

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

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

Report Covering the Period: From:

M	M
1	0

D	D
1	4

Y	Y	Y	Y
2	0	1	0

 To:

M	M
1	1

D	D
2	2

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		49181.92
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	219499.64									
(c) Total Receipts (from Line 19)	32717.00	553746.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	252216.64	602927.92								
7. Total Disbursements (from Line 31)	25013.35	375724.63								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	227203.29	227203.29								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

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

Report Covering the Period: From:

M	M
1	0

D	D
1	4

Y	Y	Y	Y
2	0	1	0

 To:

M	M
1	1

D	D
2	2

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	20891.00	459471.00
(ii) Unitemized	11826.00	92275.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	32717.00	551746.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	32717.00	551746.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	2000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	32717.00	553746.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	32717.00	553746.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	763.35	23034.63
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	763.35	23034.63
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	4000.00	260500.00
24. Independent Expenditure (use Schedule E)	20250.00	91190.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	1000.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	1000.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	25013.35	375724.63
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	25013.35	375724.63

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	32717.00	551746.00
34. Total Contribution Refunds (from Line 28(d))	0.00	1000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	32717.00	550746.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	763.35	23034.63
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	763.35	23034.63

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) JOHANNA J. ABERNATHY		Date of Receipt
	Mailing Address P.O. BOX 3080		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 1 5 / 2 0 1 0
	City	State	Zip Code
	CEDAR RAPIDS	IA	52406
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.20626
		Amount of Each Receipt this Period	<input type="text"/> 250.00
Name of Employer OB-GYN ASSOCIATES		Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00

B.	Full Name (Last, First, Middle Initial) TOD C. AEBY		Date of Receipt
	Mailing Address 1319 PUNAHOU STREET		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 2 9 / 2 0 1 0
	City	State	Zip Code
	HONOLULU	HI	96826
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.20392
		Amount of Each Receipt this Period	<input type="text"/> 100.00
Name of Employer UNIVERSITY OF HAWAII		Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 400.00

C.	Full Name (Last, First, Middle Initial) EDITH A. AGUAYO		Date of Receipt
	Mailing Address 701 COLE DRIVE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 1 8 / 2 0 1 0
	City	State	Zip Code
	HUNTSVILLE	AL	35802
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.20184
		Amount of Each Receipt this Period	<input type="text"/> 1000.00
Name of Employer ALL WOMEN'S OB/GYN		Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 1000.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1350.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 43
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
EVELINA V. ALCALEN

Mailing Address 4375 BOOTH CALLOWAY

City NORTH RICHLAND State TX Zip Code 76180

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

Name of Employer SELF-EMPLOYED Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 11 / 20 / 2010
Transaction ID: SA11AI.20635
 Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
RALPH A. ANDERSON

Mailing Address 4100 COACHMAN LANE

City COLLEYVILLE State TX Zip Code 76034

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

Name of Employer UNIVERSITY OF NORTH TEXAS Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt: 10 / 27 / 2010
Transaction ID: SA11AI.20293
 Amount of Each Receipt this Period: 270.00

C. Full Name (Last, First, Middle Initial)
TED L. ANDERSON

Mailing Address 516 LEANNE WAY

City FRANKLIN State TN Zip Code 37069

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

Name of Employer VANDERBILT UNIVERSITY Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 11 / 01 / 2010
Transaction ID: SA11AI.20437
 Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ► 1270.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) JEFFREY A. BOESTER	Date of Receipt MM / DD / YYYY 10 / 25 / 2010
	Mailing Address 7240 SHADELAND STATION	Transaction ID: SA11AI.20246
	City State Zip Code INDIANAPOLIS IN 46256	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer CASTLETON OB/GYN	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) RANDOLPH B. BOURNE	Date of Receipt MM / DD / YYYY 11 / 01 / 2010
	Mailing Address 5020 BAKER AVENUE	Transaction ID: SA11AI.20446
	City State Zip Code SEATTLE WA 98107	Amount of Each Receipt this Period 10.00
	FEC ID number of contributing federal political committee. C	
Name of Employer SOUND WOMEN'S CARE	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

C.	Full Name (Last, First, Middle Initial) KENT R. BRADLEY	Date of Receipt MM / DD / YYYY 11 / 01 / 2010
	Mailing Address 700 MEDICAL CENTER DRIVE	Transaction ID: SA11AI.20447
	City State Zip Code NEWTON KS 67114	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
Name of Employer ASSOCIATES IN WOMEN'S HEALTH	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	310.00
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 9 / 43
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 1200 NORTH MOUNTAIN STREET

City State Zip Code
CARSON CITY NV 89703

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

Name of Employer Occupation
CARSON MEDICAL GROUP PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1020.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 7 / 2 0 1 0

Transaction ID: SA11AI.20299

Amount of Each Receipt this Period
20.00

B. Full Name (Last, First, Middle Initial)
MARY K. BREWSTER

Mailing Address 172 EL DORADO STREET

City State Zip Code
MONTEREY CA 93940

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

Name of Employer Occupation
SELF-EMPLOYED PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11AI.20249

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
LANCE R. BRUCK

Mailing Address 42 ROCKSHELTER ROAD

City State Zip Code
WACCABUC NY 10597

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

Name of Employer Occupation
STAMFORD HOSPITAL PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11AI.20138

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **770.00**

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 10 / 43
(check only one)

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

A.

Full Name (Last, First, Middle Initial)
KATHLEEN E. BUNDICK-GOODMAN

Mailing Address 7241 SOUTHWEST 63RD AVENUE

City MIAMI State FL Zip Code 33143

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

Name of Employer SELF-EMPLOYED Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 10 / 19 / 2010
Transaction ID: SA11AI.20175
 Amount of Each Receipt this Period: 250.00

B.

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

Mailing Address 5014 FORT HAMILTON PARKWAY

City BROOKLYN State NY Zip Code 11219

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

Name of Employer MAIMONIDES MEDICAL CENTER Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 10 / 18 / 2010
Transaction ID: SA11AI.20188
 Amount of Each Receipt this Period: 500.00

C.

Full Name (Last, First, Middle Initial)
DONALD CHERVENAK

Mailing Address 1233 CALIFON COKESBURY ROAD

City CALIFON State NJ Zip Code 07830

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

Name of Employer SELF-EMPLOYED Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 10 / 29 / 2010
Transaction ID: SA11AI.20349
 Amount of Each Receipt this Period: 100.00

SUBTOTAL of Receipts This Page (optional) ► 850.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 43
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 1233 CALIFON COKESBURY ROAD

City State Zip Code
CALIFON NJ 07830

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

Name of Employer SELF-EMPLOYED Occupation PHYSICIAN

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 450.00

Date of Receipt

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

Transaction ID: SA11AI.20388

Amount of Each Receipt this Period
50.00

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

Mailing Address 1233 CALIFON COKESBURY ROAD

City State Zip Code
CALIFON NJ 07830

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

Name of Employer SELF-EMPLOYED Occupation PHYSICIAN

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

Date of Receipt

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

Transaction ID: SA11AI.20389

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
MARGUERITE P. COHEN

Mailing Address 620 SOUTHEAST 55TH AVENUE

City State Zip Code
PORTLAND OR 97215

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

Name of Employer BRIDGEVIEW WOMEN'S HEALTH Occupation PHYSICIAN

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 600.00

Date of Receipt

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

Transaction ID: SA11AI.20351

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► **200.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 43

(check only one)

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

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

A.

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

Mailing Address 1600 EUREKA ROAD

City State Zip Code
ROSEVILLE CA 95661

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

Name of Employer Occupation
KAISER PERMANENTE PHYSICIAN

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 610.00

Date of Receipt

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

Transaction ID: SA11AI.20303

Amount of Each Receipt this Period

360.00

B.

Full Name (Last, First, Middle Initial)
STELLA M. DANTAS

Mailing Address 6906 SOUTHWEST WINDEMERE LOOP

City State Zip Code
PORTLAND OR 97225

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

Name of Employer Occupation
KAISER PERMANENTE NORTHWEST PHYSICIAN

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 340.00

Date of Receipt

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

Transaction ID: SA11AI.20461

Amount of Each Receipt this Period

40.00

C.

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

Mailing Address 14 HIGHWAY 96 EAST

City State Zip Code
DELLWOOD MN 55110

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

Name of Employer Occupation
STILLWATER MEDICAL GROUP PHYSICIAN

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

Date of Receipt

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

Transaction ID: SA11AI.20352

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

650.00

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 / 43
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
JOSEPH L. DESTEFANO

Mailing Address 53 WEST WHITE HORSE PARK

City State Zip Code
GALLOWAY NJ 08205

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

Name of Employer Occupation
SELF-EMPLOYED PHYSICIAN

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11AI.20257

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
PHILIP J. DIAMOND

Mailing Address 1400 EAST PALOMAR STREET

City State Zip Code
CHULA VISTA CA 91913

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

Name of Employer Occupation
SHARP REES STEALY MEDICAL PHYSICIAN

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

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11AI.20464

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
AMY L. DIESTELHORST

Mailing Address N63 W14294 ASH DRIVE

City State Zip Code
MENOMONEE FALLS WI 53051

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

Name of Employer Occupation
FROEDTERT HEALTH PHYSICIAN

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

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 2 / 2 0 1 0

Transaction ID: SA11AI.20501

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 550.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) JANE ANN S. DIMER		Date of Receipt
	Mailing Address 4631 90TH AVENUE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 11 / 01 / 2010
	City	State	Zip Code
	MERCER ISLAND	WA	98040
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.20466
		Amount of Each Receipt this Period	<input type="text"/> 100.00
Name of Employer GROUP HEALTH PERMANENTE		Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 2080.00

B.	Full Name (Last, First, Middle Initial) LAKSHMI V. DUNDOO		Date of Receipt
	Mailing Address 14 OVERHILLS DRIVE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 10 / 25 / 2010
	City	State	Zip Code
	ST. LOUIS	MO	63124
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.20258
		Amount of Each Receipt this Period	<input type="text"/> 250.00
Name of Employer SELF-EMPLOYED		Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00

C.	Full Name (Last, First, Middle Initial) CARL A. DUNN		Date of Receipt
	Mailing Address 1010 CHAPMAN ROAD		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 11 / 01 / 2010
	City	State	Zip Code
	CRAWFORD	TX	76638
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.20467
		Amount of Each Receipt this Period	<input type="text"/> 100.00
Name of Employer SCOTT & WHITE CLINIC		Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 1100.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 450.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 43

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
DOUGLAS K. FENTON

Mailing Address 332 SANTA FE DRIVE

City State Zip Code
ENCINITAS CA 92024

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

Name of Employer Occupation
NORTH COAST WOMEN'S CARE PHYSICIAN

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1100.00

Date of Receipt

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

Transaction ID: SA11AI.20473

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)
REINALDO FIGUEROA

Mailing Address 3 FORSYTHE MEADOW LANE

City State Zip Code
STONY BROOK NY 11790

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

Name of Employer Occupation
STONY BROOK UNIVERSITY PHYSICIAN

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

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

Transaction ID: SA11AI.20179

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)
BRIAN P. FOLEY

Mailing Address 680 NORTH LAKE SHORE DRIVE

City State Zip Code
CHICAGO IL 60611

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

Name of Employer Occupation
NORTHWESTERN MEMORIAL PHYSICIAN

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

Date of Receipt

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

Transaction ID: SA11AI.20269

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) RAJIV B. GALA		Date of Receipt MM / DD / YYYY 10 / 29 / 2010		
	Mailing Address 4200 PERRIER STREET		Transaction ID: SA11AI.20401		
	City NEW ORLEANS	State LA	Zip Code 70725	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer OCHSNER MEDICAL CENTER	Occupation PHYSICIAN			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00			

B.	Full Name (Last, First, Middle Initial) MARK F. GARMAAS		Date of Receipt MM / DD / YYYY 11 / 01 / 2010		
	Mailing Address 609 WEST CRESTLINE DRIVE		Transaction ID: SA11AI.20478		
	City MISSOULA	State MT	Zip Code 59803	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer WESTERN MONTANA CLINIC	Occupation PHYSICIAN			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

C.	Full Name (Last, First, Middle Initial) PAUL A. GLUCK		Date of Receipt MM / DD / YYYY 10 / 25 / 2010		
	Mailing Address 10165 SOUTHWEST 84TH COURT		Transaction ID: SA11AI.20260		
	City MIAMI	State FL	Zip Code 33156	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 350.00			

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 43

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
ALBERT T. GROS

Mailing Address 203 TREE TOP WAY

City State Zip Code
BUDA TX 78610

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

Name of Employer Occupation
SELF-EMPLOYED PHYSICIAN

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 350.00

Date of Receipt

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

Transaction ID: SA11AI.20421

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)
ALBERT T. GROS

Mailing Address 203 TREE TOP WAY

City State Zip Code
BUDA TX 78610

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

Name of Employer Occupation
SELF-EMPLOYED PHYSICIAN

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 375.00

Date of Receipt

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

Transaction ID: SA11AI.20422

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)
R. MOSS HAMPTON

Mailing Address 3950 EDGEBROOK COURT

City State Zip Code
MIDLAND TX 79707

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

Name of Employer Occupation
TEXAS TECH PHYSICIAN

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 260.00

Date of Receipt

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

Transaction ID: SA11AI.20423

Amount of Each Receipt this Period

260.00

SUBTOTAL of Receipts This Page (optional)

335.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 43

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
BRIAN W. HARLE

Mailing Address 7711 LOUIS PASTEUR

City State Zip Code
SAN ANTONIO TX 78229

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

Name of Employer Occupation
SEVEN OAKS WOMEN'S CENTER PHYSICIAN

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 510.00

Date of Receipt

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

Transaction ID: SA11AI.20312

Amount of Each Receipt this Period

510.00

B.

Full Name (Last, First, Middle Initial)
RUTH E. HASKINS

Mailing Address 3444 SMOKEY MOUNTAIN CIRCLE

City State Zip Code
EL DORADO HILLS CA 95762

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

Name of Employer Occupation
SELF-EMPLOYED PHYSICIAN

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

Date of Receipt

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

Transaction ID: SA11AI.20357

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)
TAMARA G. HELFER

Mailing Address 4412 TROSTSHIRE CIRCLE

City State Zip Code
CHAMPAIGN IL 61822

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

Name of Employer Occupation
CHRISTIE CLINIC PHYSICIAN

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

Date of Receipt

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

Transaction ID: SA11AI.20273

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1010.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 43
(check only one)

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

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

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

Mailing Address 1709 CLEAVER LANE

City State Zip Code
WILMINGTON DE 19803

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

Name of Employer Occupation
ST. FRANCIS HOSPITAL PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11AI.20275

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
VERDA J. HICKS

Mailing Address 6400 PROSPECT AVENUE

City State Zip Code
KANSAS CITY MO 64132

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

Name of Employer Occupation
SELF-EMPLOYED PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 7 / 2 0 1 0

Transaction ID: SA11AI.20314

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
VERDA J. HICKS

Mailing Address 6400 PROSPECT AVENUE

City State Zip Code
KANSAS CITY MO 64132

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

Name of Employer Occupation
SELF-EMPLOYED PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 7 / 2 0 1 0

Transaction ID: SA11AI.20315

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► **625.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 43
(check only one)

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

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

A.

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

Mailing Address 5306 PARLIAMENT PLACE

City State Zip Code
ROCKFORD IL 61107

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

Name of Employer Occupation
ROCKFORD HEALTH SYSTEMS PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11AI.20276

Amount of Each Receipt this Period
100.00

B.

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

Mailing Address 6612 MERCER STREET

City State Zip Code
HOUSTON TX 77005

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

Name of Employer Occupation
UNIVERSITY OF TEXAS PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 261.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 8 / 2 0 1 0

Transaction ID: SA11AI.20424

Amount of Each Receipt this Period
261.00

C.

Full Name (Last, First, Middle Initial)
MARY K. HOLM

Mailing Address 51 32ND AVENUE, NE

City State Zip Code
FARGO ND 58102

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

Name of Employer Occupation
ESSENTIAL HEALTH PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.20358

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ▶ **461.00**

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

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

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

FOR LINE NUMBER: PAGE 21 / 43

(check only one)

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

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

A.

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

Mailing Address 800 WEST 4TH STREET

City State Zip Code
ODESSA TX 79763

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

Name of Employer Occupation
TEXAS TECH UNIVERSITY PHYSICIAN

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2000.00

Date of Receipt

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

Transaction ID: SA11AI.20561

Amount of Each Receipt this Period

200.00

B.

Full Name (Last, First, Middle Initial)
GERALD F. JOSEPH, JR.

Mailing Address 39288 MAGNOLIA TRACE

City State Zip Code
PONCHATOULA LA 70454

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

Name of Employer Occupation
OCHSNER MEDICAL CENTER PHYSICIAN

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1120.00

Date of Receipt

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

Transaction ID: SA11AI.20425

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)
JOHN P. KEATS

Mailing Address 241 CROWNHILL COURT

City State Zip Code
VENTURA CA 93003

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

Name of Employer Occupation
CATHOLIC HEALTHCARE WEST PHYSICIAN

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 350.00

Date of Receipt

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

Transaction ID: SA11AI.20562

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

470.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 43
(check only one)

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

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

A.

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

Mailing Address 5505 XERXES AVENUE SOUTH

City State Zip Code
MINNEAPOLIS MN 55410

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

Name of Employer Occupation
PARK NICOLLET CLINIC PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11AI.20282

Amount of Each Receipt this Period
50.00

B.

Full Name (Last, First, Middle Initial)
JUDITH M. KIMELMAN

Mailing Address 9242 SOUTHEAST 46TH STREET

City State Zip Code
MERCER ISLAND WA 98040

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

Name of Employer Occupation
SEATTLE OB/GYN GROUP PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 2 / 2 0 1 0

Transaction ID: SA11AI.20565

Amount of Each Receipt this Period
100.00

C.

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

Mailing Address 48 HYDE PARK CIRCLE

City State Zip Code
DENVER CO 80209

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

Name of Employer Occupation
RED ROCKS OB/GYN PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1050.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.20359

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► 200.00

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

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

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

FOR LINE NUMBER: PAGE 23 / 43

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
JEFFRY I. KOMINS

Mailing Address 912 NOTTINGHAM ROAD

City State Zip Code
WILMINGTON DE 19805

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

Name of Employer Occupation
MERCY HEALTH SYSTEM PHYSICIAN

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 350.00

Date of Receipt

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

Transaction ID: SA11AI.20601

Amount of Each Receipt this Period
50.00

B.

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

Mailing Address 1550 SOUTH POTOMAC STREET

City State Zip Code
AURORA CO 80012

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

Name of Employer Occupation
SELF-EMPLOYED PHYSICIAN

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

Date of Receipt

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

Transaction ID: SA11AI.20569

Amount of Each Receipt this Period
100.00

C.

Full Name (Last, First, Middle Initial)
SUZAN KOVARICK

Mailing Address 4718 CUMBERLAND AVENUE

City State Zip Code
CHEVY CHASE MD 20815

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

Name of Employer Occupation
SELF-EMPLOYED PHYSICIAN

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

Date of Receipt

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

Transaction ID: SA11AI.20191

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ▶

400.00

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

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

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

FOR LINE NUMBER: PAGE 24 / 43
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
HAL C. LAWRENCE

Mailing Address 2700 VIRGINIA AVENUE, NW

City State Zip Code
WASHINGTON DC 20037

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

Name of Employer Occupation
ACOG VICE PRESIDENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.20360

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
KIMBERLY K. LESLIE

Mailing Address 521 WEST PARK ROAD

City State Zip Code
IOWA CITY IA 52246

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

Name of Employer Occupation
UNIVERSITY OF IOWA PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.20602

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
CHRISTOPHER M. LYNCH

Mailing Address 5201 RENE STREET

City State Zip Code
SHAWNEE KS 66216

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

Name of Employer Occupation
JOHNSON COUNTY OB/GYN PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 7 / 2 0 1 0

Transaction ID: SA11AI.20318

Amount of Each Receipt this Period
260.00

SUBTOTAL of Receipts This Page (optional) ► 1760.00

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 25 / 43
(check only one)

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

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

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

A.

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

Mailing Address 24 SANTA BARBARA DRIVE

City RANCHO PALAS State CA Zip Code 90275

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

Name of Employer SELF-EMPLOYED Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt: 11 / 02 / 2010
Transaction ID: SA11AI.20572
 Amount of Each Receipt this Period: 100.00

B.

Full Name (Last, First, Middle Initial)
CLAYTON H. MCCrackEN

Mailing Address P.O. BOX 35100

City BILLINGS State MT Zip Code 59107

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

Name of Employer BILLINGS CLINIC Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 11 / 02 / 2010
Transaction ID: SA11AI.20578
 Amount of Each Receipt this Period: 250.00

C.

Full Name (Last, First, Middle Initial)
SANDRA K. MCFARREN

Mailing Address 1776 BRUSH DRIVE

City CARSON CITY State NV Zip Code 89703

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

Name of Employer CARSON MEDICAL GROUP Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 620.00

Date of Receipt: 10 / 27 / 2010
Transaction ID: SA11AI.20319
 Amount of Each Receipt this Period: 20.00

SUBTOTAL of Receipts This Page (optional) ► **370.00**

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 26 / 43
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 606 ESPLANADE

City State Zip Code
REDONDO BEACH CA 90277

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

Name of Employer SELF-EMPLOYED Occupation PHYSICIAN

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 600.00

Date of Receipt

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

Transaction ID: SA11AI.20132

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
WILLIAM J. MCLEOD

Mailing Address 307 MAPLEWOOD DRIVE

City State Zip Code
EDEN NC 27288

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

Name of Employer WOMEN'S HEALTH CENTER Occupation PHYSICIAN

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

Date of Receipt

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

Transaction ID: SA11AI.20620

Amount of Each Receipt this Period
500.00

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

Mailing Address 450 CHAPEL HEIGHTS ROAD

City State Zip Code
SEVELL NJ 08080

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

Name of Employer DREXEL UNIVERSITY Occupation PHYSICIAN

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 650.00

Date of Receipt

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

Transaction ID: SA11AI.20629

Amount of Each Receipt this Period
250.00

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

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

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

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

FOR LINE NUMBER: PAGE 27 / 43
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
ALETHIA E. MORGAN

Mailing Address 3075 SOUTH BIRCH STREET

City State Zip Code
DENVER CO 80222

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

Name of Employer Occupation
COPIC RISK MANAGEMENT PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 720.00

Date of Receipt
MM / DD / YYYY
10 / 29 / 2010

Transaction ID: SA11AI.20365

Amount of Each Receipt this Period
20.00

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

Mailing Address 314 TRAFALGAR

City State Zip Code
SAN ANTONIO TX 78216

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

Name of Employer Occupation
UNIVERSITY OF TEXAS PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
10 / 27 / 2010

Transaction ID: SA11AI.20321

Amount of Each Receipt this Period
100.00

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

Mailing Address 314 TRAFALGAR

City State Zip Code
SAN ANTONIO TX 78216

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

Name of Employer Occupation
UNIVERSITY OF TEXAS PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt
MM / DD / YYYY
10 / 27 / 2010

Transaction ID: SA11AI.20322

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional) ► 140.00

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 28 / 43
(check only one)

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

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

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

Mailing Address 251 MEDICAL CENTER BOULEVARD

City State Zip Code
WEBSTER TX 77598

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

Name of Employer CLEAR LAKE OB/GYN Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1050.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 2 / 2 0 1 0

Transaction ID: SA11AI.20589

Amount of Each Receipt this Period
50.00

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

Mailing Address 820 TERRACE MOUNTAIN DRIVE

City State Zip Code
AUSTIN TX 78746

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

Name of Employer SETON HOSPITAL Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 2 / 2 0 1 0

Transaction ID: SA11AI.20590

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
MICHIEL R. NOE

Mailing Address 1440 GEORGE DIETER DRIVE

City State Zip Code
EL PASO TX 79936

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

Name of Employer SUN CITY WOMEN'S HEALTH Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1010.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.20410

Amount of Each Receipt this Period
10.00

SUBTOTAL of Receipts This Page (optional) ► 110.00

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 29 / 43

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
MICHEL R. NOE

Mailing Address 1440 GEORGE DIETER DRIVE

City State Zip Code
EL PASO TX 79936

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

Name of Employer Occupation
SUN CITY WOMEN'S HEALTH PHYSICIAN

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1020.00

Date of Receipt

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

Transaction ID: SA11AI.20411

Amount of Each Receipt this Period

10.00

B.

Full Name (Last, First, Middle Initial)
GAYLE L. OLSON

Mailing Address 11924 SPORTSMAN ROAD

City State Zip Code
GALVESTON TX 77554

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

Name of Employer Occupation
UNIVERSITY OF TEXAS PHYSICIAN

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

Date of Receipt

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

Transaction ID: SA11AI.20512

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)
ROBERT H. PALMER, JR.

Mailing Address P.O. BOX 1560

City State Zip Code
PORT TOWNSEND WA 98368

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

Name of Employer Occupation
PORT TOWNSEND WOMEN'S CLINIC PHYSICIAN

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 590.00

Date of Receipt

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

Transaction ID: SA11AI.20369

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional) ▶

300.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 43
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
LEE W. PARSONS

Mailing Address 3101 EAST STATE STREET

City State Zip Code
EAGLE ID 83616

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

Name of Employer Occupation
OB/GYN ASSOCIATES PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 510.00

Date of Receipt
MM / DD / YYYY
11 / 03 / 2010

Transaction ID: SA11AI.20520

Amount of Each Receipt this Period
10.00

B. Full Name (Last, First, Middle Initial)
KATHLEEN W. PAULSON

Mailing Address 115 WEST MOUNT NORD

City State Zip Code
FAYETTEVILLE AR 72701

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

Name of Employer Occupation
MEDICAL ASSOCIATES PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt
MM / DD / YYYY
10 / 29 / 2010

Transaction ID: SA11AI.20371

Amount of Each Receipt this Period
20.00

C. Full Name (Last, First, Middle Initial)
ERIC M. PECK

Mailing Address 20375 WEST 151ST STREET

City State Zip Code
OLATHE KS 66061

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

Name of Employer Occupation
MIDWEST OB/GYN PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
11 / 16 / 2010

Transaction ID: SA11AI.20621

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **280.00**

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 31 / 43
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
WILLIAM J. PETERS

Mailing Address 925 HIGHLAND BOULEVARD

City State Zip Code
BOZEMAN MT 59715

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

Name of Employer Occupation
BOZEMAN OB/GYN PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.20523

Amount of Each Receipt this Period
20.00

B.

Full Name (Last, First, Middle Initial)
STACY L. PINTER

Mailing Address 7618 WORTH AVENUE

City State Zip Code
BENTON AR 72019

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

Name of Employer Occupation
CENTRAL ARKANSAS CLINIC PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.20524

Amount of Each Receipt this Period
50.00

C.

Full Name (Last, First, Middle Initial)
KIRK D. RAMIN

Mailing Address 2403 VALLEY DRIVE

City State Zip Code
NORTHFIELD MN 55057

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

Name of Employer Occupation
UNIVERSITY OF MINNESOTA PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.20374

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **320.00**

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 32 / 43
(check only one)

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

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

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

Mailing Address 3209 CALLE CEDRO

City State Zip Code
SANTA BARBARA CA 93100

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

Name of Employer SELF-EMPLOYED Occupation PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 11 / 03 / 2010
Transaction ID: SA11AI.20526
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
ALAN T. RAPPLEYE

Mailing Address 3970 SOUTH 700 EAST

City State Zip Code
SALT LAKE CITY UT 84107

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

Name of Employer OLD FARM OB/GYN Occupation PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1020.00

Date of Receipt: 11 / 03 / 2010
Transaction ID: SA11AI.20529
Amount of Each Receipt this Period: 20.00

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

Mailing Address 9120 WEST POST ROAD

City State Zip Code
LAS VEGAS NV 89148

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

Name of Employer MEADOWS WOMEN'S CENTER Occupation PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 11 / 03 / 2010
Transaction ID: SA11AI.20532
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ▶ **520.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) JORGE A. SALDIVAR	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 7 / 2 0 1 0
	Mailing Address 1251 WHISPERING OAKS	Transaction ID: SA11AI.20329
	City State Zip Code DESOTO TX 75115	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

B.	Full Name (Last, First, Middle Initial) JORGE A. SALDIVAR	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 7 / 2 0 1 0
	Mailing Address 1251 WHISPERING OAKS	Transaction ID: SA11AI.20330
	City State Zip Code DESOTO TX 75115	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

C.	Full Name (Last, First, Middle Initial) CORA F. SALVINO	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 8 / 2 0 1 0
	Mailing Address 940 EAST 3RD STREET	Transaction ID: SA11AI.20193
	City State Zip Code CASPER WY 82601	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
Name of Employer WYOMING MEDICAL CENTER	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	575.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) BENTON S. SATTERFIELD		Date of Receipt
	Mailing Address 2801 BLUE RIDGE ROAD		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 1 6 / 2 0 1 0
	City	State	Zip Code
	RALEIGH	NC	27607
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.20623
Name of Employer SELF-EMPLOYED		Occupation PHYSICIAN	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00

B.	Full Name (Last, First, Middle Initial) PETER A. SCHWARTZ		Date of Receipt
	Mailing Address 2009 REGENCY DRIVE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 2 6 / 2 0 1 0
	City	State	Zip Code
	READING	PA	19610
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.20284
Name of Employer STEVENS & LEE		Occupation PHYSICIAN	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 700.00

C.	Full Name (Last, First, Middle Initial) EUGENE A. SCIOSCIA		Date of Receipt
	Mailing Address 320 EAST NORTH AVENUE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 2 6 / 2 0 1 0
	City	State	Zip Code
	PITTSBURGH	PA	15212
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.20285
Name of Employer WEST PENN ALLEGHANY HEALTH		Occupation PHYSICIAN	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 700.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 35 / 43

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
MATTIE M. SCOTT

Mailing Address 8220 SOUTH SAGINAW STREET

City State Zip Code
GRAND BLANC MI 48439

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

Name of Employer Occupation
GRAND BLANC OB/GYN PHYSICIAN

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

Date of Receipt

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

Transaction ID: SA11AI.20625

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
FRANCINE E. SINOFSKY

Mailing Address 64 CEDAR AVENUE

City State Zip Code
HIGHLAND PARK NJ 08904

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

Name of Employer Occupation
OB/GYN GROUP OF EAST BRUNSWICK PHYSICIAN

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 350.00

Date of Receipt

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

Transaction ID: SA11AI.20286

Amount of Each Receipt this Period
50.00

C.

Full Name (Last, First, Middle Initial)
LAURA L. SIROTT

Mailing Address 10 CONGRESS STREET

City State Zip Code
PASADENA CA 91105

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

Name of Employer Occupation
SELF-EMPLOYED PHYSICIAN

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1750.00

Date of Receipt

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

Transaction ID: SA11AI.20533

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ▶

800.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 36 / 43
(check only one)

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

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

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

Mailing Address 6 CAPITOL PLACE

City NEWARK State DE Zip Code 19711

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

Name of Employer CHRISTIANA CARE Occupation PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1050.00

Date of Receipt: 10 / 26 / 2010
Transaction ID: SA11AI.20287
Amount of Each Receipt this Period: 100.00

B. Full Name (Last, First, Middle Initial)
JANICE E. TILDON-BURTON

Mailing Address 1700 TALLEY ROAD

City WILMINGTON State DE Zip Code 19803

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

Name of Employer SELF-EMPLOYED Occupation PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1275.00

Date of Receipt: 10 / 26 / 2010
Transaction ID: SA11AI.20288
Amount of Each Receipt this Period: 25.00

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

Mailing Address 45 EAST 89TH STREET

City NEW YORK State NY Zip Code 10128

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

Name of Employer WEIL CORNELL MEDICAL COLLEGE Occupation PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2250.00

Date of Receipt: 11 / 12 / 2010
Transaction ID: SA11AI.20510
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ► 375.00

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 37 / 43
(check only one)

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

A.

Full Name (Last, First, Middle Initial)
JOSEPHINE L. VON HERZEN

Mailing Address 4715 KAREN WAY

City State Zip Code
EL CAJON CA 92020

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

Name of Employer Occupation
FAMILY HEALTH CENTER PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
11 / 03 / 2010

Transaction ID: SA11AI.20546

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
SPYRO P. VULGAROPULOS

Mailing Address 109 SEDGMAN COURT

City State Zip Code
CARY NC 27511

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

Name of Employer Occupation
TRIANGLE OB/GYN PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
10 / 22 / 2010

Transaction ID: SA11AI.20240

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
JOHN S. WACHTEL

Mailing Address 811 LA MESA DRIVE

City State Zip Code
PORTOLA VALLEY CA 94028

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

Name of Employer Occupation
MENLO MEDICAL CLINIC PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
MM / DD / YYYY
11 / 03 / 2010

Transaction ID: SA11AI.20547

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ▶ **550.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 43
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) JERRY W. WELCH		Date of Receipt	
	Mailing Address 15 HERITAGE TRAIL		M M / D D / Y Y Y Y Y 1 0 / 2 9 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.20412
	LAUREL	MS	39440	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer MEA MEDICAL CLINIC		Occupation PHYSICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		250.00		

B.	Full Name (Last, First, Middle Initial) JAN E. WHITEFIELD		Date of Receipt	
	Mailing Address 2550 CURLEW CIRCLE		M M / D D / Y Y Y Y Y 1 1 / 0 3 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.20552
	ANCHORAGE	AK	99502	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		100.00	
Name of Employer ALASKA WOMEN'S HEALTH		Occupation PHYSICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		1100.00		

C.	Full Name (Last, First, Middle Initial) ESTELLE H. WHITNEY		Date of Receipt	
	Mailing Address 1941 LIMESTONE ROAD		M M / D D / Y Y Y Y Y 1 0 / 2 6 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.20289
	WILMINGTON	DE	19808	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		100.00	
Name of Employer CHRISTIANA HEALTHCARE SYSTEM		Occupation PHYSICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		700.00		

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 39 / 43

(check only one)

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

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

A.

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

Mailing Address 1950 PINTO LANE

City State Zip Code
LAS VEGAS NV 89106

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

Name of Employer Occupation
SELF-EMPLOYED PHYSICIAN

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 340.00

Date of Receipt

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

Transaction ID: SA11AI.20556

Amount of Each Receipt this Period
40.00

B.

Full Name (Last, First, Middle Initial)
AMY YOUNG

Mailing Address 2201 AVALON PLACE

City State Zip Code
HOUSTON TX 77019

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

Name of Employer Occupation
BAYLOR COLLEGE OF MEDICINE PHYSICIAN

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

Date of Receipt

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

Transaction ID: SA11AI.20557

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)

290.00

TOTAL This Period (last page this line number only)

20891.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 40 / 43

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

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

A. Full Name (Last, First, Middle Initial) AMERICAN EXPRESS Mailing Address P.O. BOX 53852 City PHOENIX State AZ Zip Code 85072 Purpose of Disbursement CREDIT CARD TRANSACTION FEES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.20593 Date of Disbursement 11 / 05 / 2010
	Amount of Each Disbursement this Period 187.31
B. Full Name (Last, First, Middle Initial) FIRST NATIONAL MERCHANT SOLUTIONS Mailing Address 1620 DODGE STREET City OMAHA State NE Zip Code 68197 Purpose of Disbursement CREDIT CARD TRANSACTION FEES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.20498 Date of Disbursement 11 / 02 / 2010
	Amount of Each Disbursement this Period 576.04

SUBTOTAL of Disbursements This Page (optional)	763.35
TOTAL This Period (last page this line number only)	763.35

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) MULVANEY FOR CONGRESS Mailing Address P.O. BOX 1975 City LANCASTER State SC Zip Code 29721 Purpose of Disbursement CONTRIBUTION Candidate Name JOHN M. MULVANEY Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: SC District: 05	Transaction ID: SB23.20195 Date of Disbursement 10 / 26 / 2010	Amount of Each Disbursement this Period 500.00
B.	Full Name (Last, First, Middle Initial) NATIONAL REPUBLICAN SENATORIAL COMMITTEE Mailing Address 425 SECOND STREET, NE City WASHINGTON State DC Zip Code 20002 Purpose of Disbursement CONTRIBUTION Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB23.20167 Date of Disbursement 10 / 26 / 2010	Amount of Each Disbursement this Period 5000.00
C.	Full Name (Last, First, Middle Initial) NATIONAL REPUBLICAN SENATORIAL COMMITTEE Mailing Address 425 SECOND STREET, NE City WASHINGTON State DC Zip Code 20002 Purpose of Disbursement VOID 10/06/2010 CONTRIBUTION Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB23.20168 Date of Disbursement 10 / 26 / 2010	Amount of Each Disbursement this Period -5000.00

SUBTOTAL of Disbursements This Page (optional)	500.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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

A. Full Name (Last, First, Middle Initial) RAJ GOYLE FOR CONGRESS Mailing Address P.O. BOX 780971 City WICHITA State KS Zip Code 67278 Purpose of Disbursement CONTRIBUTION Candidate Name RAJ GOYLE Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: 04 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.20166 Date of Disbursement 10 / 26 / 2010
	Amount of Each Disbursement this Period 2500.00
B. Full Name (Last, First, Middle Initial) SANGISETTY FOR CONGRESS Mailing Address P.O. BOX 7051 City HOUMA State LA Zip Code 70361 Purpose of Disbursement CONTRIBUTION Candidate Name RAVI SANGISETTY Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 03 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.20199 Date of Disbursement 10 / 27 / 2010
	Amount of Each Disbursement this Period 1000.00

SUBTOTAL of Disbursements This Page (optional) ►

3500.00

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

4000.00

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)		FEC IDENTIFICATION NUMBER C C00364158	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee CHONG & KOSTER		Date M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 1 0	
Mailing Address 1444 N STREET, NW		Amount 20250.00	
City State Zip Code WASHINGTON DC 20005		Transaction ID: SE.20124	
Purpose of Expenditure ONLINE ADS		Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: AMERISH BERA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
		20250.00	

(a) SUBTOTAL of Itemized Independent Expenditures	20250.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	20250.00
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
STACIE MONROE Signature	Date M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 1 0