

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

OB-GYNS FOR WOMEN'S HEALTH PAC

ADDRESS (number and street)

409 12TH STREET SW

Check if different
than previously
reported. (ACC)

WASHINGTON

DC

20024

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00364158

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

April 15
Quarterly Report(Q1)July 15
Quarterly Report(Q2)October 15
Quarterly Report(Q3)January 31
Quarterly Report(YE)July 31 Mid-Year
Report(Non-election
Year Only) (MY)Termination Report
(TER)(b) Monthly
Report
Due On:

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)
(Non-Election
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)
(Non-Election
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12G)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

in the
State of

5. Covering Period

01

01

2009

through

01

31

2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

STACIE MISCIKOWSKI

Signature of Treasurer

Electronically Filed by STACIE MISCIKOWSKI

Date

02

09

2009

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

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

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
OB-GYNS FOR WOMEN'S HEALTH PAC

Report Covering the Period:

From:

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

To:

M	M	D	D	Y	Y	Y	Y
0	1	3	1	2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2009		19853.06
(b) Cash on Hand at Beginning of Reporting Period	19853.06	
(c) Total Receipts (from Line 19)	21515.00	21515.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	41368.06	41368.06
7. Total Disbursements (from Line 31)	11123.22	11123.22
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	30244.84	30244.84
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)	13024.75	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

OB-GYNS FOR WOMEN'S HEALTH PAC

Report Covering the Period:

From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

To:

M	M
0	1

D	D
3	1

Y	Y	Y	Y
2	0	0	9

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	16550.00	16550.00
(i) Itemized (use Schedule A)	4965.00	4965.00
(ii) Unitemized	21515.00	21515.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(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)	21515.00	21515.00
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	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	21515.00	21515.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	21515.00	21515.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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.....	1123.22	1123.22
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	1123.22	1123.22
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	10000.00	10000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
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	0.00
(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	0.00
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))..	11123.22	11123.22
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	11123.22	11123.22

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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)	21515.00	21515.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	21515.00	21515.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1123.22	1123.22
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1123.22	1123.22

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 20

(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)

OB-GYNS FOR WOMEN'S HEALTH PAC

A.

Full Name (Last, First, Middle Initial)

JAMES E. BROWN

Mailing Address 6489 BELLEVIEW DRIVE

City

COLUMBIA

State

MD

Zip Code

21046

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 ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.15869

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

DAVID G. BUTLER

Mailing Address 6 RIDGE ROAD

City

NORWOOD

State

NJ

Zip Code

07648

FEC ID number of contributing
federal political committee.

C

Name of Employer
ENGLERT, SEYMOUR, BUTLER

Occupation

PHYSICIAN

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.15914

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

FRANK A. CHERVENAK

Mailing Address 15 JAMES STREET

City

FLORHAM PARK

State

NJ

Zip Code

07932

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 ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	3		2	0	0	9

Transaction ID: SA11AI.15929

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

1800.00

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 7 / 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

OB-GYNS FOR WOMEN'S HEALTH PAC

A.

Full Name (Last, First, Middle Initial)

MARK S. DEFRANCESCO

Mailing Address 35 TERRELL FARM ROAD

City

CHESHIRE

State

CT

Zip Code

06410

FEC ID number of contributing
federal political committee.

C

Name of Employer

PHYSICIANS FOR WOMEN'S HE-
ALTH

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.15901

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

GREGORY W. DEMEO

Mailing Address 4745 OGLETOWN STANTON ROAD

City

NEWARK

State

DE

Zip Code

19713

FEC ID number of contributing
federal political committee.

C

Name of Employer

FIRST STATE WOMEN'S CARE

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 3 / 2 0 0 9

Transaction ID: SA11AI.15930

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

JOHN P. GALLAGHER

Mailing Address 220 CASE AVENUE

City

SHARON

State

PA

Zip Code

16146

FEC ID number of contributing
federal political committee.

C

Name of Employer

PRIMARY HEALTH NETWORK

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.15953

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 8 / 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

OB-GYNS FOR WOMEN'S HEALTH PAC

A.

Full Name (Last, First, Middle Initial)

PHYLLIS J. GEE

Mailing Address 3709 WATERCREST DRIVE

City

PLANO

State

TX

Zip Code

75093

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

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

Transaction ID: SA11AI.15872

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

JAMES N. GILHAM

Mailing Address 715 SOUTH 3RD STREET

City

MONTROSE

State

CA

Zip Code

81401

FEC ID number of contributing
federal political committee.

C

Name of Employer
ALPINE OB/GYN

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 6 / 2 0 0 9

Transaction ID: SA11AI.15935

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

R. MOSS HAMPTON

Mailing Address 3950 EDGEBROOK

City

MIDLAND

State

TX

Zip Code

79707

FEC ID number of contributing
federal political committee.

C

Name of Employer
TEXAS TECH

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.15883

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 9 / 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

OB-GYNS FOR WOMEN'S HEALTH PAC

A.

Full Name (Last, First, Middle Initial)

ROBERT L. HARRIS

Mailing Address 4451 AUDUBON PARK DRIVE

City

JACKSON

State

MS

Zip Code

39211

FEC ID number of contributing
federal political committee.

C

Name of Employer

SOUTHEAST UROGYNECOLOGY

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.15916

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

JANET M. HORENSTEIN

Mailing Address 27 PALERMO WALK

City

LONG BEACH

State

CA

Zip Code

90803

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 6 / 2 0 0 9

Transaction ID: SA11AI.15936

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

SEKOU K. KELSEY

Mailing Address 120 COUNTRY CLUB PLACE

City

BELLEVILLE

State

IL

Zip Code

62223

FEC ID number of contributing
federal political committee.

C

Name of Employer
WOMEN'S HEALTHCARE

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.15886

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1750.00

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 / 20

(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)

OB-GYNS FOR WOMEN'S HEALTH PAC

A.

Full Name (Last, First, Middle Initial)

OK S. KIM

Mailing Address 6753 CANYON HILL DRIVE

City

RIVERSIDE

State

CA

Zip Code

92506

FEC ID number of contributing
federal political committee.

C

Name of Employer

MAGNOLIA WOMEN'S CENTER

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.15888

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

LISA K. LEWIS

Mailing Address 28227 MEADOWLARK DRIVE

City

GOLDEN

State

CO

Zip Code

80401

FEC ID number of contributing
federal political committee.

C

Name of Employer

WESTSIDE WOMEN'S CENTER

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	6	/	2	0	0	9

Transaction ID: SA11AI.15940

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

HEIDI E. MACVITTIE

Mailing Address 21 WHITEHALL ROAD

City

ROCHESTER

State

NH

Zip Code

03867

FEC ID number of contributing
federal political committee.

C

Name of Employer

ROCHESTER OB/GYN

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.15891

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 11 / 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

OB-GYNS FOR WOMEN'S HEALTH PAC

A.

Full Name (Last, First, Middle Initial)

KAREN J. MASS

Mailing Address 475 MCCORMICK DRIVE

City

LAKE FOREST

State

IL

Zip Code

60045

FEC ID number of contributing
federal political committee.

C

Name of Employer
OB/GYN ASSOCIATES

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 6 / 2 0 0 9

Transaction ID: SA11AI.15861

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

JOYCE M. MCKENNEY

Mailing Address 922 EAST 11TH STREET

City

DELTA

State

CO

Zip Code

81416

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

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

Transaction ID: SA11AI.15892

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

JACK W. MCMAHON

Mailing Address 45 MEDICAL PARK DRIVE

City

HELENA

State

MT

Zip Code

59601

FEC ID number of contributing
federal political committee.

C

Name of Employer
HELENA OB/GYN ASSOCIATES

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.15905

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 20

(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)

OB-GYNS FOR WOMEN'S HEALTH PAC

A.

Full Name (Last, First, Middle Initial)

KAREN E. MCSHANE

Mailing Address 383 PINK STREET

City

COOPERSTOWN

State

NY

Zip Code

13326

FEC ID number of contributing
federal political committee.

C

Name of Employer
BASSETT HEALTHCAREOccupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.15893

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

ERIC M. PECK

Mailing Address 20375 WEST 151ST STREET

City

OLATHE

State

KS

Zip Code

66061

FEC ID number of contributing
federal political committee.

C

Name of Employer
OLATHE OB/GYNOccupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	6	/	2	0	0	9

Transaction ID: SA11AI.15906

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

XAVIER F. POMBAR

Mailing Address 1981 SHENANDOAH LANE

City

ST. CHARLES

State

IL

Zip Code

60174

FEC ID number of contributing
federal political committee.

C

Name of Employer
RUSH UNIVERSITY MEDICAL
CENTEROccupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	6	/	2	0	0	9

Transaction ID: SA11AI.15942

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 13 / 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

OB-GYNS FOR WOMEN'S HEALTH PAC

A.

Full Name (Last, First, Middle Initial)

COURTNEY P. RIDLEY

Mailing Address 2706 FAIRMOUNT

City

DALLAS

State

TX

Zip Code

75201

FEC ID number of contributing
federal political committee.

C

Name of Employer
LIFESPAN MEDICINE

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 3 / 2 0 0 9

Transaction ID: SA11AI.15933

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

ANTHONY C. SCISCIONE

Mailing Address 4755 OGLETOWN STANTON ROAD

City

NEWARK

State

DE

Zip Code

19718

FEC ID number of contributing
federal political committee.

C

Name of Employer
DELAWARE CENTER

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.15894

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

MICHELLE M. STARKE

Mailing Address 7000 SOUTHWEST 62ND PLACE

City

SOUTH MIAMI

State

FL

Zip Code

33143

FEC ID number of contributing
federal political committee.

C

Name of Employer
FEMWELL GROUP

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 3 / 2 0 0 9

Transaction ID: SA11AI.15934

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 14 / 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

OB-GYNS FOR WOMEN'S HEALTH PAC

A.

Full Name (Last, First, Middle Initial)

GAYLORD V. SWAN, JR.

Mailing Address 1212 8TH STREET

City

LAS VEGAS

State

NM

Zip Code

87701

FEC ID number of contributing
federal political committee.

C

Name of Employer

PRESBYTERIAN HEALTH CARE

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.15908

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

MONTE R. SWARUP

Mailing Address 1950 WEST FRYE ROAD

City

CHANDLER

State

AZ

Zip Code

85224

FEC ID number of contributing
federal political committee.

C

Name of Employer

NEW HORIZONS WOMEN'S CARE

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 6 / 2 0 0 9

Transaction ID: SA11AI.15862

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

BRUCE E. TAYLOR

Mailing Address 1101 SOUTH 70TH STREET

City

LINCOLN

State

NE

Zip Code

68510

FEC ID number of contributing
federal political committee.

C

Name of Employer

CONTEMPORARY HEALTH CARE

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 6 / 2 0 0 9

Transaction ID: SA11AI.15945

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 15 / 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

OB-GYNS FOR WOMEN'S HEALTH PAC

A.

Full Name (Last, First, Middle Initial)

NANCY L. TEAFF

Mailing Address 1524 EAST MOREHEAD STREET

City

CHARLOTTE

State

NC

Zip Code

28207

FEC ID number of contributing
federal political committee.

C

Name of Employer
REPRODUCTIVE ENDOCRINOLOGY

Occupation
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
0 1 / 2 6 / 2 0 0 9

Transaction ID: SA11AI.15946

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

VICKI L. TIPPETT

Mailing Address 2724 SILVER CREEK ROAD

City

BULLHEAD CITY

State

AZ

Zip Code

86442

FEC ID number of contributing
federal political committee.

C

Name of Employer
COLORADO RIVER WOMEN'S CE-
NTER

Occupation
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
0 1 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.15927

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

HWAI-JER TSAI

Mailing Address 8191 SOUTHWEST FREEWAY

City

HOUSTON

State

TX

Zip Code

77074

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

M M / D D / Y Y Y Y Y
0 1 / 2 6 / 2 0 0 9

Transaction ID: SA11AI.15948

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 16 / 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

OB-GYNS FOR WOMEN'S HEALTH PAC

A.

Full Name (Last, First, Middle Initial)

PAUL D. URNES

Mailing Address 880 NORTH LAKE SHORE DRIVE

City

CHICAGO

State

IL

Zip Code

60611

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.15900

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

KATHRYN K. WALDREP

Mailing Address 4130 COCHRAN CHAPEL ROAD

City

DALLAS

State

TX

Zip Code

75209

FEC ID number of contributing
federal political committee.

C

Name of Employer
VERNON & WALDREP

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.15880

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

OGLESBY H. YOUNG

Mailing Address 2 RUM HILL ROAD

City

CONCORD

State

NH

Zip Code

03301

FEC ID number of contributing
federal political committee.

C

Name of Employer
CONCORD OB/GYN

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 6 / 2 0 0 9

Transaction ID: SA11AI.15864

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

16550.00

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 17 / 20

<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)

OB-GYNS FOR WOMEN'S HEALTH PAC

A.

Full Name (Last, First, Middle Initial)

SUSANNE HAESSLER

Mailing Address 3700 MASSACHUSETTS AVENUE, NW

City
WASHINGTON

State
DC

Zip Code
20016

Purpose of Disbursement
ACCOUNTING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.15855

Date of Disbursement

/ /

Amount of Each Disbursement this Period

862.50

SUBTOTAL of Disbursements This Page (optional)

862.50

TOTAL This Period (last page this line number only)

862.50

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 18 / 20

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

OB-GYNS FOR WOMEN'S HEALTH PAC

A. Full Name (Last, First, Middle Initial)
ALLYSON SCHWARTZ FOR CONGRESS

Mailing Address P.O. BOX 2232

City State Zip Code
JENKINTOWN PA 19046

Purpose of Disbursement
CONTRIBUTION

Candidate Name
ALLYSON Y. SCHWARTZ

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 13

Transaction ID: SB23.15952

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

B. Full Name (Last, First, Middle Initial)
SCHAKOWSKY FOR CONGRESS

Mailing Address P.O. BOX 5130

City State Zip Code
EVANSTON IL 60204

Purpose of Disbursement
CONTRIBUTION

Candidate Name
JANICE D. SCHAKOWSKY

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 09

Transaction ID: SB23.15951

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

10000.00

TOTAL This Period (last page this line number only)

10000.00

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 19 / 20

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

OB-GYNS FOR WOMEN'S HEALTH PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
SUSANNE HAESSLERNature of Debt (Purpose):
ACCOUNTING

Mailing Address 3700 MASSACHUSETTS AVENUE, NW

City State ZIP Code
WASHINGTON DC 20016

Outstanding Balance Beginning This Period

862.50

Transaction ID: SD10.15848

Amount Incurred This Period

0.00

Payment This Period

862.50

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
SUSANNE HAESSLERNature of Debt (Purpose):
ACCOUNTING

Mailing Address 3700 MASSACHUSETTS AVENUE, NW

City State ZIP Code
WASHINGTON DC 20016

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.15967

Amount Incurred This Period

1921.25

Payment This Period

0.00

Outstanding Balance at Close of This Period

1921.25

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
NATIONAL CAPITAL TELESERVICESNature of Debt (Purpose):
GENERIC TELEPHONE SOLICIT-
ATIONS

Mailing Address 300 FIFTH STREET, NE

City State ZIP Code
WASHINGTON DC 20002

Outstanding Balance Beginning This Period

2762.75

Transaction ID: SD10.14924

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2762.75

1) **SUBTOTALS** This Period This Page (optional).....

4684.00

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 20 / 20

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

OB-GYNS FOR WOMEN'S HEALTH PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

NATIONAL CAPITAL TELESERVICES

Nature of Debt (Purpose):

GENERIC TELEPHONE SOLICIT-
ATIONS

Mailing Address 300 FIFTH STREET, NE

City

State

ZIP Code

WASHINGTON

DC

20002

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.15968

Amount Incurred This Period

8340.75

Payment This Period

0.00

Outstanding Balance at Close of This Period

8340.75

1) **SUBTOTALS** This Period This Page (optional)..... ▶

8340.75

2) **TOTALS** This Period (last page this line number only)..... ▶

13024.75

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶

0.00

4) **ADD 2)** and **3)** and carry forward to appropriate line of Summary Page (last page only) ▶

13024.75