Occupation PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt: MM / DD / YYYY
09 / 07 / 2010

Transaction ID: SA11AI.19738

Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial)
CYNTHIA S. CANNON

Mailing Address 832 NORTHCLIFFE DRIVE

City State Zip Code
SALT LAKE CITY UT 84103

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: MM / DD / YYYY
09 / 10 / 2010

Transaction ID: SA11AI.19884

Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ► **850.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 34
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

A.	Full Name (Last, First, Middle Initial) SUSAN H. CHAPMAN	Date of Receipt MM / DD / YYYY 09 / 21 / 2010
	Mailing Address 642 ULUKAHIKI STREET	Transaction ID: SA11AI.19907
	City State Zip Code KAILUA HI 96734	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation PALI WOMEN'S HEALTH CENTER PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) SCOTT T. CHATHAM	Date of Receipt MM / DD / YYYY 09 / 21 / 2010
	Mailing Address 405 5TH STREET PLACE	Transaction ID: SA11AI.19853
	City State Zip Code CONOVER NC 28613	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation CATAWBA WOMEN'S CENTER PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

C.	Full Name (Last, First, Middle Initial) HARVEY M. COHEN	Date of Receipt MM / DD / YYYY 09 / 01 / 2010
	Mailing Address 255 UNION AVENUE	Transaction ID: SA11AI.19689
	City State Zip Code LAKEWOOD CO 80228	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation RED ROCKS OB/GYN PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

SUBTOTAL of Receipts This Page (optional)	600.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 34
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

A.	Full Name (Last, First, Middle Initial) MARY J. CUNNINGHAM	Date of Receipt MM / DD / YYYY 09 / 13 / 2010
	Mailing Address 8412 TURNBERRY DRIVE	Transaction ID: SA11AI.19782
	City State Zip Code MANLIUS NY 13104	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation GYNECOLOGIC ONCOLOGY PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

B.	Full Name (Last, First, Middle Initial) JULIE M. DONOHUE	Date of Receipt MM / DD / YYYY 09 / 07 / 2010
	Mailing Address 5846 SNYDER DRIVE	Transaction ID: SA11AI.19747
	City State Zip Code LOCKPORT NY 14094	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation SELF-EMPLOYED PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) MYRA C. DOVE	Date of Receipt MM / DD / YYYY 09 / 13 / 2010
	Mailing Address 502 FIELDSTONE COURT	Transaction ID: SA11AI.19783
	City State Zip Code GREENSBORO NC 27455	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation CENTER FOR WOMEN'S HEALTH CARE PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	850.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 34

(check only one)

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

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NAME OF COMMITTEE (In Full)
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

A.

Full Name (Last, First, Middle Initial)

DAMLA K. DRYDEN

Mailing Address 6624 FANNIN

City State Zip Code
HOUSTON TX 77030

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

Name of Employer Occupation
TEXAS CHILDREN'S HOSPITAL PHYSICIAN

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1500.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 10 / 2010

Transaction ID: SA11AI.19885

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

ERIC G. EBERTS

Mailing Address 200 THEDA CLARK MEDICAL PLAZA

City State Zip Code
NEENAH WI 54956

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

Name of Employer Occupation
WOMEN'S CARE OF WISCONSIN PHYSICIAN

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 01 / 2010

Transaction ID: SA11AI.19692

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

SANDRA L. ELFERING

Mailing Address 5825 EVARIT DRIVE

City State Zip Code
RACINE WI 53406

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

Name of Employer Occupation
WHEATON FRANCISCAN MEDICAL PHYSICIAN

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 13 / 2010

Transaction ID: SA11AI.19787

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 34
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

A.

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

Mailing Address 1052 BRIAR HILL ROAD

City State Zip Code
CONTOOCOOK NH 03229

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

Name of Employer Occupation
DARTMOUTH-HITCHCOCK PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
09 / 24 / 2010

Transaction ID: SA11AI.19960

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
KATHERINE FARIAS

Mailing Address 6035 EAST SAN CRISTOBAL STREET

City State Zip Code
TUCSON AZ 85715

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

Name of Employer Occupation
COPPER STATE OB/GYN PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
MM / DD / YYYY
09 / 07 / 2010

Transaction ID: SA11AI.19749

Amount of Each Receipt this Period
100.00

C.

Full Name (Last, First, Middle Initial)
SAMUEL W. FLANNAGAN

Mailing Address 126 LAKEWOOD DRIVE

City State Zip Code
GREENSBURG PA 15601

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

Name of Employer Occupation
OB/GYN, INC. PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
09 / 24 / 2010

Transaction ID: SA11AI.19964

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ▶ **450.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 34
(check only one)

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

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NAME OF COMMITTEE (In Full)
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

A.

Full Name (Last, First, Middle Initial)
TERRY W. GROGG

Mailing Address 4461 BROADWAY

City State Zip Code
GROVE CITY OH 43123

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

Name of Employer Occupation
SOUTHWESTERN OB/GYN ASSOCIATES PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
09 / 17 / 2010

Transaction ID: SA11AI.19933

Amount of Each Receipt this Period
1000.00

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 Occupation
ST. FRANCIS HOSPITAL PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
09 / 07 / 2010

Transaction ID: SA11AI.19754

Amount of Each Receipt this Period
100.00

C.

Full Name (Last, First, Middle Initial)
LISA M. JABUSCH

Mailing Address 5653 FRIST BOULEVARD

City State Zip Code
HERMITAGE TN 37076

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

Name of Employer Occupation
TENNESSEE WOMEN'S CARE PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
MM / DD / YYYY
09 / 01 / 2010

Transaction ID: SA11AI.19695

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► 1200.00

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

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

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

FOR LINE NUMBER: PAGE 14 / 34
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

A. Full Name (Last, First, Middle Initial)
ASTRID G. JAIN

Mailing Address 7810 PROVIDENCE ROAD

City State Zip Code
CHARLOTTE NC 28226

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

Name of Employer EASTOVER OB/GYN ASSOCIATES Occupation PHYSICIAN

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

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

Transaction ID: SA11AI.19937

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
ING-YANN JENG

Mailing Address 136 30 MAPLE AVENUE

City State Zip Code
FLUSHING NY 11355

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

Name of Employer SELF-EMPLOYED Occupation PHYSICIAN

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

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

Transaction ID: SA11AI.19913

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
JUDITH L. JOHNSON

Mailing Address 635 WEST 3RD STREET

City State Zip Code
DULUTH MN 55806

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

Name of Employer NORTHLAND OB/GYN Occupation PHYSICIAN

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

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

Transaction ID: SA11AI.19967

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1250.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 34
(check only one)

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

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NAME OF COMMITTEE (In Full)
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

A. Full Name (Last, First, Middle Initial)
BRIDGET B. KELLER

Mailing Address 5505 XERXES AVENUE SOUTH

City State Zip Code
MINNEAPOLIS MN 55410

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

Name of Employer Occupation
PARK NICOLLET CLINIC PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
MM / DD / YYYY
09 / 21 / 2010

Transaction ID: SA11AI.19915

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
SUSAN M. KOMOROWSKI

Mailing Address 6221 HEMPSTEAD MEWS

City State Zip Code
DAYTON OH 45459

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

Name of Employer Occupation
OB/GYN SOUTH, INC. PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
09 / 24 / 2010

Transaction ID: SA11AI.19970

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
J. JOSHUA KOPELMAN

Mailing Address 1550 SOUTH POTOMAC STREET

City State Zip Code
AURORA CO 80012

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

Name of Employer Occupation
SELF-EMPLOYED PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
09 / 14 / 2010

Transaction ID: SA11AI.19879

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ▶ **300.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 34
(check only one)

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

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NAME OF COMMITTEE (In Full)
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

A. Full Name (Last, First, Middle Initial)
JEFFREY H. KOROTKIN

Mailing Address 5016 GREENPINE DRIVE

City ATLANTA State GA Zip Code 30342

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

Name of Employer ATLANTA PERINATAL CONSULTANTS Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 09 / 13 / 2010
Transaction ID: SA11AI.19793
 Amount of Each Receipt this Period: 1000.00

B. Full Name (Last, First, Middle Initial)
KURT W. MARTINUZZI

Mailing Address 24516 EMERSON STREET

City DEARBORN State MI Zip Code 48124

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

Name of Employer OAKWOOD HEALTHCARE SYSTEM Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 01 / 2010
Transaction ID: SA11AI.19696
 Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
G. SEALY MASSINGILL

Mailing Address 3887 SOUTH HILLS CIRCLE

City FORT WORTH State TX Zip Code 76109

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 ▼ 550.00

Date of Receipt: 09 / 13 / 2010
Transaction ID: SA11AI.19794
 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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 34
(check only one)

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

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NAME OF COMMITTEE (In Full)
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

A.

Full Name (Last, First, Middle Initial)
ALLAN G. MCLEOD

Mailing Address 3251 MORRIS LANE

City State Zip Code
COCONUT GROVE FL 33133

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

Name of Employer Occupation
RETIRED PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
09 / 21 / 2010

Transaction ID: SA11AI.19861

Amount of Each Receipt this Period
100.00

B.

Full Name (Last, First, Middle Initial)
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 Occupation
BASSETT HEALTHCARE PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
MM / DD / YYYY
09 / 24 / 2010

Transaction ID: SA11AI.19972

Amount of Each Receipt this Period
100.00

C.

Full Name (Last, First, Middle Initial)
MELISSA MEAD

Mailing Address 55 EAST MAIN STREET

City State Zip Code
SOUTHBOROUGH MA 01772

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

Name of Employer Occupation
CARING FOR WOMEN PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
09 / 07 / 2010

Transaction ID: SA11AI.19712

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► **300.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 34
(check only one)

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

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NAME OF COMMITTEE (In Full)
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

A. Full Name (Last, First, Middle Initial)
JOSEPH C. MEROLA

Mailing Address 801 OSTRUM STREET

City State Zip Code
BETHLEHEM PA 18015

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

Name of Employer Occupation
ST. LUKE'S HOSPITAL PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: MM / DD / YYYY
09 / 17 / 2010

Transaction ID: SA11AI.19945

Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
WILLIAM T. MIXSON

Mailing Address 124 FAIRWAY COTTAGE

City State Zip Code
HIGHLANDS NC 28741

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

Name of Employer Occupation
RETIRED PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt: MM / DD / YYYY
09 / 10 / 2010

Transaction ID: SA11AI.19889

Amount of Each Receipt this Period: 100.00

C. Full Name (Last, First, Middle Initial)
JILL K. MORAN

Mailing Address 1706 71ST STREET

City State Zip Code
DOWNER'S GROVE IL 60516

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

Name of Employer Occupation
SUBURBAN MATERNAL PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: MM / DD / YYYY
09 / 14 / 2010

Transaction ID: SA11AI.19880

Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

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

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

FOR LINE NUMBER: PAGE 19 / 34
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

A. Full Name (Last, First, Middle Initial)
JOEL G. MORANZ
 Mailing Address 59 SLEEPY HOLLOW DRIVE
 City State Zip Code
 NEWTOWN SQUARE PA 19073
 Date of Receipt
 M M / D D / Y Y Y Y
 09 / 01 / 2010
Transaction ID: SA11AI.19697
 Amount of Each Receipt this Period
 500.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SUBURBAN OB/GYN PHYSICIAN
 Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼
 500.00

B. Full Name (Last, First, Middle Initial)
SUSHMA D. NAKRA
 Mailing Address 8525 CHELSEA STREET
 City State Zip Code
 JAMAICA NY 11432
 Date of Receipt
 M M / D D / Y Y Y Y
 09 / 22 / 2010
Transaction ID: SA11AI.19900
 Amount of Each Receipt this Period
 500.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CONEY ISLAND HOSPITAL PHYSICIAN
 Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼
 500.00

C. Full Name (Last, First, Middle Initial)
JAY L. PADRATZIK
 Mailing Address 20 NORTH WALLING DRIVE
 City State Zip Code
 ST. LOUIS MO 63141
 Date of Receipt
 M M / D D / Y Y Y Y
 09 / 07 / 2010
Transaction ID: SA11AI.19717
 Amount of Each Receipt this Period
 250.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MERCY MEDICAL GROUP PHYSICIAN
 Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼
 350.00

SUBTOTAL of Receipts This Page (optional) ► **1250.00**
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 34
(check only one)

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

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NAME OF COMMITTEE (In Full)
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

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

Mailing Address 1125 NORTH LINCOLN AVENUE

City HASTINGS State NE Zip Code 68901

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

Name of Employer OBSTETRICIANS & GYNCOLOGISTS Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 09 / 13 / 2010
Transaction ID: SA11AI.19797
 Amount of Each Receipt this Period: 200.00

B. Full Name (Last, First, Middle Initial)
JOHN J. PEET

Mailing Address 7334 TEASWOOD DRIVE

City CONROE State TX Zip Code 77304

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

Name of Employer SELF-EMPLOYED Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt: 09 / 07 / 2010
Transaction ID: SA11AI.19720
 Amount of Each Receipt this Period: 100.00

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

Mailing Address 501 WEST EUGIE AVENUE

City GLENDALE State AZ Zip Code 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 ▼ 350.00

Date of Receipt: 09 / 03 / 2010
Transaction ID: SA11AI.19821
 Amount of Each Receipt this Period: 100.00

SUBTOTAL of Receipts This Page (optional) ► 400.00

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

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

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

FOR LINE NUMBER: PAGE 21 / 34
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

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

Mailing Address 701 WEST 5TH STREET

City ODESSA State TX Zip Code 79763

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

Name of Employer TEXAS TECH UNIVERSITY Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 09 / 03 / 2010
Transaction ID: SA11AI.19822
 Amount of Each Receipt this Period: 100.00

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. **C**

Name of Employer SELF-EMPLOYED Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt: 09 / 03 / 2010
Transaction ID: SA11AI.19823
 Amount of Each Receipt this Period: 100.00

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

Mailing Address 1918 RANDOLPH ROAD

City CHARLOTTE State NC Zip Code 28207

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

Name of Employer MINTVIEW OB/GYN ASSOCIATES Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 09 / 03 / 2010
Transaction ID: SA11AI.19824
 Amount of Each Receipt this Period: 100.00

SUBTOTAL of Receipts This Page (optional) ► 300.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 34
(check only one)

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

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NAME OF COMMITTEE (In Full)
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

A. Full Name (Last, First, Middle Initial)
LARRY S. ROSEN

Mailing Address 6 FAIRHAVEN COURT

City State Zip Code
CHERRY HILL NJ 08003

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

Name of Employer Occupation
WOMEN'S HEALTH ASSOCIATES 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
09 / 24 / 2010

Transaction ID: SA11AI.19981

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
BARRY D. SMITH

Mailing Address P.O. BOX 238

City State Zip Code
NORWICH VT 05055

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

Name of Employer Occupation
DARTMOUTH HITCHCOCK CLINIC 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
09 / 13 / 2010

Transaction ID: SA11AI.19800

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
KIRSTEN M. SMITH

Mailing Address 6 CAPITOL PLACE

City State Zip Code
NEWARK DE 19711

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

Name of Employer Occupation
CENTER FOR WOMEN'S HEALTH PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 950.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 24 / 2010

Transaction ID: SA11AI.19982

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 34
(check only one)

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

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NAME OF COMMITTEE (In Full)
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

A.

Full Name (Last, First, Middle Initial)
SHANNAN K. STEPHENS

Mailing Address 2327 SANDSIDE COURT

City ONALASKA State WI Zip Code 54650

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

Name of Employer GUNDERSEN LUTHERAN HOSPITAL Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 08 / 2010
Transaction ID: SA11AI.19809
 Amount of Each Receipt this Period: 500.00

B.

Full Name (Last, First, Middle Initial)
JANETTE H. STRATHY

Mailing Address 3209 GALLERIA

City EDINA State MN Zip Code 55435

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

Name of Employer PARK NICOLLET CLINIC Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt: 09 / 07 / 2010
Transaction ID: SA11AI.19725
 Amount of Each Receipt this Period: 100.00

C.

Full Name (Last, First, Middle Initial)
EVA SWOBODA

Mailing Address 1 BALFOUR LANE

City STONY BROOK State NY Zip Code 11790

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

Name of Employer STONY BROOK PHYSICIANS Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt: 09 / 20 / 2010
Transaction ID: SA11AI.19926
 Amount of Each Receipt this Period: 750.00

SUBTOTAL of Receipts This Page (optional) ► **1350.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 34
	<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)
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

A.	Full Name (Last, First, Middle Initial) DENISE TONZOLA	Date of Receipt MM / DD / YYYY 09 / 21 / 2010
	Mailing Address 58 INDIGO TRAIL	Transaction ID: SA11AI.19920
	City State Zip Code MADISON CT 06443	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation GREATER NEW HAVEN OB/GYN PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

B.	Full Name (Last, First, Middle Initial) JAY R. TRABIN	Date of Receipt MM / DD / YYYY 09 / 08 / 2010
	Mailing Address 560 VILLAGE BOULEVARD	Transaction ID: SA11AI.19811
	City State Zip Code WEST PALM BEACH FL 33409	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation SELF-EMPLOYED PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) RHONDA S. WASHINGTON	Date of Receipt MM / DD / YYYY 09 / 17 / 2010
	Mailing Address 1804 DAVIE AVENUE	Transaction ID: SA11AI.19949
	City State Zip Code STATESVILLE NC 28677	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation PIEDMONT HEALTH CARE 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)	600.00
TOTAL This Period (last page this line number only)	17450.00

**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 25 / 34

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

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NAME OF COMMITTEE (In Full)
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

A. Full Name (Last, First, Middle Initial) AMERICAN EXPRESS Mailing Address P.O. BOX 53852 City PHOENIX State AZ Zip Code 85072 Purpose of Disbursement CREDIT CARD TRANSACTION FEES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.19774 Date of Disbursement 09 / 07 / 2010
	Amount of Each Disbursement this Period 219.78
B. Full Name (Last, First, Middle Initial) FIRST NATIONAL MERCHANT SOLUTIONS Mailing Address 1620 DODGE STREET City OMAHA State NE Zip Code 68197 Purpose of Disbursement CREDIT CARD TRANSACTION FEES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.19770 Date of Disbursement 09 / 02 / 2010
	Amount of Each Disbursement this Period 389.58

SUBTOTAL of Disbursements This Page (optional)	▶	609.36
TOTAL This Period (last page this line number only)	▶	609.36

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

A.	Full Name (Last, First, Middle Initial) BENISHEK FOR CONGRESS	Transaction ID: SB23.19775 Date of Disbursement
	Mailing Address 802 PENTOGA TRAIL	<input type="text" value="09"/> <input type="text" value="13"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City State Zip Code CRYSTAL FALLS MI 49920	Amount of Each Disbursement this Period <input type="text" value="1000.00"/>
	Purpose of Disbursement CONTRIBUTION Candidate Name DANIEL J. BENISHEK Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 01 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type <input type="text"/>
B.	Full Name (Last, First, Middle Initial) BERA FOR CONGRESS	Transaction ID: SB23.19828 Date of Disbursement
	Mailing Address P.O. BOX 582496	<input type="text" value="09"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City State Zip Code ELK GROVE CA 95758	Amount of Each Disbursement this Period <input type="text" value="2500.00"/>
	Purpose of Disbursement CONTRIBUTION Candidate Name AMERISH BERA Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 03 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type <input type="text"/>
C.	Full Name (Last, First, Middle Initial) BUCSHON FOR CONGRESS	Transaction ID: SB23.19761 Date of Disbursement
	Mailing Address P.O. BOX 250	<input type="text" value="09"/> <input type="text" value="07"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City State Zip Code NEWBURGH IN 47629	Amount of Each Disbursement this Period <input type="text" value="1000.00"/>
	Purpose of Disbursement CONTRIBUTION Candidate Name LARRY D. BUCSHON Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 08 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type <input type="text"/>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="4500.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

<p>A. Full Name (Last, First, Middle Initial) CITIZENS FOR RUSH</p> <p>Mailing Address P. O. BOX 7292</p> <p>City CHICAGO State IL Zip Code 60680</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name BOBBY L. RUSH</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: IL District: 01</p>	<p>Transaction ID: SB23.19832</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p>
<p>B. Full Name (Last, First, Middle Initial) CONGRESSMAN WAXMAN CAMPAIGN COMMITTEE</p> <p>Mailing Address 6380 WILSHIRE BOULEVARD</p> <p>City LOS ANGELES State CA Zip Code 90048</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name HENRY A. WAXMAN</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: CA District: 30</p>	<p>Transaction ID: SB23.19839</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2500.00"/></p>
<p>C. Full Name (Last, First, Middle Initial) DANIEL WEBSTER FOR CONGRESS</p> <p>Mailing Address 3400 OLD WINTER GARDEN ROAD</p> <p>City ORLANDO State FL Zip Code 32805</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name DANIEL WEBSTER</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: FL District: 08</p>	<p>Transaction ID: SB23.19840</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p>

SUBTOTAL of Disbursements This Page (optional) ▶

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 28 / 34

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

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NAME OF COMMITTEE (In Full)
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

<p>A. Full Name (Last, First, Middle Initial) DEMOCRATIC SENATORIAL CAMPAIGN COMMITTEE</p> <p>Mailing Address 120 MARYLAND AVENUE, NE</p> <p>City WASHINGTON State DC Zip Code 20002</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.19769</p> <p>Date of Disbursement</p> <p><input type="text" value="09"/> <input type="text" value="07"/> / <input type="text" value="20"/> <input type="text" value="10"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2500.00"/></p>
<p>B. Full Name (Last, First, Middle Initial) DONNA CHRISTENSEN CAMPAIGN</p> <p>Mailing Address P.O. BOX 5197</p> <p>City ST. CROIX State VI Zip Code 00823</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name DONNA M. CHRISTENSEN</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: VI District: 00</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.19892</p> <p>Date of Disbursement</p> <p><input type="text" value="09"/> <input type="text" value="21"/> / <input type="text" value="20"/> <input type="text" value="10"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p>
<p>C. Full Name (Last, First, Middle Initial) EVERY REPUBLICAN IS CRUCIAL (ERICPAC)</p> <p>Mailing Address 25 EAST MAIN STREET</p> <p>City RICHMOND State VA Zip Code 23219</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.19768</p> <p>Date of Disbursement</p> <p><input type="text" value="09"/> <input type="text" value="07"/> / <input type="text" value="20"/> <input type="text" value="10"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="4500.00"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text"/></p>

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

A.	Full Name (Last, First, Middle Initial) FRIENDS OF ERIK PAULSEN Mailing Address P.O. BOX 44369 City EDEN PRAIRIE State MN Zip Code 55344 Purpose of Disbursement CONTRIBUTION Candidate Name ERIK P. PAULSEN Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 03 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.19831 Date of Disbursement 09 / 15 / 2010 Amount of Each Disbursement this Period 2000.00
B.	Full Name (Last, First, Middle Initial) FRIENDS OF JOE HECK Mailing Address P.O. BOX 750114 City LAS VEGAS State NV Zip Code 89136 Purpose of Disbursement CONTRIBUTION Candidate Name JOE HECK Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 03 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.19829 Date of Disbursement 09 / 15 / 2010 Amount of Each Disbursement this Period 2500.00
C.	Full Name (Last, First, Middle Initial) FRIENDS OF LOIS CAPPES Mailing Address P.O. BOX 23940 City SANTA BARBARA State CA Zip Code 93121 Purpose of Disbursement CONTRIBUTION Candidate Name LOIS G. CAPPES Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 23 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.19891 Date of Disbursement 09 / 21 / 2010 Amount of Each Disbursement this Period 2000.00

SUBTOTAL of Disbursements This Page (optional) ▶	6500.00
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)

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

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NAME OF COMMITTEE (In Full)
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

A. Full Name (Last, First, Middle Initial) FRIENDS OF SCHUMER Mailing Address 509 MADISON AVENUE City NEW YORK State NY Zip Code 10022 Purpose of Disbursement CONTRIBUTION Candidate Name CHARLES E. SCHUMER Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 00 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.19893 Date of Disbursement 09 / 21 / 2010
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) FRIENDS OF STEPHENE MOORE Mailing Address P.O. BOX 19550 City LENEXA State KS Zip Code 66285 Purpose of Disbursement CONTRIBUTION Candidate Name STEPHENE A. MOORE Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: 03 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.19830 Date of Disbursement 09 / 15 / 2010
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) 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 Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 11 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.19766 Date of Disbursement 09 / 07 / 2010
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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)

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

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NAME OF COMMITTEE (In Full)
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

A. Full Name (Last, First, Middle Initial) GRASSLEY COMMITTEE <hr/> Mailing Address P.O. BOX 1000 <hr/> City DES MOINES State IA Zip Code 50304 <hr/> Purpose of Disbursement CONTRIBUTION Candidate Name CHARLES E. GRASSLEY Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 00 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.19776 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 3 / 2 0 1 0
	Amount of Each Disbursement this Period 2500.00
	Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) MENENDEZ FOR SENATE <hr/> Mailing Address ONE GATEWAY CENTER <hr/> City NEWARK State NJ Zip Code 07102 <hr/> Purpose of Disbursement CONTRIBUTION Candidate Name ROBERT MENENDEZ Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 00 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.19777 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 3 / 2 0 1 0
	Amount of Each Disbursement this Period 2500.00
	Category/ Type
	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) PEOPLE FOR PATTY MURRAY <hr/> Mailing Address P.O. BOX 3662 <hr/> City SEATTLE State WA Zip Code 98124 <hr/> Purpose of Disbursement CONTRIBUTION Candidate Name PATTY MURRAY Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 00 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.19767 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 7 / 2 0 1 0
	Amount of Each Disbursement this Period 2500.00
	Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	7500.00
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)

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

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NAME OF COMMITTEE (In Full)
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

A. Full Name (Last, First, Middle Initial)
PETE STARK RE-ELECTION COMMITTEE

Mailing Address P.O. BOX 8331

City State Zip Code
FREMONT CA 94537

Purpose of Disbursement
CONTRIBUTION

Candidate Name
FORTNEY H. 'PETE' STARK

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: CA District: 13

Transaction ID: SB23.19780
Date of Disbursement

/ /

Amount of Each Disbursement this Period

B. Full Name (Last, First, Middle Initial)
ROBIN CARNAHAN FOR SENATE

Mailing Address P.O. BOX 50378

City State Zip Code
ST. LOUIS MO 63105

Purpose of Disbursement
CONTRIBUTION

Candidate Name
ROBIN CARNAHAN

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: MO District: 00

Transaction ID: SB23.19764
Date of Disbursement

/ /

Amount of Each Disbursement this Period

C. Full Name (Last, First, Middle Initial)
STABENOW FOR U.S. SENATE

Mailing Address P.O. BOX 4945

City State Zip Code
EAST LANSING MI 48826

Purpose of Disbursement
CONTRIBUTION

Candidate Name
DEBBIE STABENOW

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MI District: 00

Transaction ID: SB23.19835
Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) ►

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

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

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

FOR LINE NUMBER: (check only one)

<input 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

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

NAME OF COMMITTEE (In Full)
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

A. Full Name (Last, First, Middle Initial) TRIVEDI FOR CONGRESS Mailing Address 83 WEST MAIN STREET City ELVERSON State PA Zip Code 19520 Purpose of Disbursement CONTRIBUTION Candidate Name MANAN TRIVEDI Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 06 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.19897 Date of Disbursement M M / D D / Y Y Y Y 09 / 21 / 2010
	Amount of Each Disbursement this Period 1000.00
B. Full Name (Last, First, Middle Initial) WASSERMAN-SCHULTZ FOR CONGRESS Mailing Address 1071 TWIN BRANCH LANE City WESTON State FL Zip Code 33326 Purpose of Disbursement CONTRIBUTION Candidate Name DEBBIE WASSERMAN SCHULTZ Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 20 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.19836 Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2010
	Amount of Each Disbursement this Period 1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

2000.00

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

39500.00

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)	FEC IDENTIFICATION NUMBER C C00364158
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
CAMPBELL CAMPAIGNS

Mailing Address
140 LITTLETON ROAD

City PARSIPPANY	State NJ	Zip Code 07054
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Purpose of Expenditure RADIO ADS	Category/ Type
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Name of Federal Candidate supported or Opposed by expenditure:
JOE HECK

Calendar Year-To-Date Per Election for Office Sought	18010.00
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Date
09 / 28 / 2010

Amount
18010.00

Transaction ID: SE.19994

Office Sought: House State: NV
 Senate District: 03
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2010

Full Name (Last, First, Middle, Initial) of Payee
DYNAMIC MARKETING, INC.

Mailing Address
1145 WEST COLLINS AVENUE

City ORANGE	State CA	Zip Code 92867
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Purpose of Expenditure TELEVISION ADS	Category/ Type
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Name of Federal Candidate supported or Opposed by expenditure:
NAN HAYWORTH

Calendar Year-To-Date Per Election for Office Sought	52930.00
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Date
09 / 28 / 2010

Amount
52930.00

Transaction ID: SE.19997

Office Sought: House State: NY
 Senate District: 19
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2010

(a) SUBTOTAL of Itemized Independent Expenditures	70940.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	70940.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

STACIE MONROE
Signature

Date 10 / 02 / 2010