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FEC FORM 3X

FE6AN026

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC) 409 12TH STREET, SW ADDRESS (number and street) Check if different than previously WASHINGTON DC 20024 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE A CITY A IS THIS NEW **AMENDED** C00364158 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Χ Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: Termination Report (TER) in the Election on State of 02 0 1 2010 02 28 2010 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. STACIE MISCIKOWSKI Type or Print Name of Treasurer Electronically Filed by STACIE MISCIKOWSKI 03 8 0 2010 Signature of Treasurer Date 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 **FEC FORM 3X** Use (Rev. 12/2004) Only

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

2/24

Write or Type Committee Name

FEC Form 3X (Rev. 02/2003)

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

D D [®]D 0 1 02 2010 0.2 28 2010 Report Covering the Period: From: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 2010° 49181.92 January 1 (b) Cash on Hand at 86097.59 Begining of Reporting Period 32665.00 76160.00 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 118762.59 125341.92 6(a) and 6(c) for Column B) 13098.21 19677.54 Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 105664.38 105664.38 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D)

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

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) 3 / 24

Write or Type Committee Name

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

Report Covering the Period:

From:

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2010

то.

м м 0 2 D D 28

Y Y Y Y 2 0 1 0

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	Contributions (other than loans) From: a) Individuals/Persons Other		
	Than Political Committees (i) Itemized (use Schedule A)	27500.00	61600.00
	(ii) Unitemized	5165.00	14560.00
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	32665.00	76160.00
(i	b) Political Party Committees	0.00	0.00
,	c) Other Political Committees (such as PACs)	0.00	0.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	32665.00	76160.00
	Fransfers From Affiliated/Other Party Committees	0.00	0.00
3. A	All Loans Received	0.00	0.00
	oan Repayments Received	0.00	0.00
((Refunds, Rebates, etc.) Carry Totals to Line 37, page 5)	0.00	0.00
to	o Federal candidates and Other Political Committees	0.00	0.00
	Other Federal Receipts Dividends, Interest, etc.)	0.00	0.00
	Fransfers from Non-Federal and Levin Funds		
(6	a) Non-Federal Account (from Schedule H3)	0.00	0.00
(l	b) Levin Funds (from Schedule H5)	0.00	0.00
(0	c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
	Otal Receipts (add Lines 11(d), 2, 13, 14, 15, 16, 17, and 18(c))	32665.00	76160.00
	otal Federal Receipts subtract Line 18(c) from Line 19)	32665.00	76160.00

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

of Disbursements

4 / 24

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	perating Expenditures: a) Shared Federal/Non-Federal		
(6	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share	0.00	0.00
	(ii) Non-Federal Share	0.00	0.00
(b	,	1000 21	2177.54
,	Expenditures	1098.21	3177.54
(0	c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))	1098.21	3177.54
2. T	ransfers to Affiliated/Other Party		
	ommittees	0.00	0.00
	ontributions to ederal Candidates/Committeesnd Other Political Committees	12000.00	16500.00
	nd Other Political Committeesdependent Expenditure	12000.00	16300.00
(ι	ise Schedule E)	0.00	0.00
5. C	oordinated Expenditures Made by Party	0.00	0.00
(L	ommittees (2 U.S.C. 441a(d)) ise Schedule F)	0.00	0.00
6. Lo	pan Repayments Made	0.00	0.00
	, .,		
	pans Made	0.00	0.00
:-	Refunds of Contributions To: (a) Individuals/Persons Other	0.00	0.00
`	Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	0.00	0.00
	(such as PACs)	0.00	0.00
(d	<i>'</i>	0.00	0.00
	(add Lines 28(a), (b), and (c))	0.00	0.00
9. O	ther Disbursements	0.00	0.00
0. F	ederal Election Activity (2 U.S.C 431(20))		
	a) Shared Federal Election Activity		
	(from Schedule H6)	0.00	0.00
	(i) Federal Share	0.00	0.00
	(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely	0.00	0.00
	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
1.]	Fotal Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	13098.21	19677.54
4	20, 27, 20, 20, 21, 20(a), 28 and 50(b)).		100,7,101
	Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii)	13098.21	19677.54
	rom Line 31)		

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) 5 / 24

	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)	32665.00	76160.00
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	32665.00	76160.00
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1098.21	3177.54
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	1098.21	3177.54

FE6AN026

SCHEDULE A (F	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 24 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purpose NAME OF COMMITTE	s, other than using the name and a	ddress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, DHRUV AGNESHWAR		0 (01 (11117.0)	Date of Receipt
Mailing Address 355	MAIN STREET		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City JOHNSON CITY	State NY	Zip Code 13790	Transaction ID: SA11AI.17920 Amount of Each Receipt this Period
FEC ID number of confederal political commit	tributing		1000.00
Name of Employer SANTE COMPREHEN	Occupation PHYSIC		
Receipt For: Primary Other (specify)	General	e Year-to-Date ▼ 1000.00	
Full Name (Last, First, KATHRYN L. ARENDT	Middle Initial)		Date of Receipt
Mailing Address 187	25 NORTHEAST 109TH STR	02 19 2010	
City REDMOND	State WA	Zip Code 98052	Transaction ID: SA11AI.17892 Amount of Each Receipt this Period
FEC ID number of confederal political commit			250.00
Name of Employer CENTER FOR WOME	Occupation PHYSIC		
Receipt For: Primary Other (specify)	General	e Year-to-Date ▼ 250.00	
Full Name (Last, First, JEANNE E. BALLARD	Middle Initial)		Date of Receipt
Mailing Address 321	5 YORK ROAD		M M / D D / Y Y Y Y Y O D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City SOUTH BEND	State IN	Zip Code 46614	Transaction ID: SA11AI.17894 Amount of Each Receipt this Period
FEC ID number of confederal political commit			250.00
Name of Employer HOUSER NORBERG	MACGREGOR Occupation PHYSIC		
Receipt For: Primary Other (specify)	General	e Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts	This Page (optional)		1500.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 24 (check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS OF COMMITTEE (In Full)	d Statements may not be sold or used by any persite name and address of any political committee to DB-GYNS PAC (OB-GYN PAC)	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) NICOLE A. BELL Mailing Address 2072 STRATFORD I City WESTBURY FEC ID number of contributing federal political committee. Name of Employer WOMEN FOR WOMEN Receipt For: Primary Other (specify)	`	Date of Receipt M M M / D D / Y Y Y Y Y O 2 0 1 0 Transaction ID: SA11AI.17929 Amount of Each Receipt this Period 500.00
Full Name (Last, First, Middle Initial) CATHERINE S. BRADLEY Mailing Address 200 HAWKINS DRIV City IOWA CITY FEC ID number of contributing federal political committee. Name of Employer UNIVERSITY OF IOWA HOSPIT-AL Receipt For: Primary General Other (specify)	State Zip Code IA 52242 C Occupation PHYSICIAN Aggregate Year-to-Date 300.00	Date of Receipt M M D D 2 0 1 0
Full Name (Last, First, Middle Initial) LAWRENCE E. BRUNEL Mailing Address 900 GREENLEY RO City SONORA FEC ID number of contributing federal political committee. Name of Employer SELF-EMPLOYED Receipt For: Primary General Other (specify)	State Zip Code CA 95370 C Occupation PHYSICIAN Aggregate Year-to-Date 500.00	Date of Receipt M M M / D D / Y Y Y Y Y O 2 1 9 2 0 1 0 Transaction ID: SA11AI.17949 Amount of Each Receipt this Period 500.00
SUBTOTAL of Receipts This Page (optional)	· 	1300.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 24 (check only one) X
(Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	Statements ma he name and ad	ly not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	THE AMERICAN CONGRESS OF C	B-GYNS PAC	C (OB-GYN PAC)	
Α.	Full Name (Last, First, Middle Initial) KARLEEN CHIN-QUEE			Date of Receipt
	Mailing Address 45 EAST 89TH STRI		7in Codo	02 25 2010
	City NEW YORK	State NY	Zip Code 10128	Transaction ID: SA11AI.17977 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	10120	600.00
	Name of Employer SELF-EMPLOYED	Occupation PHYSIC		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 600.00	
– В.	Full Name (Last, First, Middle Initial) BRIAN M. COHEN			Date of Receipt
	Mailing Address 6105 MISTY TRAIL	02 19 2010		
	City	State	Zip Code	Transaction ID: SA11AI.17950
	DALLAS FEC ID number of contributing federal political committee.	C	75248	Amount of Each Receipt this Period 250.00
	Name of Employer SELF-EMPLOYED	Occupation PHYSIC		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
_ С.	Full Name (Last, First, Middle Initial) CHRISTINE H. COMSTOCK	Date of Receipt		
	Mailing Address 3601 WEST 13 MILE	ROAD		0 2 0 4 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City ROYAL OAK	State MI	Zip Code 48073	Transaction ID: SA11AI.17930 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer WILLIAM BEAUMONT HOSPITAL	Occupation PHYSIC		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional)			1350.00
F	TOTAL This Period (last page this line numb			

SCHEDULE A (FEC Form 3X)

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	for each	parate schedule(s) n category of the d Summary Page	FOR LINE NUMBER: PAGE 9 / 24 (check only one) X 11a 11b 11c 12 13 14 15 16 17
A 0	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and address of an	y political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	THE AMERICAN CONGRESS OF O	B-GYNS PAC (OB-GY	N PAC)	
۷.	Full Name (Last, First, Middle Initial) PATRICK W. CONNELLY			Date of Receipt
	Mailing Address 5171 CUB LAKE RO	02 03 2010		
	City	State Zip C	ode	Transaction ID: SA11AI.17921
	SHOW LOW	AZ 8590	1	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1000.00
	Name of Employer UNIVERSITY OB/GYN	Occupation PHYSICIAN		
	Receipt For:	Aggregate Year-to-Da	ate ▼	
	Primary General Other (specify) ▼		1000.00	
. –	Full Name (Last, First, Middle Initial) CORNELIA B. DALY	Date of Receipt		
	Mailing Address 2001 SANTA MONIC	02 03 7 9 9 9		
	City	State Zip Co	ode	Transaction ID: SA11AI.17922
	SANTA MONICA	CA 9040	4	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1000.00
	Name of Employer SANTA MONICA WOMEN'S HEAL- TH	Occupation PHYSICIAN		
	Receipt For: Primary General	Aggregate Year-to-Da	ate ▼	
	Other (specify)		1000.00	
	Full Name (Last, First, Middle Initial) ALAN H. DECHERNEY	Date of Receipt		
	Mailing Address 10 CENTER DRIVE			02 19 2010
	City	State Zip Co	ode	Transaction ID: SA11AI.17951
	BETHESDA	MD 2089	2	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer NIH	Occupation PHYSICIAN		
	Receipt For:	Aggregate Year-to-Da	ate V	
	Primary General Other (specify) ▼	0 0 0 0	250.00	
Г				2250.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 24 (check only one) X 11a 11b 11c 12 13 14 15 16 11		
Any information copied from such Reports and or for commercial purposes, other than using t	d Statements may not be sold or used by any personal he name and address of any political committee to	on for the purpose of soliciting contributions		
NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS OF C	DB-GYNS PAC (OB-GYN PAC)			
Full Name (Last, First, Middle Initial) JAMES E. DELMORE		Date of Receipt		
Mailing Address 9471 CROSS CREE		02 19 2010		
City WICHITA	State Zip Code KS 67206	Transaction ID: SA11AI.17896 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	500.00		
Name of Employer ASSOCIATES IN WOMEN'S HEA- LTH	Occupation PHYSICIAN			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00			
Full Name (Last, First, Middle Initial) CARL A. DUNN		Date of Receipt		
Mailing Address 120 HILLCREST ME	Mailing Address 120 HILLCREST MEDICAL BOULEVARD			
City	State Zip Code	Transaction ID: SA11AI.17952		
WACO FEC ID number of contributing federal political committee.	TX 76712	Amount of Each Receipt this Period 1000.00		
Name of Employer SCOTT & WHITE OB/GYN OF WACO	Occupation PHYSICIAN			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00			
Full Name (Last, First, Middle Initial) PETER D. GROSSMAN	_ I	Date of Receipt		
Mailing Address 1111 GARREDD BC	Mailing Address 1111 GARREDD BOULEVARD			
City	State Zip Code	0 2 1 9 2 0 1 0 Transaction ID: SA11AI.17953		
AUGUSTA FEC ID number of contributing federal political committee.	GA 30909	Amount of Each Receipt this Period 1000.00		
Name of Employer AUGUST OB/GYN	Occupation PHYSICIAN			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00			
SUBTOTAL of Receipts This Page (optional)		2500.00		
TOTAL This Period (last page this line numb	·			

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBE (check only one) X 11a 11b 11b 14	R: PAGE 11 / 24 11c 12 15 16 11
A or	ny information copied from such Reports and for commercial purposes, other than using the	Statements may ne name and addr	not be sold or used by any pers ress of any political committee to	on for the purpose of so o solicit contributions fro	oliciting contributions om such committee.
	NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS OF O	B-GYNS PAC	(OB-GYN PAC)		
	Full Name (Last, First, Middle Initial) GABRIEL G. HAKIM			Date of Receipt	
	Mailing Address 18 MERRILL STREE		7: 0 1	02 1	9 2010
	City WATERBURY	State CT	Zip Code 06708		SA11AI.17954 Receipt this Period
	FEC ID number of contributing federal political committee.	C		Allount of Each	500.00
	Name of Employer LAKESIDE WOMEN'S HEALTH	Occupation PHYSICIA			
	Receipt For: Primary General Other (specify) ▼	Aggregate `	Year-to-Date ▼ 500.00		
	Full Name (Last, First, Middle Initial) FRANK N. HARRISON, JR. Mailing Address 3741 HEARTHSTON	E COURT		Date of Receipt	D / Y " Y " Y " Y
				02 2	2010
	City CHARLOTTE	State NC	Zip Code 28211		SA11Al.17993
	FEC ID number of contributing federal political committee.	C	20211	Amount of Each	Receipt this Period 100.00
	Name of Employer CAROLINAS HEALTH CARE SYS- TEM	Occupation PHYSICIA			
	Receipt For: Primary General Other (specify) ▼	Aggregate `	Year-to-Date ▼ 1100.00		
	Full Name (Last, First, Middle Initial) JOHN C. JENNINGS			Date of Receipt	
	Mailing Address 2405 SPOONBILL DI	RIVE			25 2010
	City	State	Zip Code		SA11AI.17999
	LEAGUE CITY	TX	77573	Amount of Each	Receipt this Period
	FEC ID number of contributing federal political committee.	C			1000.00
	Name of Employer TEXAS TECH UNIVERSITY	Occupation PHYSICIA	AN		
	Receipt For: Primary General Other (specify) ▼	Aggregate `	Year-to-Date ▼ 1000.00		
					1600.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 24 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS OF COMMITTEE (In Full)	d Statements may not be sold or used by any personant he name and address of any political committee to DR-GYNS PAC (OR-GYN PAC)	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) LIZABETH A. KOPP Mailing Address 20 PROSPECT AVE City HACKENSACK FEC ID number of contributing federal political committee. Name of Employer OBSTETRICS & GYNECOLOGY, P.A. Receipt For:	· ,	Date of Receipt M M
Primary General Other (specify) Full Name (Last, First, Middle Initial) HAL C. LAWRENCE Mailing Address 2700 VIRGINIA AVE City	State Zip Code	Date of Receipt M M D D Y Y Y Y Y Y Y Y
WASHINGTON FEC ID number of contributing federal political committee. Name of Employer AMERICAN COLLEGE OF OB/GY-NS Receipt For: Primary General Other (specify)	Occupation PHYSICIAN Aggregate Year-to-Date 500.00	Amount of Each Receipt this Period 500.00
Full Name (Last, First, Middle Initial) GARY L. LOVELL Mailing Address 473 MORGAN DRIV City REXBURG FEC ID number of contributing federal political committee. Name of Employer SELF-EMPLOYED Receipt For: Primary General	State Zip Code ID 83440 C Occupation PHYSICIAN Aggregate Year-to-Date 500.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Other (specify) ▼ SUBTOTAL of Receipts This Page (optional)	0 0 0 0 0 0 0 0	1500.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 24 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using t NAME OF COMMITTEE (In Full)	d Statements may he name and add	not be sold or used by any persolates of any political committee to	on for the purpose of soliciting contributions
THE AMERICAN CONGRESS OF C	B-GYNS PAC	(OB-GYN PAC)	
Full Name (Last, First, Middle Initial) PETER G. MCGOVERN			Date of Receipt
Mailing Address 321 ST. JOHNS PLA		7: 0 1	02 19 2010
City	State	Zip Code	Transaction ID: SA11AI.17909
WESTFIELD	NJ	07090	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer UNIVERSITY REPRODUCTIVE	Occupation PHYSICI		
Receipt For:	Aggregate	e Year-to-Date 🔻	
Primary General Other (specify) ▼		500.00	
Full Name (Last, First, Middle Initial) KAREN E. MCSHANE			Date of Receipt
Mailing Address 383 PINK STREET			02 19 2010
City	State	Zip Code	Transaction ID: SA11AI.17911
COOPERSTOWN	NY	13326	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer BASSETT HEALTHCARE	Occupation PHYSICI		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) MILOSLAVA A. MERVART			Date of Receipt
Mailing Address 13410 LAKE AVENU	JE		02 19 2010
City	State	Zip Code	Transaction ID: SA11AI.17956
LAKEWOOD	OH	44107	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer FAIRVIEW OB/GYN WEST	Occupation PHYSICI		
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		500.00	
SUBTOTAL of Receipts This Page (optional)			1250.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 24 (check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	ne name and add	dress of any political committee to	on for the purpose of soliciting contributions
THE AMERICAN CONGRESS OF O	B-GYNS PAC	(OB-GYN PAC)	
CASEY A. MOAURO Mailing Address 201 NORTH HAMME	S AVENUE		Date of Receipt
City	State	Zip Code	0 2 1 9 2 0 1 0 Transaction ID: SA11AI.17957
JOLIET	IL	60435	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer JOLIET WOMEN'S HEALTH CEN- TER	Occupation PHYSICI		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) BARRINGTON A. MURRAY Mailing Address 4101 NORTHWEST	3RD COURT		Date of Receipt
City	State	Zip Code	0 2 1 9 2 0 1 0 Transaction ID: SA11AI.17958
<u>PLANTATION</u>	FL	33317	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer GALEN OB/GYN GROUP	Occupation PHYSICI		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) ROBERT N. NEILSON			Date of Receipt
Mailing Address 8 PINE LANE			0 2 D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.18013
DOUGLASSVILLE	PA	19518	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer WOMEN'S HEALTH CARE GROUP	Occupation PHYSICI		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00]
SUBTOTAL of Receipts This Page (optional)		\	1750.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 24 (check only one) X 11a 11b 11c 12 13 14 15 16
or for commercial purposes, other than u	ts and Statements may not be sold or used by any persong the name and address of any political committee of OF OB-GYNS PAC (OB-GYN PAC)	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) JOHN C. NULSEN Mailing Address 263 FARMINGT	ON AVENUE	Date of Receipt
City FARMINGTON	State Zip Code CT 06030	Transaction ID: SA11AI.17923 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer ADVANCED REPRODUCTIVE SEF VICES Receipt For: Primary General Other (specify) ▼	Occupation PHYSICIAN Aggregate Year-to-Date 1000.00	
Full Name (Last, First, Middle Initial) EARLE Y. OKI Mailing Address 1500 EAST 2NI) STREET	Date of Receipt 0 2 0 3 2 0 1 0
City	State Zip Code	Transaction ID: SA11AI.17924
RENO	NV 89502	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	500.00
Name of Employer PERINATAL ASSOCIATES	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) FRANK T. PATRICK		Date of Receipt
Mailing Address 14220 MANDER	RLEIGH WOODS DRIVE	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
City	State Zip Code	Transaction ID: SA11AI.17925
TOWN AND COUNTRY FEC ID number of contributing federal political committee.	MO 63017	Amount of Each Receipt this Period 1000.00
Name of Employer STORK OB/GYN	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (op:	ional)	2500.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	K)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16/24 (check only one)
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS OF	OB-GYNS PAC	(OB-GYN PAC)	
Full Name (Last, First, Middle Initial) MARK D. PEACOCK			Date of Receipt
Mailing Address 16623 BIRKDALE (COMMONS PA	RKWAY	02 03 2010
City HUNTERSVILLE	State NC	Zip Code 28078	Transaction ID: SA11AI.17926 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer CAROLINAS WOMEN'S CENTER	Occupation PHYSICI		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) ALAN T. RAPPLEYE	I		Date of Receipt
Mailing Address 3970 SOUTH 700 E	EAST		02 03 7 2010
CALTLAKE OUTV	State UT	Zip Code	Transaction ID: SA11AI.17927
SALT LAKE CITY FEC ID number of contributing federal political committee.	C	84107	Amount of Each Receipt this Period 1000.00
Name of Employer SELF-EMPLOYED	Occupation PHYSICI		
Receipt For: Primary General Other (specify) ▼	- 	Year-to-Date ▼	
Full Name (Last, First, Middle Initial) LURA J. REDDINGTON	 		Date of Receipt
Mailing Address 6730 NORTHWES	T AVENUE		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City FRESNO	State CA	Zip Code 93711	Transaction ID: SA11AI.17932 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	35711	500.00
Name of Employer SELF-EMPLOYED	Occupation PHYSICI		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional			2500.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 24 (check only one) X 11a 11b 11c 12 13 14 15 16 11			
Any information copied from such Reports or for commercial purposes, other than usi	and Statements may not be sold or used by any per- ng the name and address of any political committee				
, ,	F OB-GYNS PAC (OB-GYN PAC)				
Full Name (Last, First, Middle Initial) GAE M. RODKE		Date of Receipt			
Mailing Address 185 WEST END	AVENUE	02 19 2010			
City	State Zip Code	Transaction ID: SA11AI.17959			
NEW YORK	NY 10023	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	1000.00			
Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00				
Full Name (Last, First, Middle Initial) LAURA L. SIROTT					
City	State Zip Code	Transaction ID: SA11AI.17928			
PASADENA	CA 91105	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	1000.00			
Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00				
Full Name (Last, First, Middle Initial) LAURA L. SIROTT		Date of Receipt			
Mailing Address 10 CONGRESS S	STREET	02 19 2010			
City PASADENA	State Zip Code CA 91105	Transaction ID: SA11AI.17961 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	500.00			
Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00				
SUBTOTAL of Receipts This Page (option	nal)	2500.00			

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18/24 (check only one) X 11a 11b 11c 12
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may ne name and add	not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
THE AMERICAN CONGRESS OF O	B-GYNS PAC	(OB-GYN PAC)	
Full Name (Last, First, Middle Initial) KIRSTEN M. SMITH			Date of Receipt
Mailing Address 6 CAPITOL PLACE		7.0	02 25 2010
City	State	Zip Code	Transaction ID: SA11AI.18021
NEWARK	DE	19711	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer CENTER FOR WOMEN'S HEALTH	Occupation PHYSICI		
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		250.00	
Full Name (Last, First, Middle Initial) ALBERT L. STRUNK	·		Date of Receipt
Mailing Address 698 CONSTELLATIO	ON COURT		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.18022
DAVIDSONVILLE	MD	21035	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer AMERICAN COLLEGE OF OB/GY- NS	Occupation VICE PR	n ESIDENT	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00]
Full Name (Last, First, Middle Initial) ERIC S. SURREY			Date of Receipt
Mailing Address 10290 RIDGEGATE	CIRCLE		02 / 19 / 2010
City	State	Zip Code	Transaction ID: SA11AI.17963
LONE TREE	CO	80124	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer COLORADO CENTER	Occupation PHYSICI		
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		250.00]
			1500.00

ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19/24 (check only one)
Any information copied from such Reports at or for commercial purposes, other than using	nd Statements may the name and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS OF	OB-GYNS PAC	(OB-GYN PAC)	
Full Name (Last, First, Middle Initial) J. PETER VAN DORSTEN			Date of Receipt
Mailing Address 96 JONATHAN LU	CAS STREET		M M / D D / Y Y Y Y Y Y O D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City CHARLESTON	State SC	Zip Code 29425	Transaction ID: SA11AI.17917 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer MEDICAL UNIVERSITY OF S.C.	Occupation PHYSICI		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) BARBARA S. VAN EECKHOUT			Date of Receipt
Mailing Address P.O. BOX 6099			0 2 0 4 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City SANTA FE	State NM	Zip Code 87502	Transaction ID: SA11Al.17934
FEC ID number of contributing federal political committee.	C	07302	Amount of Each Receipt this Period 500.00
Name of Employer SELF-EMPLOYED	Occupation PHYSICI		
Receipt For: Primary General Other (specify)		Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) RODOLFO J. WALSS			Date of Receipt
Mailing Address 4770 NORTH EXP	RESSWAY		M M / D D / Y Y Y Y Y O D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City BROWNSVILLE	State TX	Zip Code 78526	Transaction ID: SA11AI.17964 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer SELF-EMPLOYED	Occupation PHYSICI		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
			1750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 24 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS OF OR	e name and add	dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) HALINA P. WICZYK Mailing Address 759 CHESTNUT STR City	EET State MA	Zip Code	Date of Receipt 0 2 1 9 2 0 1 0 Transaction ID: SA11AI.17965
SPRINGFIELD FEC ID number of contributing federal political committee.	C	01199	Amount of Each Receipt this Period 500.00
Name of Employer BAYSTATE REPRODUCTIVE MED- ICINE Receipt For: Primary General Other (specify) ▼	Occupatio PHYSICI Aggregate		
Full Name (Last, First, Middle Initial) KATHRYN J. WOOD Mailing Address 5575 WARREN PARK	(WAY		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City FRISCO	State TX	Zip Code 75034	Transaction ID: SA11AI.17966 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	7,0004	1000.00
Name of Employer SELF-EMPLOYED	Occupatio PHYSICI		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) ROBERT C. ZOLLER			Date of Receipt
Mailing Address 6601 MINT SPRING I	BRANCH RO	AD	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City PROSPECT	State KY	Zip Code 40059	Transaction ID: SA11AI.17967 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
	Occupatio PHYSICI		
federal political committee.	Occupatio PHYSICI		
Name of Employer PARTNERS IN WOMEN'S HEALTH Receipt For: Primary General	Occupation PHYSICI Aggregate	AN • Year-to-Date ▼ 250.00	1750.00

A.

В.

SCHEDULE B (FEC Form 3X)

Senate

District:

President

FOR LINE NUMBER: PAGE 21/24 Use separate schedule(s) (check only one) ITEMIZED DISBURSEMENTS for each category of the 21b 22 23 25 26 **Detailed Summary Page** 27 28a 28b 28c 29 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) Full Name (Last, First, Middle Initial) Transaction ID: SB21B.17935 AMERICAN EXPRESS Date of Disbursement 05 0 2 2010 Mailing Address P.O. BOX 53852 City State Zip Code Amount of Each Disbursement this Period **PHOENIX** ΑZ 85072 341.16 Purpose of Disbursement CREDIT CARD TRANSACTION FEES Candidate Name Category/ Type Office Sought: House Disbursement For: General Senate Primary President Other (specify) State: District: Full Name (Last, First, Middle Initial) Transaction ID: SB21B.17936 FIRST NATIONAL MERCHANT SOLUTIONS Date of Disbursement 0 2 0 2 2010 Mailing Address 1620 DODGE STREET City State Zip Code Amount of Each Disbursement this Period 68197 **OMAHA** NE 730.55 Purpose of Disbursement CREDIT CARD TRANSACTION FEES Candidate Name Category/ Type Office Sought: House Disbursement For:

General

SUBTOTAL of Disbursements This Page (optional)	•	1071.71
TOTAL This Period (last page this line number only)	•	1071.71

Primary

Other (specify)

State:

SCHEDULE B (FEC Form 3X)

SCHEDOLE B (I LO I OHII SX)		Use separate scr	Use separate schedule(s)		E NUMBER: PAGE 22 / 24 aly one)				
	MIZED DISBURSEMENTS	Detailed Summar	ry Page	21b 27	22 X 2 28a X	23 24 28b 28c		26 30	
or for c	formation copied from such Reports and commercial purposes, other than using ME OF COMMITTEE (In Full) HE AMERICAN CONGRESS OF 0	he name and address of an	y political com					•	
Ful	II Name (Last, First, Middle Initial) DLER FOR CONGRESS		,			on ID: SB23	.18026		
	ailing Address 14 KNIGHTSWO	DD DRIVE			02 /	25	ž010	Y	
City MA	y ARLTON	State Zip Co NJ 0805			Amount of	Each Disburs			
CC	rpose of Disbursement NTRIBUTION Indidate Name			atagan/			2500.00	•	
JÖ	OHN H. ADLER	Disbursement For: 20		ategory/ Type					
	Senate President District: 03	X Primary Other (specify)	General						
Ful B. DE	II Name (Last, First, Middle Initial) EMOCRATIC CONGRESSIONAL		EE			on ID: SB23	.17945 Y 2 0 1 0	Y	
Ma ————————————————————————————————————		TOL STREET, SE State Zip Co	ado.						
W	ASHINGTON rpose of Disbursement	DC 2000			Amount of	Each Disburs	5000.00		
CC	DNTRIBUTION Indidate Name			ategory/ Type				•	
Off	Senate President	Disbursement For: Primary Other (specify)	General	. , , , ,					
	II Name (Last, First, Middle Initial) RIENDS OF JOHN MCCAIN				Date of Dis			V	
Ma	ailing Address P.O. BOX 16664				02	0 2	žožo)	
City AF	y RLINGTON	State Zip Co VA 2221			Amount of	Each Disburs			
CC	rpose of Disbursement DNTRIBUTION Indidate Name			1			500.00	•	
	OHN S. MCCAIN		-	ategory/ Type					
	fice Sought: House I		010 General						
Off	χ Senate President ate: AZ District: 00	X Primary Other (specify)	30.10.4						

SCHEDULE B	(FEC Form 3X)	Use sepa	arate schedule(s)		_		NUMBE	R:		Р	AGE	23 /	24	
	BURSEMENTS	for each of Detailed	category of the Summary Page		$\dot{\Box}$	eck on 21b 27	22 28a		23 28b	24 280		25 29		26 30
	d from such Reports and State poses, other than using the nar													
NAME OF COMM			/											
THE AMERICA	N CONGRESS OF OB-G	YNS PAC (OB-GYN PAC)											
Full Name (Last, F FRIENDS OF F	irst, Middle Initial) OSA DELAURO						Date	of Dis	sburse	SB23			_ Y	
Mailing Address	12 TRUMBULL STREE	Т					0 2		0	2	2	0 Ť	0	
City NEW HAVEN		State CT	Zip Code 06511				Amou	unt of	Each	Disburs	emer	nt this	Perio	od
Purpose of Disbur CONTRIBUTION	sement				U		l L.	_			10	0.00	O .	
Candidate Name ROSA DELAUF	1O				ateg	-								
Office Sought:	1	sement For: C Primary Other (spe	2010 General											
State: CT	District: 03	(opo	·····											
Full Name (Last, F GENE GREEN	irst, Middle Initial) CONGRESSIONAL CAM	PAIGN								SB23	3.179	938		
Mailing Address	P.O. BOX 16128						0 ^M 2	M /	D 2	2 /	Y	0 1	0 ^Y	
City		State	Zip Code				Amou	ınt of	Each	Disburs	omor	nt thic	Pori	
HOUSTON		TX	77222				Airio	arit Or	Lacii	Disbuis	-			Ju
Purpose of Disbur CONTRIBUTION	sement						L.	_	-		10	0.00	Ö.	
Candidate Name RAYMOND E. '	GENE' GREEN				ateg	-								
Office Sought:	<u> </u>	sement For: C Primary Other (spe	2010 General											
	District: 29													
Full Name (Last, F GINGREY FOR							Date	of Dis	sburse	SB23 ement				
Mailing Address	P.O. BOX U						0 ^M 2	M /	^D 2	2 /	Ý	0 1	0	
City MARIETTA		State GA	Zip Code 30060				Amou	unt of	Each	Disburs	emer	nt this	Perio	od
Purpose of Disbur	sement		-	Г	•			_			10	0.00	0	
Candidate Name J. PHILLIP GIN	GREY				ateg									
Office Sought:		sement For: C Primary Other (spe	2010 General		. 74.	-	-							
State: GA	District: 11	Outer (spe	,~iiy) ▼											
SUBTOTAL of Disbu	ursements This Page (optional)				<u> </u>					30	00.0	0	
TOTAL This Period	(last page this line number onl	/)				•								

S	CHEDULE B (FEC Form 3	X)		FORLINE	NE NUMBER: PAGE 24 / 24							
ITEMIZED DISBURSEMENTS		use separate s		(check only								
!!	EMIZED DISBURSEMEN I	Detailed Summ		21b 27	22 X 23 28a 28b	24 28c	25 29	26 30b				
	y Information copied from such Reports a for commercial purposes, other than using					•						
\rangle	NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS OF	OB-GYNS PAC (OB-G	YN PAC)									
	Full Name (Last, First, Middle Initial) STIVERS FOR CONGRESS Mailing Address 4679 WINTERS	ET DRIVE			Transaction ID: Date of Disburse 0 2 2	ement	39 0 1 0 [°]					
	City COLUMBUS	State Zip 0 OH 432	Code 220		Amount of Each		t this Per	riod				
	Purpose of Disbursement CONTRIBUTION						00.00					
	Candidate Name STEVE E. STIVERS			Category/ Type								
	Office Sought: X House Senate President	Disbursement For: X Primary Other (specify)	2010 General									
	State: OH District: 15											

SUBTOTAL of Disbursements This Page (optional)	•	1000.00
TOTAL This Period (last page this line number only)	—	12000.00