FEC FORM 3X	AND	ORT OF RE DISBURSE her Than An Autho	EMENTS	ee	Office Use Onl	у
1. NAME OF COMMITTEE (in fu		C MAILING LABEL E OR PRINT ₩	Example:If typing over the lines	, type		
		B-GYNS PAC (OB-GYN	PAC)			
ADDRESS (number and	street) 409 1	2TH STREET, SW				
Check if differ than previousl reported. (ACC	WAS	HINGTON				
2. FEC IDENTIFICAT	ION NUMBER		A	STATE	ZIPC	ODE 🔺
C00364158				N) OR	AMENDED (A)	
July 15 Quarterly October Quarterly January 3 Quarterly July 31 M Report(N Year Only	orts: Report(Q1) (Report(Q2) 15 Report(Q3) 31 Report(YE) lid-Year on-election (Monthly Report Feb 24 Due On: Mar 24 Apr 20 c) 12-Day PRE-Election Report for the: Election Report for the: Election Report for the: Election	0 (M3) 0 (M4) Primary (12P Convention (on General (30C	12C) s	Aug 20 (M8) Sep 20 (M9) Oct 20 (M10) General (12G) Special (12S) Sunoff (30R) in the State	Special (30S)
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					FEC FO (Rev. 12/	RM 3X

Image# 10931358780

FEC Form 3X (Rev. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

2/34

١	Write or Type Committee Name THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)						
F	Report Covering the Period: From:		To: 09 30 2010				
	_	COLUMN A This Period	COLUMN B Calendar Year-to-Date				
6.	(a) Cash on Hand January 1 2010 ^{Y Y Y}		49181.92				
	(b) Cash on Hand at Begining 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					

X 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

FE6AN026

Image# 10931358781

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

3 / 34

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

Image# 10931358782

DETAILED SUMMARY PAGE

4	1	34
- T	1	

342722.39

FEC Form 3X (Rev. 02/2003)	of Disbursements	4 / 34
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
2. Transfers to Affiliated/Other Party		
Committees	0.00	0.00
Federal Candidates/Committeesand Other Political Committees	39500.00	249000.00
4. Independent Expenditure (use Schedule E)	70940.00	70940.00
5. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
6. Loan Repayments Made	0.00	0.00
7 Jaana Mada	0.00	0.00
 Loans Made Refunds of Contributions To: 	0.00	0.00
(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	0.00	1000.00
(add Lines 28(a), (b), and (c)) 🕨		
9. Other Disbursements	0.00	0.00
 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,	44404000	
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	111049.36	342722.39
2. Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii)	111049.36	340700 30

111049.36

from Line 31).....

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DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003) of Disbursements

5 / 34

	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

FE6AN026

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may	Use separate schedule(s) for each category of the Detailed Summary Page y not be sold or used by any perso dress of any political committee to	FOR LINE NUMBER: PAGE 6 / 34 (check only one) 11a 11b 11c 12 X 11a 11b 15 16 17 Infor the purpose of soliciting contributions oslicit contributions from such committee. 11a 11b 11b
	NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS OF OB			
Α.	Full Name (Last, First, Middle Initial) RAMIN AHMADI Mailing Address 142 JORALEMON STI	REET		Date of Receipt
				09 20 2010
	City BROOKLYN	State NY	Zip Code 11201	Transaction ID: SA11AI.19922 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		
	Name of Employer SELF-EMPLOYED	Occupation PHYSICI		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00]
B.	Full Name (Last, First, Middle Initial) THOMAS V. AYOUB Mailing Address 186 MIDDLE RIDGE F	ROAD		Date of Receipt
		Stata	Zin Codo	09 24 2010
	City NEW CANAAN	State CT	Zip Code 06840	Transaction ID: SA11AI.19951 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer WOMEN'S HEALTH CARE	Occupation PHYSICI		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00]
C.	Full Name (Last, First, Middle Initial) KENNETH I. BARRON Mailing Address 14 CADY STREET	I		Date of Receipt
				09 07 2010
	City	State	Zip Code	Transaction ID: SA11AI.19731
	PROVIDENCE FEC ID number of contributing federal political committee.	RI C	02903	Amount of Each Receipt this Period
	Name of Employer TRUESDALE OB/GYN	Occupation PHYSICI		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date 500.00]
	SUBTOTAL of Receipts This Page (optional)			1500.00
	TOTAL This Period (last page this line number	only)		

		I		FOR LINE NUMBER: PAGE 7/34
	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the	(check only one)
			Detailed Summary Page	X 11a 11b 11c 12
Г				13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	statements may e name and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	THE AMERICAN CONGRESS OF OB	B-GYNS PAC	(OB-GYN PAC)	
Α.	Full Name (Last, First, Middle Initial) RICHARD L. BERKOWITZ	Date of Receipt		
	Mailing Address 1075 PARK AVENUE			09 07 2010
	City	State	Zip Code	Transaction ID: SA11AI.19732
	NEW YORK	NY	10128	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer COLUMBIA UNIVERSITY MEDIC-	Occupation PHYSICI		1
	AL Receipt For:	- I	Year-to-Date V	
	Primary General	, iggi cgale		1
	Other (specify) v		600.00	
в.	Full Name (Last, First, Middle Initial) DALE BROWN, JR.			Date of Receipt
	Mailing Address 6620 MAIN STREET			M M / D D / Y Y Y Y 09 20 2010
	City	State	Zip Code	Transaction ID: SA11AI.19924
	HOUSTON	TX	77030	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		750.00
	Name of Employer BAYLOR COLLEGE OF MEDICINE	Occupation PHYSICI		
	Receipt For:	Aggregate	Year-to-Date V	_
	Primary General Other (specify) ▼	0 0	750.00]
С.	Full Name (Last, First, Middle Initial) STEVEN P. BUCHANAN	1		Date of Receipt
0.	Mailing Address 945 SPRING CREEK I	DRIVE		0 9 2 1 2 0 1 0
	City	State	Zip Code	Transaction ID: SA11AI.19852
	GRAPEVINE	TX	76051	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer UNIVERSITY OF NORTH TEXAS	Occupation PHYSICI		
	Receipt For:	Aggregate	Year-to-Date 🔻	_
	Primary General Other (specify) ▼		1000.00]
	SUBTOTAL of Receipts This Page (optional)	I	_	2250.00
			r	
	TOTAL This Period (last page this line number	only)	P	

	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) 11a X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any perso name and address of any political committee to	n for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS OF OB	-GYNS PAC (OB-GYN PAC)	
Α.	Full Name (Last, First, Middle Initial) JAMES W. BUCKREUS		Date of Receipt
	Mailing Address 8973 TECUMSEH CO	VE COURT	09 / 07 / Y Y Y Y 000 / 2010
		State Zip Code	Transaction ID: SA11AI.19737
	HUNTSVILLE FEC ID number of contributing federal political committee.	OH 43324	Amount of Each Receipt this Period
	Name of Employer BELLEFONTAINE OB/GYN	Occupation PHYSICIAN	-
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
B.	Full Name (Last, First, Middle Initial) LONNIE S. BURNETT Mailing Address 78 CONCORD PARK	I WEST	Date of Receipt
	City	State Zip Code	09 07 2010
	NASHVILLE	TN 37205	Transaction ID: SA11AI.19738 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer VANDERBILT UNIVERSITY HOS- PITAL	Occupation PHYSICIAN	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	
с.	Full Name (Last, First, Middle Initial) CYNTHIA S. CANNON		Date of Receipt
	Mailing Address 832 NORTHCLIFFE D	RIVE	M M / D D / Y Y Y Y 09 10 2010
	City	State Zip Code UT 84103	Transaction ID: SA11AI.19884
	SALT LAKE CITY FEC ID number of contributing federal political committee.	UT 84103	Amount of Each Receipt this Period
	Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN	-
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	
	SUBTOTAL of Receipts This Page (optional)	·	850.00
	TOTAL This Period (last page this line number	only)	

ITEMIZED RECEIPTS Use separate schedule(s) for each category of the Detailed Summary Page (check only one) Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting cor or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such commercial purposes, other than using the name and address of any political committee to solicit contributions from such commercial purposes, other than using the name and address of any political committee to solicit contributions from such commercial purposes, other than using the name and address of any political committee to solicit contributions from such communities to solicit contributions from such communities to solicit contributions from such communities and statements may not be sold or used by any person for the purpose of soliciting communities to solicit contributions from such communities to solicit contributions from such communities and address of any political committee to solicit contributions from such communities to solicit contributions from such communities to solicit contributions from such communities and address of any political committee to solicit contributions from such communities and address of a solicit contributions from such communities and address of a solicit contribution from such communities and address of a solicit contribution from such communities and address of a solicit contribution from such address of a solicit contribution from such communities and address of a solicit contribution from such address of a solicit co	ommittee. <u>2010</u> 19907
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting cor or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such commercial purposes, other than using the name and address of any political committee to solicit contributions from such commercial purposes, other than using the name and address of any political committee to solicit contributions from such commercial purposes, other than using the name and address of any political committee to solicit contributions from such commercial purposes, other than using the name and address of any political committee to solicit contributions from such commercial purposes, other than using the name and address of any political committee to solicit contributions from such commercial purposes, other than using the name and address of any political committee to solicit contributions from such commercial purposes, other than using the name and address of any political committee to solicit contributions from such commercial purposes, other than using the name and address of any political committee to solicit contributions from such commercial purposes, other than using the name and address of any political committee to solicit contributions from such commercial purposes, and the name and address of any political committee to solicit contributions from such commercial purposes, and the name and address of any political committee to solicit contributions from such commercial purposes, and the name and address of any political committee to solicit contributions from such commercial purposes, and the name and address of any political committee to solicit contributions from such commercial purposes, and the name and address of any political committee to solicit contributions from such commercial purposes, and the name and address of any political committee to solicit contributions from such commercial purposes, a	16 17 ntributions ommittee. 2010 19907 nis Period
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting cor or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such commercial purposes, other than using the name and address of any political committee to solicit contributions from such commercial purposes, other than using the name and address of any political committee to solicit contributions from such commercial purposes, other than using the name and address of any political committee to solicit contributions from such commercial purposes, other than using the name and address of any political committee to solicit contributions from such commercial purposes, other than using the name and address of any political committee to solicit contributions from such commercial purposes, other than using the name and address of any political committee to solicit contributions from such commercial purposes, other than using the name and address of any political committee to solicit contributions from such commercial purposes, other than using the name and address of any political committee to solicit contributions from such commercial purposes. A. Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address 642 ULUKAHIKI STREET M g g / 2 1 / Y City State Zip Code Transaction ID: SA11AI. KAILUA HI 96734 Amount of Each Receipt the	Y Y Y 2 0 1 0 19907 his Period
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC) Full Name (Last, First, Middle Initial) SUSAN H. CHAPMAN Mailing Address 642 ULUKAHIKI STREET City State Zip Code KAILUA HI 96734	2 0 1 0 19907 nis Period
A. Full Name (Last, First, Middle Initial) SUSAN H. CHAPMAN Mailing Address 642 ULUKAHIKI STREET City State Zip Code KAILUA HI 96734 EFC ID number of centributing	2 0 1 0 19907 nis Period
A. SUSAN H. CHAPMAN Date of Receipt Mailing Address 642 ULUKAHIKI STREET 0 9 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2	2 0 1 0 19907 nis Period
City State Zip Code Transaction ID: SA11AI. KAILUA HI 96734 Amount of Each Receipt th	2 0 1 0 19907 nis Period
KAILUA HI 96734 Amount of Each Receipt th	nis Period
FEC ID number of contributing	250.00
federal political committee.	
Name of Employer PALI WOMEN'S HEALTH CENTER PHYSICIAN	
Receipt For: Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼ 500.00	
Full Name (Last, First, Middle Initial) Date of Receipt B. SCOTT T. CHATHAM Date of Receipt	
Mailing Address 405 5TH STREET PLACE	2010
City State Zip Code Transaction ID: SA11AI.	19853
CONOVER NC 28613 Amount of Each Receipt th	is Period
FEC ID number of contributing federal political committee.	100.00
Name of Employer CATAWBA WOMEN'S CENTER PHYSICIAN	
Receipt For: Aggregate Year-to-Date ▼ Primary General	
Primary General Other (specify) ▼ 450.00	
Full Name (Last, First, Middle Initial) HARVEY M. COHEN Date of Receipt	
Mailing Address 255 UNION AVENUE	2010
City State Zip Code Transaction ID: SA11AI.	
LAKEWOOD CO 80228 Amount of Each Receipt th	is Period
FEC ID number of contributing federal political committee.	250.00
Name of Employer Occupation RED ROCKS OB/GYN PHYSICIAN	
Receipt For: Aggregate Year-to-Date ▼ Primary General	
Other (specify) ▼ 750.00	
SUBTOTAL of Receipts This Page (optional)	600.00
TOTAL This Period (last page this line number only)	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	for each cat	ate schedule(s) tegory of the	FOR LINE NUMBER: PAGE 10/34 (check only one)			
		Detailed Su	immary Page	X 11a 11b 11c 12 13 14 15 16 17			
	Any information copied from such Reports and or for commercial purposes, other than using th	Statements may not be sold or the name and address of any po	used by any person	for the purpose of soliciting contributions colicit contributions from such committee.			
	THE AMERICAN CONGRESS OF O	D-GINS PAC (UB-GIN P	AC)				
Α.	Full Name (Last, First, Middle Initial) MARY J. CUNNINGHAM	Date of Receipt					
	Mailing Address 8412 TURNBERRY [DRIVE		M M / D D / Y Y Y Y 09 13 2010			
	City	State Zip Code		Transaction ID: SA11AI.19782			
	MANLIUS	NY 13104		Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		100.00			
	Name of Employer GYNECOLOGIC ONCOLOGY	Occupation PHYSICIAN]			
	Receipt For: Primary General	Aggregate Year-to-Date	▼				
	Other (specify) ▼		300.00				
- 3.	Full Name (Last, First, Middle Initial) JULIE M. DONOHUE	1		Date of Receipt			
	Mailing Address 5846 SNYDER DRIV	E		M M / D D / Y Y Y Y 09 07 2010			
	City	State Zip Code		Transaction ID: SA11AI.19747			
	LOCKPORT	NY 14094		Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		250.00			
	Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN]			
	Receipt For:	Aggregate Year-to-Date	▼	1			
	Primary General Other (specify) ▼		500.00				
-).	Full Name (Last, First, Middle Initial) MYRA C. DOVE			Date of Receipt			
	Mailing Address 502 FIELDSTONE C	OURT		M M / D D / Y Y Y Y 09 13 2010			
	City	State Zip Code		Transaction ID: SA11AI.19783			
	<u>GREENSBORO</u>	NC 27455	- V - 1	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C	0 0	500.00			
	Name of Employer CENTER FOR WOMEN'S HEALTH CARE	Occupation PHYSICIAN					
	Receipt For: Primary General	Aggregate Year-to-Date	•				
	Other (specify)		500.00				
ſ	SUBTOTAL of Receipts This Page (optional)		>	850.00			
┢			r				
	TOTAL This Period (last page this line number	er only)	•••••				

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	for each ca Detailed St	ate schedule(s) ategory of the ummary Page	FOR LINE NUMBER: PAGE 11/34 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17 n for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS OF OE	e name and address of any po	olitical committee to	solicit contributions from such committee.
A .	Full Name (Last, First, Middle Initial) DAMLA K. DRYDEN Mailing Address 6624 FANNIN			Date of Receipt
	City	State Zip Code		
	City HOUSTON	State Zip Code TX 77030		Transaction ID: SA11AI.19885 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	0 0	500.00
	Name of Employer TEXAS CHILDREN'S HOSPITAL	Occupation PHYSICIAN		
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date	▼ 1500.00	
B.	Full Name (Last, First, Middle Initial) ERIC G. EBERTS			Date of Receipt
	Mailing Address 200 THEDA CLARK N	IEDICAL PLAZA		0 9 0 1 Y Y Y Y 0 0 1 2 0 1 0
	City	State Zip Code)	Transaction ID: SA11AI.19692
	NEENAH	WI 54956		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer WOMEN'S CARE OF WISCONSIN	Occupation PHYSICIAN		
	Receipt For:	Aggregate Year-to-Date	▼	
	 Primary General Other (specify) ▼ 		500.00	
с.	Full Name (Last, First, Middle Initial) SANDRA L. ELFERING			Date of Receipt
	Mailing Address 5825 EVARIT DRIVE			M M / D D / Y
	City	State Zip Code)	Transaction ID: SA11AI.19787
	RACINE	WI 53406		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer WHEATON FRANCISCAN MEDICAL	Occupation PHYSICIAN		
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date	▼ 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 for each category of th Detailed Summary Pag	$\begin{array}{c c} \hline \\ e \\ ge \\ \hline \\ $
	Any information copied from such Reports and s or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS OF OE	e name and address of any political comm	ny person for the purpose of soliciting contributions nittee to solicit contributions from such committee.
А.	Full Name (Last, First, Middle Initial) REBECCA A. EWING	Date of Receipt	
	Mailing Address 1052 BRIAR HILL RO	09 / 24 / 2010	
	City	State Zip Code	Transaction ID: SA11AI.19960
	CONTOOCOOK	NH 03229	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer DARTMOUTH-HITCHCOCK	Occupation PHYSICIAN	
	Receipt For:	Aggregate Year-to-Date ▼	
	 Primary General Other (specify) ▼ 	250.	00
в.	Full Name (Last, First, Middle Initial) KATHERINE FARIAS	1	Date of Receipt
	Mailing Address 6035 EAST SAN CRIS	0 9 / D D / Y Y Y Y 0 0 7 / 2 0 1 0	
	City	State Zip Code	Transaction ID: SA11AI.19749
	TUCSON	AZ 85715	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer COPPER STATE OB/GYN	Occupation PHYSICIAN	
	Receipt For:	Aggregate Year-to-Date 🔻	
	Primary General Other (specify) ▼	600.	00
С.	Full Name (Last, First, Middle Initial) SAMUEL W. FLANNAGAN		Date of Receipt
	Mailing Address 126 LAKEWOOD DR	VE	0 9 / 2 4 / Y Y Y 2 0 1 0
	City	State Zip Code	Transaction ID: SA11AI.19964
	GREENSBURG	PA 15601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer OB/GYN, INC.	Occupation PHYSICIAN	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.	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) 11a X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may e name and add	not be sold or used by any pers ress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS OF OE	B-GYNS PAC	(OB-GYN PAC)	
۷ A.	Full Name (Last, First, Middle Initial) TERRY W. GROGG			Date of Receipt
	Mailing Address 4461 BROADWAY			09 17 Y Y Y Y 09 17
	City	State	Zip Code	Transaction ID: SA11AI.19933
	GROVE CITY	OH	43123	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer SOUTHWESTERN OB/GYN ASSOC- IATES	Occupation PHYSICI/		
	Receipt For:	Aggregate	Year-to-Date 🔻	
	Other (specify) ▼	0 0	1000.00	
- B.	Full Name (Last, First, Middle Initial) RICHARD W. HENDERSON			Date of Receipt
	Mailing Address 1709 CLEAVER LANE	E		M · M / D · D / Y · Y · Y · Y Y Y · Y · Y Y Y · Y · Y Y Y · Y · Y Y Y · Y · Y Y Y · Y · Y Y Y · Y · Y Y Y · Y · Y Y Y · Y · Y Y Y · Y · Y Y Y · Y · Y Y Y · Y · Y Y Y · Y · Y Y Y · Y · Y Y Y · Y · Y Y Y · Y · Y Y Y · Y · Y Y Y · Y · Y Y Y · Y · Y Y · Y · Y · Y Y · Y · Y · Y Y · Y · Y · Y · Y Y · Y · Y · Y · Y · Y · Y Y · Y · Y · Y · Y · Y · Y · Y · Y · Y ·
	City	State	Zip Code	Transaction ID: SA11AI.19754
	WILMINGTON	DE	19803	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer ST. FRANCIS HOSPITAL	Occupation PHYSICI/		
	Receipt For:	Aggregate	Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	400.00	
- C.	Full Name (Last, First, Middle Initial) LISA M. JABUSCH			Date of Receipt
	Mailing Address 5653 FRIST BOULEV	/ARD		M M / D D / Y Y Y Y 09 01 2010
	City	State	Zip Code	Transaction ID: SA11AI.19695
	HERMITAGE	TN	37076	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer TENNESSEE WOMEN'S CARE	Occupation PHYSICI/		
	Receipt For:	Aggregate	Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	350.00	
ſ	SUBTOTAL of Receipts This Page (optional) .			1200.00
┝	Contractine of the option of a ge (optional).			
	TOTAL This Period (last page this line number	r only)		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 14 / 34 (check only one)		
			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17		
	Any information copied from such Reports and St or for commercial purposes, other than using the	atements ma name and ad	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions		
	NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS OF OB-	GYNS PAC	C (OB-GYN PAC)			
Α.	Full Name (Last, First, Middle Initial) ASTRID G. JAIN			Date of Receipt		
	Mailing Address 7810 PROVIDENCE R	Mailing Address 7810 PROVIDENCE ROAD				
		State	Zip Code	Transaction ID: SA11AI.19937		
	<u>CHARLOTTE</u>	NC	28226	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		250.00		
	Name of Employer EASTOVER OB/GYN ASSOCIATES	Occupation PHYSIC				
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻			
	Other (specify) ▼	0.0	250.00			
В.	Full Name (Last, First, Middle Initial) ING-YANN JENG			Date of Receipt		
	Mailing Address 136 30 MAPLE AVENU	JE		M M / D D / Y		
	City	State	Zip Code	Transaction ID: SA11AI.19913		
		NY	11355	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		500.00		
	Name of Employer SELF-EMPLOYED	Occupation PHYSIC				
	Receipt For:	Aggregate	e Year-to-Date 🔻			
	Other (specify) ▼	0 0	500.00			
C.	Full Name (Last, First, Middle Initial) JUDITH L. JOHNSON			Date of Receipt		
	Mailing Address 635 WEST 3RD STRE	ET		M M / D D / Y		
	City	State	Zip Code	Transaction ID: SA11AI.19967		
	DULUTH	MN C	55806	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.			500.00		
	Name of Employer NORTHLAND OB/GYN	Occupation PHYSIC	IAN			
	Receipt For:	Aggregate	e Year-to-Date 🔻			
	Other (specify) ▼	0 0	500.00			
	SUBTOTAL of Receipts This Page (optional)		•	1250.00		
	TOTAL This Period (last page this line number of	only)				

SCHEDULE A	(FEC Form 3X) CEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15/34 (check only one)
or for commercial purp	poses, other than using the nam	nents may not be sold or used by any perso e and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	ITTEE (In Full) N CONGRESS OF OB-GY	NS PAC (OB-GYN PAC)	
Full Name (Last, F BRIDGET B. KELLE	R	Date of Receipt	
Mailing Address	5505 XERXES AVENUE S	OUTH	09 / D D / Y Y Y Y 09 21 2010
City		State Zip Code	Transaction ID: SA11AI.19915
MINNEAPOLIS		MN 55410	Amount of Each Receipt this Period
FEC ID number of federal political cor		C	100.00
Name of Employer PARK NICOLLET	CLINIC F	Occupation PHYSICIAN	
Receipt For:		Aggregate Year-to-Date 🔻	
Other (speci	iy) ▼	600.00]
Full Name (Last, F SUSAN M. KOMOR	OWSKI		Date of Receipt
Mailing Address	6221 HEMPSTEAD MEWS	0 9 / D D / Y Y Y Y 2 4 2 0 1 0	
City		State Zip Code	Transaction ID: SA11AI.19970
DAYTON		OH 45459	Amount of Each Receipt this Period
FEC ID number of federal political cor		C	100.00
Name of Employer OB/GYN SOUTH,		Occupation PHYSICIAN	
Receipt For: Primary Other (speci	General	Aggregate Year-to-Date ▼ 400.00]
Full Name (Last, F J. JOSHUA KOPEL			Date of Receipt
	1550 SOUTH POTOMAC	STREET	M M / D D / Y Y Y Y 09 14 2010
City		State Zip Code	Transaction ID: SA11AI.19879
AURORA		CO 80012	Amount of Each Receipt this Period
FEC ID number of federal political cor	nmittee.	C	100.00
Name of Employer SELF-EMPLOYE) F	Percupation PHYSICIAN	_
Receipt For: Primary Other (speci	General	Aggregate Year-to-Date ▼ 400.00]
SUBTOTAL of Rece	ipts This Page (optional)	······	300.00
TOTAL This Period	(last page this line number only)		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Statements may no	Use separate schedule(s) for each category of the Detailed Summary Page t be sold or used by any pers	FOR LINE NUMBER: PAGE 16/34 (check only one) 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions 11 11 12
	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS OF OB	e name and addres	s of any political committee to	o solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) JEFFREY H. KOROTKIN Mailing Address 5016 GREENPINE DF	RIVE		Date of Receipt
	City	State	Zip Code	Transaction ID: SA11AI.19793
	ATLANTA	GA	30342	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer ATLANTA PERINATAL CONSULT- ANTS	Occupation PHYSICIAN	l	
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ar-to-Date ▼ 1000.00]
- В.	Full Name (Last, First, Middle Initial) KURT W. MARTINUZZI Mailing Address 24516 EMERSON STI	REET		Date of Receipt
		Stata	Zip Code	
	City State DEARBORN MI		48124	Transaction ID: SA11AI.19696 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer OAKWOOD HEALTHCARE SYSTEM	Occupation PHYSICIAN		
	Receipt For: Primary General Other (specify) ♥	Aggregate Ye	ar-to-Date V 500.00]
с.	Full Name (Last, First, Middle Initial) G. SEALY MASSINGILL Mailing Address 2887 SOUTH HILLS C			Date of Receipt
		Mailing Address 3887 SOUTH HILLS CIRCLE		
	City	State	Zip Code	Transaction ID: SA11AI.19794
	FORT WORTH FEC ID number of contributing	TX	76109	Amount of Each Receipt this Period
	federal political committee.	C		300.00
	Name of Employer UNIVERSITY OF NORTH TEXAS	Occupation PHYSICIAN		
	Receipt For: Primary General Other (specify) ♥	Aggregate Ye	ar-to-Date ▼ 550.00]
	SUBTOTAL of Receipts This Page (optional)			1550.00
	TOTAL This Period (last page this line number	r only)		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 17/34 (check only one) I1a X 11a 11b 11c 12
			Detailed Summary Page	
	Any information copied from such Reports and or for commercial purposes, other than using the	Statements may r	not be sold or used by any personance of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS OF OF			
ا ۸.	Full Name (Last, First, Middle Initial) ALLAN G. MCLEOD	Date of Receipt		
	Mailing Address 3251 MORRIS LANE	0 9 2 1 2 0 1 0		
	City	State	Zip Code	Transaction ID: SA11AI.19861
	COCONUT GROVE	FL	33133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer RETIRED	Occupation PHYSICIA	N	_
	Receipt For:	Aggregate Y	ear-to-Date 🔻	7
	Primary General Other (specify) ▼	0 0 0	300.00]
- B.	Full Name (Last, First, Middle Initial) KAREN E. MCSHANE			Date of Receipt
	Mailing Address 383 PINK STREET			M M / D D / Y
	City	State	Zip Code	Transaction ID: SA11AI.19972
	COOPERSTOWN	NY	13326	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer BASSETT HEALTHCARE	Occupation PHYSICIA	N	
	Receipt For: Primary General Other (specify) ▼	Aggregate Y	'ear-to-Date ▼ 350.00]
- C.	Full Name (Last, First, Middle Initial) MELISSA MEAD			Date of Receipt
	Mailing Address 55 EAST MAIN STRE	ET		M M / D D / Y Y Y Y Y 09 / 07 / 2010
	City <u>SOUTHBOROUGH</u>	State MA	Zip Code 01772	Transaction ID: SA11AI.19712 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer CARING FOR WOMEN	Occupation PHYSICIA	N	
	Receipt For: Primary General Other (specify) ▼	Aggregate Y	ear-to-Date ▼ 300.00]
ſ	SUBTOTAL of Receipts This Page (optional).	<u> </u>		300.00

				•
	SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 18/34
	· · · ·		Use separate schedule(s)	(check only one)
	ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements ma name and ad	ay not be sold or used by any pers Idress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	THE AMERICAN CONGRESS OF OB	-GYNS PAG	C (OB-GYN PAC)	
Α.	Full Name (Last, First, Middle Initial)	Date of Receipt		
	Mailing Address 801 OSTRUM STREE			09 / 17 / Y Y Y Y 2010
	City	State	Zip Code	Transaction ID: SA11AI.19945
	BETHLEHEM	PA	18015	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer ST. LUKE'S HOSPITAL	Occupation PHYSIC		
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General		250.00	
	Other (specify) ▼	0 0	250.00	
В.	Full Name (Last, First, Middle Initial) WILLIAM T. MIXSON	•		Date of Receipt
	Mailing Address 124 FAIRWAY COTTA	M M / D D / Y		
	City	State	Zip Code	Transaction ID: SA11AI.19889
	HIGHLANDS	NC	28741	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer RETIRED	Occupation PHYSIC		
	Receipt For:	Aggregat	e Year-to-Date 🔻	
	Primary General		1100.00	
	Other (specify)	0 0]
C.	Full Name (Last, First, Middle Initial) JILL K. MORAN			Date of Receipt
	Mailing Address 1706 71ST STREET			M M / D D / Y Y Y Y 09 14 2010
	City	State	Zip Code	Transaction ID: SA11AI.19880
	DOWNER'S GROVE	IL	60516	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer SUBURBAN MATERNAL	Occupation PHYSIC		
	Receipt For:	Aggregat	e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	250.00]
	SUBTOTAL of Receipts This Page (optional)	I		600.00
			·	
	TOTAL This Period (last page this line number	only)		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate sch for each category	of the			
	ITEMIZED RECEIPTS	Detailed Summary				
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used name and address of any political of	by any person for the purpose of soliciting contributions committee to solicit contributions from such committee.			
	NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS OF OE	-GYNS PAC (OB-GYN PAC)				
Α.	Full Name (Last, First, Middle Initial) JOEL G. MORANZ					
	Mailing Address 59 SLEEPY HOLLOW	M M / D D / Y Y Y Y 09 01 2010				
	City	State Zip Code	Transaction ID: SA11AI.19697			
	NEWTOWN SQUARE	PA 19073	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C	500.00			
	Name of Employer SUBURBAN OB/GYN	Occupation PHYSICIAN				
	Receipt For:	Aggregate Year-to-Date 🔻				
	Primary General Other (specify) ▼	5	500.00			
В.	Full Name (Last, First, Middle Initial) SUSHMA D. NAKRA		Date of Receipt			
	Mailing Address 8525 CHELSEA STRE	M M / D D / Y				
	City	State Zip Code	Transaction ID: SA11AI.19900			
		NY 11432	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C	500.00			
	Name of Employer CONEY ISLAND HOSPITAL	Occupation PHYSICIAN				
	Receipt For:	Aggregate Year-to-Date V				
	 Primary General Other (specify) ▼ 	5	500.00			
с.	Full Name (Last, First, Middle Initial) JAY L. PADRATZIK	I	Date of Receipt			
	Mailing Address 20 NORTH WALLING	DRIVE	M M / D D / Y Y Y Y 09 07 2010			
	City	State Zip Code	Transaction ID: SA11AI.19717			
	ST. LOUIS	MO 63141	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C	250.00			
	Name of Employer MERCY MEDICAL GROUP	Occupation PHYSICIAN				
	Receipt For:	Aggregate Year-to-Date 🔻				
	Other (specify) ▼	3	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	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 34 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17
	or for commercial purposes, other than using the	Statements may not be sold or used by any pers ne name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS OF O	B-GYNS PAC (OB-GYN PAC)	
A.	Full Name (Last, First, Middle Initial) TODD A. PANKRATZ	Date of Receipt	
	Mailing Address 1125 NORTH LINCC	DLN AVENUE	09 13 Y Y Y Y 09 13
	City	State Zip Code	Transaction ID: SA11AI.19797
	HASTINGS	NE 68901	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	200.00
	Name of Employer OBSTETRICIANS & GYNCOLOGI- STS	Occupation PHYSICIAN	
	Receipt For:	Aggregate Year-to-Date 🔻	
	Other (specify) ▼	400.00	
в.	Full Name (Last, First, Middle Initial) JOHN J. PEET		Date of Receipt
	Mailing Address 7334 TEASWOOD D	PRIVE	0 9 / D D / Y Y Y Y 0 9 0 7 2 0 1 0
	City	State Zip Code	Transaction ID: SA11AI.19720
	CONROE	TX 77304	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN	_
	Receipt For:	Aggregate Year-to-Date 🔻	
	Primary General Other (specify) ▼	450.00]
С.	Full Name (Last, First, Middle Initial) ROBERT W. PHILLIPS		Date of Receipt
	Mailing Address 501 WEST EUGIE A	VENUE	0 9 / D D / Y Y Y Y 0 3 2 0 1 0
	City	State Zip Code	Transaction ID: SA11AI.19821
	GLENDALE	AZ 85304	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer DESERT WEST OB/GYN	Occupation PHYSICIAN	
	Receipt For:	Aggregate Year-to-Date ▼	_
	Other (specify) ▼	350.00	
	SUBTOTAL of Receipts This Page (optional)		400.00
	TOTAL This Period (last page this line number	· · · · · · ·	

I	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	for Det	e separate schedule(s) each category of the ailed Summary Page	FOR LINE NUMBER: PAGE 21 / 34 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be e name and address o	e sold or used by any perso f any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	THE AMERICAN CONGRESS OF OE	3-GYNS PAC (OB-	GYN PAC)	
Α.	Full Name (Last, First, Middle Initial) VIRGINIA A. RAUTH	Date of Receipt		
	Mailing Address 701 WEST 5TH STRE	=E1		09 / 03 / Y Y Y Y 2010
	City		ip Code	Transaction ID: SA11AI.19822
	ODESSA FEC ID number of contributing federal political committee.	TX 7	9763	Amount of Each Receipt this Period 100.00
	Name of Employer TEXAS TECH UNIVERSITY	Occupation		
		PHYSICIAN		
	Receipt For:	Aggregate Year-t	to-Date	1
	Other (specify)		400.00	
В.	Full Name (Last, First, Middle Initial) JEFFREY R. RICHARDSON, JR.	1		Date of Receipt
	Mailing Address 3555 LOMA VISTA RO			M M M / D D / Y Y Y Y Y 09 / 03 / 2010
			ip Code	Transaction ID: SA11AI.19823
	VENTURA FEC ID number of contributing federal political committee.	C	3003	Amount of Each Receipt this Period
	Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN		
	Receipt For:	Aggregate Year-t	to-Date 🔻	
	Other (specify)		600.00]
C.	Full Name (Last, First, Middle Initial) LOUISE C. ROGERS			Date of Receipt
	Mailing Address 1918 RANDOLPH RO	AD		M M / D D / Y Y Y Y 09 03 2010
			ip Code	Transaction ID: SA11AI.19824
	CHARLOTTE FEC ID number of contributing federal political committee.	<u>NC 2</u>	8207	Amount of Each Receipt this Period 100.00
	Name of Employer MINTVIEW OB/GYN ASSOCIATES	Occupation PHYSICIAN		
	Receipt For: Primary General	Aggregate Year-t	io-Date 🔻	1
	Other (specify) ▼		300.00	
	SUBTOTAL of Receipts This Page (optional)		•••••	300.00
	TOTAL This Period (last page this line number	r only)		

	SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 22/34				
	· · ·		Use separate schedule(s) for each category of the	(check only one)				
	ITEMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12				
٦				13 14 15 16 17				
	Any information copied from such Reports and S or for commercial purposes, other than using the	Any information copied from such Reports and Statements may not be sold or used by any person or for commercial purposes, other than using the name and address of any political committee to a						
ĺ	NAME OF COMMITTEE (In Full)	NAME OF COMMITTEE (In Full)						
	THE AMERICAN CONGRESS OF OB	THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)						
Α.	Full Name (Last, First, Middle Initial) LARRY S. ROSEN	Date of Receipt						
	Mailing Address 6 FAIRHAVEN COUR		M = M / D = D / Y					
	City	State	Zip Code	Transaction ID: SA11AI.19981				
	CHERRY HILL	NJ	08003	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		250.00				
	Name of Employer WOMEN'S HEALTH ASSOCIATES	Occupatio PHYSIC						
	Receipt For:	Aggregate	e Year-to-Date 🔻					
	Primary General		500.00					
	Other (specify) ▼	0 0						
в.	Full Name (Last, First, Middle Initial) BARRY D. SMITH			Date of Receipt				
	Mailing Address P.O. BOX 238			M + M / D + D / Y + Y + Y Y 0 9 1 3 2 0 1 0				
	City	State	Zip Code	Transaction ID: SA11AI.19800				
	NORWICH	VT	05055	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		250.00				
	Name of Employer DARTMOUTH HITCHCOCK CLINIC	Occupatio PHYSIC						
	Receipt For:	Aggregate	e Year-to-Date 🔻					
	Primary General		500.00					
	Other (specify)	0 0						
с.	Full Name (Last, First, Middle Initial) KIRSTEN M. SMITH			Date of Receipt				
	Mailing Address 6 CAPITOL PLACE			0 9 2 4 2 0 1 0				
	City	State	Zip Code	Transaction ID: SA11AI.19982				
	NEWARK	DE	19711	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		100.00				
	Name of Employer CENTER FOR WOMEN'S HEALTH	Occupation PHYSIC						
	Receipt For:	Aggregate	e Year-to-Date 🔻					
	Primary General Other (specify) ▼		950.00					
[SUBTOTAL of Receipts This Page (optional)	I		600.00				
ŀ								
	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) X 11a 11b 11c 12 X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may i e name and addr	not be sold or used by any pers ess of any political committee to	on for the purpose of soliciting contributions oslicit contributions from such committee.
	NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS OF OE	B-GYNS PAC ((OB-GYN PAC)	
۷ A.	Full Name (Last, First, Middle Initial) SHANNAN K. STEPHENS			Date of Receipt
	Mailing Address 2327 SANDSIDE COL	09 / D D / Y Y Y Y 08 / 2010		
	City	State	Zip Code	Transaction ID: SA11AI.19809
	ONALASKA	WI	54650	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer GUNDERSEN LUTHERAN HOSPIT- AL	Occupation PHYSICIA	N	
	Receipt For:	Aggregate	Year-to-Date 🔻	
	Other (specify) ▼	0 0	500.00	
- B.	Full Name (Last, First, Middle Initial) JANETTE H. STRATHY	1		Date of Receipt
	Mailing Address 3209 GALLERIA			M M / D D / Y Y Y Y 09 07 2010
	City	State	Zip Code	Transaction ID: SA11AI.19725
	EDINA	MN	55435	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer PARK NICOLLET CLINIC	Occupation PHYSICIA	N	
	Receipt For:	Aggregate	Year-to-Date 🔻	_
	Other (specify) ▼	0 0	1100.00]
- C.	Full Name (Last, First, Middle Initial) EVA SWOBODA	1		Date of Receipt
	Mailing Address 1 BALFOUR LANE			
	City	State	Zip Code	Transaction ID: SA11AI.19926
	STONY BROOK	NY	11790	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		750.00
	Name of Employer STONY BROOK PHYSICIANS	Occupation PHYSICIA	N	
	Receipt For: Primary General	Aggregate	Year-to-Date 🔻	_
	Other (specify) ▼	0 0	750.00	
ſ	SUBTOTAL of Receipts This Page (optional)			1350.00
ŀ	TOTAL This Period (last page this line number		•	

l	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 34 (check only one) X X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and s or for commercial purposes, other than using th NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS OF OE	e name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) DENISE TONZOLA Mailing Address 58 INDIGO TRAIL City MADISON FEC ID number of contributing federal political committee. Name of Employer GREATER NEW HAVEN OB/GYN	State CT C Occupation PHYSICI	Zip Code 06443	Date of Receipt
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date 600.00]
в.	Full Name (Last, First, Middle Initial) JAY R. TRABIN Mailing Address 560 VILLAGE BOULE	EVARD		Date of Receipt 0 9 0 8 2 0 1 0
	City <u>WEST PALM BEACH</u> FEC ID number of contributing federal political committee. Name of Employer SELF-EMPLOYED	State FL Occupation	Zip Code 33409	Transaction ID: SA11AI.19811 Amount of Each Receipt this Period 250.00
	Receipt For: Primary General Other (specify)	PHYSICI Aggregate	AN Year-to-Date 500.00]
C.	Full Name (Last, First, Middle Initial) RHONDA S. WASHINGTON Mailing Address 1804 DAVIE AVENUE	Ē		Date of Receipt
	City STATESVILLE FEC ID number of contributing federal political committee.	State NC	Zip Code 28677	Transaction ID: SA11AI.19949 Amount of Each Receipt this Period 250.00
	Name of Employer PIEDMONT HEALTH CARE Receipt For: Primary General Other (specify) ▼	Occupation PHYSICI Aggregate]
ſ	SUBTOTAL of Receipts This Page (optional) .			600.00
Ī	TOTAL This Period (last page this line number	r only)		17450.00

ç	SCHEDULE B (FEC Form	3X)		FOR LINE	NUMBER: PAGE 25/34
	TEMIZED DISBURSEMEN	- Use separ	ate schedule(s) ategory of the	(check only	
I		Detailed S	ummary Page	X 21b 27	22 23 24 25 26 28a 28b 28c 29 30b
	Any Information copied from such Reports				
C	or for commercial purposes, other than us	ing the name and address	s of any political c	committee to sol	icit contributions from such committee
	NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS C	OF OB-GYNS PAC (O	B-GYN PAC)		
	Full Name (Last, First, Middle Initial)				Transaction ID: SB21B.19774
Α.	AMERICAN EXPRESS				Date of Disbursement
	Mailing Address P.O. BOX 538	52			$ \begin{array}{c} M & M \\ 0 & 9 \end{array} \right) \left(\begin{array}{c} D & D \\ 0 & 7 \end{array} \right) \left(\begin{array}{c} Y & Y \\ 2 & 0 & 1 \\ 0 \end{array} \right) \left(\begin{array}{c} Y \\ 2 & 0 \end{array} \right) \left(\begin{array}{c} Y \\ 0 \end{array} \right) \left(\begin{array}{c} Y \\ Y \end{array} \right) \left(\begin{array}{c} Y \end{array} \right) \left(\begin{array}{c} Y \\ Y \end{array} \right) \left(\begin{array}{c} Y \end{array} \right) \left(\begin{array}{c} Y \\ Y \end{array} \right) \left(\begin{array}{c} Y \end{array} \right) \left(\left(\begin{array}{c} $
	City PHOENIX	State AZ	Zip Code 85072		Amount of Each Disbursement this Period
	Purpose of Disbursement CREDIT CARD TRANSACTION FEE	S			219.78
	Candidate Name			Category/ Type	
	Office Sought: House Senate President State: District:	Disbursement For: Primary Other (spec	General ify) ▼		
в.	Full Name (Last, First, Middle Initial) FIRST NATIONAL MERCHANT	SOLUTIONS			Transaction ID: SB21B.19770 Date of Disbursement
	Mailing Address 1620 DODGE	STREET			$ \begin{array}{c} M & M \\ 0 & 9 \end{array} \right) \left(\begin{array}{c} D & D \\ 0 & 2 \end{array} \right) \left(\begin{array}{c} Y & Y & Y \\ 2 & 0 & 1 \\ 0 \end{array} \right) \right) $
	City OMAHA	State NE	Zip Code 68197		Amount of Each Disbursement this Period
	Purpose of Disbursement CREDIT CARD TRANSACTION FEE	S			389.58
	Candidate Name			Category/ Type	
	Office Sought: House Senate	Disbursement For: Primary	General		
	State: District:	Other (spec	ify) 🔻		

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

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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	-			R:			I	PAGI	E 26/	34
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NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS OF OB-0	GYNS PAC (OB-GYN PAC)										
Full Name (Last, First, Middle Initial) BENISHEK FOR CONGRESS					Date	of D	isbur	ser		3.19	775	
Mailing Address 802 PENTOGA TRAIL					0 ^M 9	М	/ D	1:	^D 3	Y	ž01	0 [×]
City CRYSTAL FALLS	State Zip Code MI 49920	-			Amou	unt o	f Eac	ch [Disbur		ent this	
Purpose of Disbursement CONTRIBUTION					L.					1	000.0	0
Candidate Name DANIEL J. BENISHEK			atego Type									
Office Sought: X House Disbu Senate President State: MI District: 01	rsement For: 2010 Primary X General Other (specify) ▼											
Full Name (Last, First, Middle Initial) BERA FOR CONGRESS					Trans Date			ser				V
Mailing Address P.O. BOX 582496					0 9	IVI		1	5		ž01	0 '
City ELK GROVE	State Zip Code CA 95758				Amou	unt o	fEad	ch [Disbur		ent this	
Purpose of Disbursement CONTRIBUTION					L.					2	500.0	0
Candidate Name AMERISH BERA			atego Type									
Office Sought: X House Disbu Senate President State: CA District: 03	rsement For: 2010 Primary X General Other (specify) ▼											
Full Name (Last, First, Middle Initial) BUCSHON FOR CONGRESS					Date	of D	isbur	ser			-	
Mailing Address P.O. BOX 250					0 ^M 9	М	/ D	0	7	т 	ž01	0
City NEWBURGH	State Zip Code IN 47629				Amou	unt o	fEad	ch [Disbur		ent this	
Purpose of Disbursement CONTRIBUTION					L.					1	000.0	U
Candidate Name LARRY D. BUCSHON			atego Type									
Senate President	rsement For: 2010 Primary X General Other (specify) ▼											
State: IN District: 08	sl)						v	-	v	4!	500.0	0
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	y Information copied from such Reports for commercial purposes, other than usir																3			
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$ \rangle$	THE AMERICAN CONGRESS O	OB-GYNS	S PAC (C	OB-GYN PAC)																
¥	Full Name (Last, First, Middle Initial) CITIZENS FOR RUSH							Da	ate c	of Di	sbu	irse	men	323. t						
	Mailing Address P. O. BOX 7292	2							9	M		^D 1	5	/	ź	0 ľ ()			
	City CHICAGO	Sta IL	ate	Zip Code 60680				Ar	noui	nt o	f Ea	ach I	Disb	urse	-	t this I				
	Purpose of Disbursement CONTRIBUTION					U									10	00.00)			
	Candidate Name BOBBY L. RUSH					ateg Typ	jory/ be													
	Office Sought: X House Senate President		ent For: rimary other (spe	2010 X General cify) ▼																
	State: IL District: 01 Full Name (Last, First, Middle Initial) CONGRESSMAN WAXMAN CAN	IPAIGN CO	MMITT	EE				Da	ate c	of Di	sbı	irse	men	323. t						
	Mailing Address 6380 WILSHIR	E BOULEVA	ARD					Ċ	9	M		^D 1	5	/	ź	0 1 ()			
	City LOS ANGELES	Sta CA		Zip Code 90048				Ar	noui	nt o	f Ea	ach I	Disb	urse	men	t this I	Period			
	Purpose of Disbursement CONTRIBUTION					0									25	00.00)			
	Candidate Name HENRY A. WAXMAN					ateg Typ	gory/ be													
	Office Sought: X House Senate President State: CA District: 30		ent For: rimary ther (spe	2010 X General cify) ▼																
	Full Name (Last, First, Middle Initial) DANIEL WEBSTER FOR CONG	RESS											SE	323. t	198	40				
	Mailing Address 3400 OLD WIN	TER GARD	EN ROA	٩D				Ċ	9	M		^D 1	^D 5	/ Y	ž	0 ľ () ^Y			
	City ORLANDO	Sta FL		Zip Code 32805				Ar	noui	nt o	f Ea	ach I	Disb	ourse	men	t this I	Period			
	Purpose of Disbursement CONTRIBUTION				Γ	0									10	00.00)			
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	Office Sought: X House Senate President		ent For: rimary other (spe	2010 X General cify) ▼																
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SCHEDULE B (FEC Form	Use separate schedule	(S) (check (INE NUMBER: PAGE 28 / 34 only one)									
ITEMIZED DISBURSEMEN	TS for each category of the Detailed Summary Pag		22 X 28a	23 28b	24 28c	25 29	26					
Any Information copied from such Reports or for commercial purposes, other than usir												
NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS O							-					
Full Name (Last, First, Middle Initial) DEMOCRATIC SENATORIAL CA	MPAIGN COMMITTEE		Transaction Date of Dis	sbursem	ent							
Mailing Address 120 MARYLAN	D AVENUE, NE		09	^D 0 7	/ Y	ž o ľ	0					
City WASHINGTON	State Zip Code DC 20002		Amount of	Each Di	isburse							
Purpose of Disbursement CONTRIBUTION						2500.0	0					
Candidate Name		Category/ Type										
Office Sought: House Senate President State: District:	Disbursement For: Primary Gener Other (specify) ▼	al										
Full Name (Last, First, Middle Initial) DONNA CHRISTENSEN CAMPA	IGN		Transaction Date of Dis	sbursem	ent							
Mailing Address P.O. BOX 5197			09	^D 21	/ Y	ž o ľ	0					
City ST. CROIX	State Zip Code VI 00823		Amount of	Each Di	isburse	ment this	Period					
Purpose of Disbursement CONTRIBUTION						1000.0	00					
Candidate Name DONNA M. CHRISTENSEN		Category/ Type										
Office Sought: X House Senate President State: VI District: 00	Disbursement For: 2010 Primary X Gener Other (specify) ▼	al										
Full Name (Last, First, Middle Initial) EVERY REPUBLICAN IS CRUCI	AL (ERICPAC)		Transaction Date of Dis	sbursem	ent							
Mailing Address 25 EAST MAIN	STREET		09	^D 0 7	/ Y	²0ỉ	0 ^Y					
City RICHMOND	State Zip Code VA 23219		Amount of	Each Di	isburse	ment this	Period					
Purpose of Disbursement CONTRIBUTION						1000.0	00					
Candidate Name		Category/ Type										
Office Sought: House Senate President	Disbursement For: Primary Gener Other (specify) ▼	al										
State: District:						4500.0	0					
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	CHEDULE B (FEC Form 3X)	Use separate s		FOR L (check		NUMBE one)	R:			PA	GE	29 /	34
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	y Information copied from such Reports and Sta or commercial purposes, other than using the n												S
$\left \right\rangle$	NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS OF OB-(ibuti						
<u>,</u>	Full Name (Last, First, Middle Initial) FRIENDS OF ERIK PAULSEN			 		Trans Date of			-	-	198	31	
	Mailing Address P.O. BOX 44369			 		0 ^M 9	M	D 1	J 5	/ Y	ž	0 Ì () ^Y
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	Purpose of Disbursement CONTRIBUTION				1	L.					20	00.00)
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	Office Sought: X House Disbu Senate President State: MN District: 03		2010 General										
	Full Name (Last, First, Middle Initial) FRIENDS OF JOE HECK			 		Trans Date o	of Di	sburs	emer				
	Mailing Address P.O. BOX 750114					0 [™] 9	M	D 1	I 5⊓	/ Y	ž	0 Ì () ^Y
	City LAS VEGAS	State Zip 0 NV 891		 		Amou	nt of	Each	ı Disl	burse	men	t this	Perio
	Purpose of Disbursement CONTRIBUTION]	L.					25	00.00)
	Candidate Name JOE HECK			tegory/ ⁻ ype									
	Office Sought: X House Disbu Senate President State: NV District: 03	<u> </u>	2010 General										
	Full Name (Last, First, Middle Initial) FRIENDS OF LOIS CAPPS					Trans Date of	of Di	sburs	emer	-			
	Mailing Address P.O. BOX 23940					0 9	M	□2	2 ^D	/ Y	ž	0 ľ (נ ^י כ
	City SANTA BARBARA	State Zip 0 CA 931		 		Amou	nt of	Each	ı Disl	burse	-	-	
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	Candidate Name LOIS G. CAPPS			tegory/ ⁻ ype	_								
	Office Sought: X House Disbu Senate President State: CA District: 23		2010 General										
S	UBTOTAL of Disbursements This Page (option	al)		 			*		_		650	00.00)
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TEMIZED DISBURSEME Iny Information copied from such Report r for commercial purposes, other than u NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS Full Name (Last, First, Middle Initial) FRIENDS OF SCHUMER Mailing Address 509 MADISO City NEW YORK Purpose of Disbursement CONTRIBUTION Candidate Name CHARLES E. SCHUMER Office Sought:	NTS for priss and Statements using the name and OF OB-GYNS N AVENUE Stat NY Disbursemer	e e each c	s of any political	l by ai comr		b	22 28a r the pu bit contr Trans Date c	rpose ibution action of Disl	ns fror n ID: burser	SB23. nent	1989 2 C	ttee 3) 1 0	
r for commercial purposes, other than u NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS Full Name (Last, First, Middle Initial) FRIENDS OF SCHUMER Mailing Address 509 MADISO City NEW YORK Purpose of Disbursement CONTRIBUTION Candidate Name CHARLES E. SCHUMER Office Sought: House	USING THE NAME AND OF OB-GYNS IN AVENUE Stat NY	e addres	DB-GYN PAC)	comr			Trans Date c 0^{M} 9	action	ns fror n ID: burser	SB23. nent	:ommi 1989 2 (ttee 3) 1 0	
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CHARLES E. SCHUMER Office Sought: House							L.				100	0.00	
U U		_			tegory/ ype	_							
X Senate President		nt For: mary her (spec	2010 X General cify) ▼										
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Full Name (Last, First, Middle Initial) FRIENDS OF STEPHENE MOO							Date o	of Disl	burser			-	V
Mailing Address P.O. BOX 19	550						0 ^M 9	M /	□1	5 /	źc) ľ O	Y
City LENEXA	Stat KS		Zip Code 66285				Amou	nt of E	Each [Disburse	Ū.		erio
Purpose of Disbursement CONTRIBUTION							L.				100	0.00	
Candidate Name STEPHENE A. MOORE					tegory/ ype								
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State: KS District: 03 Full Name (Last, First, Middle Initial)							_	- 7		0.54			
GINGREY FOR CONGRESS							Date o		burser				Y
Mailing Address P.O. BOX U							0 9		D 0	7	20) ľ O	
City MARIETTA	Stat GA		Zip Code 30060				Amou	nt of E	Each [Disburse	-		erio
Purpose of Disbursement CONTRIBUTION							L.				100	0.00	
Candidate Name J. PHILLIP GINGREY					tegory/ ype	_							
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State: GA District: 11													
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r for commercial pu	ed from such Reports a poses, other than usin MITTEE (In Full) AN CONGRESS OF	ng the name and a	ddress of any pol	itical cor									
		OD-GTN3 FF		AC)									
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Mailing Address	P.O. BOX 1000						09		13		20	10 [°]	
City DES MOINES		State IA	Zip Code 50304				Amou	nt of Ea	ch Di	sburse			iod
Purpose of Disbu					V		L.				2500	.00	
Candidate Name CHARLES E. (GRASSLEY			C	Catego Type	•							
Office Sought: State: IA	HouseXSenatePresidentDistrict: 00	Disbursement F Prima Other		eral									
Full Name (Last, MENENDEZ F	First, Middle Initial) OR SENATE						Date o	action I of Disbu	sem	ent	_		
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City NEWARK		State NJ	Zip Code 07102				Amou	nt of Ea	ch Di	sburse		-	iod
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Candidate Name ROBERT MEN	IENDEZ			C	Catego Type								
Office Sought: State: NJ	House X Senate President District: 00	Disbursement F X Prima Other		eral									
	First, Middle Initial) PATTY MURRAY							action I			19767		
Mailing Address	P.O. BOX 3662						[™] 9	M / [0 7 [₽]	/)	ž o	10 [°]	
City SEATTLE		State WA	Zip Code 98124				Amou	nt of Ea	ch Di	sburse	ment th	iis Per	iod
Purpose of Disbu				Γ			L.				2500	.00	
Candidate Name PATTY MURR	AY			C	Catego Type								
Office Sought: State: WA	HouseXSenatePresidentDistrict: 00	Disbursement F Prima Other		eral									
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	CHEDULE B (FEC Form 3X)	Use separate schedule(s)					INE NUMBER: PAGE 32 / 34									
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	y Information copied from such Reports and Staten for commercial purposes, other than using the nam														3	
<u>,</u>	NAME OF COMMITTEE (In Full)															
$\left \right\rangle$	THE AMERICAN CONGRESS OF OB-GY	NS PAC (0	OB-GYN PAC)													
¥	Full Name (Last, First, Middle Initial) PETE STARK RE-ELECTION COMMITTE	E					Trans Date	of D	isbu	rsei	ment	23.*	-			
	Mailing Address P.O. BOX 8331						0 9	М		1	3	Y	ž	0 ľ C) `	
	City FREMONT	State CA	Zip Code 94537				Amou	int o	fEa	ch [Disbu	rser	-	t this F		
	Purpose of Disbursement CONTRIBUTION			Γ			L.						25	00.00)	
	Candidate Name FORTNEY H. 'PETE' STARK				ateg Typ	ory/ e										
	Senate President	ement For: Primary Other (spe	2010 X General ecify) ▼													
	State: CA District: 13 Full Name (Last, First, Middle Initial) ROBIN CARNAHAN FOR SENATE						Trans Date				-	23.1	197	64		
	Mailing Address P.O. BOX 50378						0 [™] 9	М	/	0	7 /	Y	ž	0 ľ () Y	
	City ST. LOUIS	State MO	Zip Code 63105				Amou	int o	fEa	ch [Disbu	rser	nen	t this F	Period	
	Purpose of Disbursement CONTRIBUTION						L.						25	00.00)	
	Candidate Name ROBIN CARNAHAN				ateg Typ	ory/ e										
	Office Sought: House Disburse X Senate President	ement For: Primary Other (spe	2010 X General ecify) ▼													
	State: MO District: 00															
	Full Name (Last, First, Middle Initial) STABENOW FOR U.S. SENATE						Trans Date			rsei	ment	23.7	198	35		
	Mailing Address P.O. BOX 4945						0 ^M 9	М	/	1	5	Y	ž	0 ľ C)	
	City EAST LANSING	State MI	Zip Code 48826				Amou	int o	f Ea	ch [Disbu	rser	nen	t this F	Period	
	Purpose of Disbursement CONTRIBUTION				0		L.						20	00.00)	
	Candidate Name DEBBIE STABENOW				ateg Typ	ory/ e										
	Office Sought: House Disburse X Senate President	ement For: Primary Other (spe	2012 X General cify) ▼													
Г	State: MI District: 00											_	_			
s	UBTOTAL of Disbursements This Page (optional)					►							700	00.00		
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S	SCHEDULE B (FEC Form	n 3X)		ENUMBER: PAGE 33/34
		Use separate sche	equie(s) (check or	
1		Detailed Summary		22 X 23 24 25 26 28a 28b 28c 29 30b
				for the purpose of soliciting contributions
C	· · ·	using the name and address of any	political committee to s	olicit contributions from such committee
	NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS	OF OB-GYNS PAC (OB-GYN	I PAC)	
_	Full Name (Last, First, Middle Initial)			Transaction ID: SB23.19897
Α.	TRIVEDI FOR CONGRESS			Date of Disbursement
	Mailing Address 83 WEST M	AIN STREET		
	City ELVERSON	State Zip Coo PA 19520		Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION			1000.00
	Candidate Name MANAN TRIVEDI		Category/ Type	
	Office Sought: X House Senate President	Disbursement For: 20 Primary X G Other (specify) ▼	10 eneral	
_	State: PA District: 06			
В.	Full Name (Last, First, Middle Initial) WASSERMAN-SCHULTZ FOF			Transaction ID: SB23.19836 Date of Disbursement
	Mailing Address 1071 TWIN I	BRANCH LANE		
	City WESTON	State Zip Coo FL 33326		Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION			1000.00
	Candidate Name DEBBIE WASSERMAN SCHU	LTZ	Category/ Type	
	Office Sought: X House Senate President	Disbursement For: 20 Primary X G Other (specify) ▼	10 eneral	
	State: FL District: 20			

FE6AN026	FEC Schedule B (Form 3X) (Revised 02/2003
TOTAL This Period (last page this line number only)	39500.00
SUBTOTAL of Disbursements This Page (optional)	2000.00

Image# 10931358812 SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

ITEMIZED INDEPENDENT EXPE	NDITURES	PAGE 34 / 34 FOR LINE 24 OF FORM 3X
THE AMERICAN CONGRESS OF OB-GYNS PAC	C (OB-GYN PAC)	C C00364158
Check if 24-hour notice 48-hour	notice	
Full Name (Last, First, Middle, Initial) of Payee		Date
CAMPBELL CAMPAIGNS		M M / D D / Y Y Y Y 09 / 28 / 2010
Mailing Address 140 LITTLETON ROAD		Amount
140 EITTLETON ROAD		18010.00
City	State Zip Code	Transaction ID: SE.19994
PARSIPPANY	NJ 07054	Office Sought: X House State: NV
Purpose of Expenditure	Cotogon/	Senate District: 03
RADIO ADS	Category/ Type	Presidential
Name of Federal Candidate supported or Oppos		Check One: 🔀 Support 🚺 Oppose
JOE HECK		Disbursement For: Primary X General
		Other (specify) :
Calendar Year-To-Date Per Election	18010.00	2010
for Office Sought		
Full Name (Last, First, Middle, Initial) of Payee		Date
DYNAMIC MARKETING, INC.		09 28 YYYY 09 28
Mailing Address		Amount
1145 WEST COLLINS AVENUE		52930.00
		Transaction ID: SE.19997
City ORANGE	State Zip Code CA 92867	Office Sought: X House State: NY
Purpose of Expenditure	CA 92007	Senate District: _19
TELEVISION ADS	Category/	Presidential
	Туре	Check One: X Support Oppose
Name of Federal Candidate supported or Opposed by expenditure: NAN HAYWORTH		Check Che. X Cupport Oppose
		Disbursement For: Primary X General
Calendar Year-To-Date Per Election	50000.00	Other (specify) : 2010
for Office Sought	52930.00	2010
(a) SUBTOTAL of Itemized Independent Expenditu	ures	70940.00
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures		
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	Date 10	D D Y Y Y Y 02 2010
Signature		