



**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

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

Report Covering the Period: From: 

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>X</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	X	Y	Y	Y	2	0	1	1		231135.44
X	Y	Y	Y							
2	0	1	1							
(b) Cash on Hand at Beginning of Reporting Period .....	280121.77									
(c) Total Receipts (from Line 19) .....	105167.33	216948.99								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	385289.10	448084.43								
7. Total Disbursements (from Line 31) .....	64484.75	127280.08								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	320804.35	320804.35								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name

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

Report Covering the Period: From: 

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	1

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) .....	87843.33	170863.33
(ii) Unitemized .....	17324.00	46085.66
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	105167.33	216948.99
(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) .....	105167.33	216948.99
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)) .....	105167.33	216948.99
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	105167.33	216948.99

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.....	1584.75	2880.08
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	1584.75	2880.08
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	62000.00	123500.00
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 .....	900.00	900.00
(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)) .....	900.00	900.00
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))..	64484.75	127280.08
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	64484.75	127280.08

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) .....	105167.33	216948.99
34. Total Contribution Refunds (from Line 28(d)) .....	900.00	900.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	104267.33	216048.99
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1584.75	2880.08
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	1584.75	2880.08

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 82  
(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)  
TOD C. AEBY

Mailing Address 1319 PUNAHOU STREET

City State Zip Code  
HONOLULU HI 96826

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

Name of Employer Occupation  
UNIVERSITY OF HAWAII PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 09 / 2011

Transaction ID: SA11AI.21733

Amount of Each Receipt this Period  
300.00

**B.**

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

Mailing Address 142 JORALEMON STREET

City State Zip Code  
BROOKLYN NY 11201

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

Name of Employer Occupation  
SELF-EMPLOYED PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 07 / 2011

Transaction ID: SA11AI.21527

Amount of Each Receipt this Period  
1000.00

**C.**

Full Name (Last, First, Middle Initial)  
ABBY F. ANDERSON

Mailing Address 8 CLUB TERRACE

City State Zip Code  
NEWPORT NEWS VA 23606

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

Name of Employer Occupation  
CENTER FOR WOMEN'S HEALTH PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 10 / 2011

Transaction ID: SA11AI.21438

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1550.00**

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

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

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

FOR LINE NUMBER: PAGE 7 / 82  
(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)  
TED L. ANDERSON

Mailing Address 516 LEANNE WAY

City State Zip Code  
FRANKLIN TN 37069

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

Name of Employer Occupation  
VANDERBILT UNIVERSITY PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 04 / 2011

**Transaction ID:** SA11AI.21494

Amount of Each Receipt this Period  
750.00

**B.** Full Name (Last, First, Middle Initial)  
THADDEUS L. ANDERSON

Mailing Address 2350 SIMPSON STREET

City State Zip Code  
DUBUQUE IA 52003

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

Name of Employer Occupation  
DUBUQUE OB/GYN PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1270.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 04 / 2011

**Transaction ID:** SA11AI.21495

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
MONICA M. ANSELMETTI

Mailing Address P.O. BOX 7636

City State Zip Code  
OLYMPIA WA 98507

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

Name of Employer Occupation  
GROUP HEALTH OLYMPIA 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  
03 / 10 / 2011

**Transaction ID:** SA11AI.21679

Amount of Each Receipt this Period  
250.00

**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 / 82  
(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) <b>THOMAS F. ARNOLD</b>		Date of Receipt MM / DD / YYYY <b>03 / 04 / 2011</b>
Mailing Address <b>1145 14TH AVENUE WEST</b>		<b>Transaction ID: SA11AI.21496</b>
City <b>DICKINSON</b>	State <b>ND</b>	Zip Code <b>58601</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>1000.00</b>
Name of Employer <b>MEDICAL CENTER ONE</b>	Occupation <b>PHYSICIAN</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>1260.00</b>	

**B.**

Full Name (Last, First, Middle Initial) <b>DAWN C. BANKSTON-TROIANI</b>		Date of Receipt MM / DD / YYYY <b>03 / 23 / 2011</b>
Mailing Address <b>1600 COIT ROAD</b>		<b>Transaction ID: SA11AI.21933</b>
City <b>PLANO</b>	State <b>TX</b>	Zip Code <b>75075</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>500.00</b>
Name of Employer <b>ASSOCIATED WOMEN'S HEALTH CARE</b>	Occupation <b>PHYSICIAN</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>500.00</b>	

**C.**

Full Name (Last, First, Middle Initial) <b>SCOTT B. BIRDSALL</b>		Date of Receipt MM / DD / YYYY <b>03 / 23 / 2011</b>
Mailing Address <b>292 EAST GARVIN HEIGHTS ROAD</b>		<b>Transaction ID: SA11AI.21816</b>
City <b>WINONA</b>	State <b>MN</b>	Zip Code <b>55987</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>250.00</b>
Name of Employer <b>WINONA HEALTH</b>	Occupation <b>PHYSICIAN</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>250.00</b>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1750.00</b>
<b>TOTAL</b> 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 / 82  
(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)  
SHERRY L. BLUMENTHAL

Mailing Address 911 FRASER ROAD

City State Zip Code  
GLENSIDE PA 19038

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

Name of Employer Occupation  
WOMEN CARE OB/GYN PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 09 / 2011

Transaction ID: SA11AI.21734

Amount of Each Receipt this Period  
300.00

**B.** Full Name (Last, First, Middle Initial)  
CATHERINE BONK

Mailing Address 315 WINN WAY

City State Zip Code  
DECATUR GA 30030

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

Name of Employer Occupation  
ATLANTA OB/GYN PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 09 / 2011

Transaction ID: SA11AI.21736

Amount of Each Receipt this Period  
300.00

**C.** Full Name (Last, First, Middle Initial)  
CYNTHIA A. BRINCAT

Mailing Address 2125 RUNNYMEDE BOULEVARD

City State Zip Code  
ANN ARBOR MI 48103

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

Name of Employer Occupation  
UNIVERSITY OF MICHIGAN PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 09 / 2011

Transaction ID: SA11AI.21738

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 10 / 82  
(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)  
CYNTHIA A. BRINCAT

Mailing Address 2125 RUNNYMEDE BOULEVARD

City ANN ARBOR State MI Zip Code 48103

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

Name of Employer UNIVERSITY OF MICHIGAN Occupation PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 03 / 17 / 2011  
Transaction ID: SA11AI.21609  
Amount of Each Receipt this Period 350.00

**B.** Full Name (Last, First, Middle Initial)  
MARK P. BROOKS

Mailing Address 9 SOUTH MEDICAL PARK DRIVE

City FISHERSVILLE State VA Zip Code 22939

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

Name of Employer WOMEN'S CENTER Occupation PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 23 / 2011  
Transaction ID: SA11AI.21934  
Amount of Each Receipt this Period 500.00

**C.** Full Name (Last, First, Middle Initial)  
HAYWOOD L. BROWN

Mailing Address 4 WINDROW PLACE

City DURHAM State NC Zip Code 27705

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

Name of Employer DUKE UNIVERSITY Occupation PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 17 / 2011  
Transaction ID: SA11AI.21610  
Amount of Each Receipt this Period 500.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 82
	<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) STEPHEN P. BUCHANAN	Date of Receipt MM / DD / YYYY 03 / 17 / 2011
	Mailing Address 945 SPRING CREEK DRIVE	<b>Transaction ID:</b> SA11AI.21611
	City State Zip Code GRAPEVINE TX 76051	Amount of Each Receipt this Period 600.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer UNIVERSITY OF NORTH TEXAS	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) JAMES W. BUCKREUS	Date of Receipt MM / DD / YYYY 03 / 17 / 2011
	Mailing Address 8973 TECUMSEH COVE COURT	<b>Transaction ID:</b> SA11AI.21613
	City State Zip Code HUNTSVILLE OH 43324	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer MARY RUTAN HOSPITAL	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) CARLA A. BURKLEY	Date of Receipt MM / DD / YYYY 03 / 17 / 2011
	Mailing Address 51 OAKLAND STREET	<b>Transaction ID:</b> SA11AI.21614
	City State Zip Code AUBURN ME 04210	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer ST. MARY'S REGIONAL MEDICAL	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1350.00
<b>TOTAL</b> 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 12 / 82
	<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) DAVID M. BURKONS		Date of Receipt
	Mailing Address 1611 SOUTH GREEN ROAD		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 03 / 23 / 2011
	City	State	Zip Code
	CLEVELAND	OH	44121
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.21935
Name of Employer UNIVERSITY GYNECOLOGISTS		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 ▼ 500.00	<input type="text"/> 500.00

<b>B.</b>	Full Name (Last, First, Middle Initial) JOANNA M. CAIN		Date of Receipt
	Mailing Address 1 WAYLAND AVENUE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 03 / 10 / 2011
	City	State	Zip Code
	PROVIDENCE	RI	02906
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.21439
Name of Employer WOMEN & INFANTS HOSPITAL		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 ▼ 500.00	<input type="text"/> 500.00

<b>C.</b>	Full Name (Last, First, Middle Initial) KRISTEN E. CAIN		Date of Receipt
	Mailing Address 2500 NESCONSET HIGHWAY		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 03 / 23 / 2011
	City	State	Zip Code
	STONY BROOK	NY	11790
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.21936
Name of Employer REPRODUCTIVE SPECIALISTS		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 ▼ 250.00	<input type="text"/> 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 1250.00
<b>TOTAL</b> 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: (check only one)	PAGE 13 / 82
	<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) EALENA S. CALLENDER	Date of Receipt MM / DD / YYYY 03 / 10 / 2011
	Mailing Address 776 WINDBROOK CIRCLE	<b>Transaction ID:</b> SA11AI.21441
	City State Zip Code NEWPORT NEWS VA 23602	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MID-ATLANTIC WOMEN'S CARE PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) CHARLES A. CASTLE	Date of Receipt MM / DD / YYYY 03 / 07 / 2011
	Mailing Address 645 OAKWOOD LANE	<b>Transaction ID:</b> SA11AI.21528
	City State Zip Code LANCASTER PA 17603	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation LANCASTER GENERAL HOSPITAL PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) SAMUEL R. CHACON	Date of Receipt MM / DD / YYYY 03 / 09 / 2011
	Mailing Address 1200 NORTH MOUNTAIN STREET	<b>Transaction ID:</b> SA11AI.21739
	City State Zip Code CARSON CITY NV 89703	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation CARSON MEDICAL GROUP PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	850.00
<b>TOTAL</b> 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 / 82  
(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)  
BENJAMIN H. CHEEK

Mailing Address 1626 SUMMIT DRIVE

City State Zip Code  
COLUMBUS GA 31906

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

Name of Employer Occupation  
OB/GYN ASSOCIATES OF COLUMBUS PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 17 / 2011

Transaction ID: SA11AI.21615

Amount of Each Receipt this Period  
1000.00

**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 Occupation  
SELF-EMPLOYED PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 17 / 2011

Transaction ID: SA11AI.21616

Amount of Each Receipt this Period  
300.00

**C.** Full Name (Last, First, Middle Initial)  
ARTHUR CLEMENTS

Mailing Address 1401 CENTERVILLE ROAD

City State Zip Code  
TALLAHASSEE FL 32308

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

Name of Employer Occupation  
NORTH FLORIDA WOMEN'S CARE PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 10 / 2011

Transaction ID: SA11AI.21685

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1550.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 82  
(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)  
J. FLOYD CLINGENPEEL

Mailing Address 305 HUNTERALE ROAD

City State Zip Code  
FRANKLIN VA 23851

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

Name of Employer Occupation  
MID-ATLANTIC WOMEN'S CARE PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 10 / 2011

Transaction ID: SA11AI.21442

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
HARVEY M. COHEN

Mailing Address 5691 SOUTHMOOR LANE

City State Zip Code  
ENGLEWOOD CO 80111

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 ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 04 / 2011

Transaction ID: SA11AI.21497

Amount of Each Receipt this Period  
500.00

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

Mailing Address 8204 CANTERSHIRE WAY

City State Zip Code  
GRANITE BAY CA 95746

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 ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 10 / 2011

Transaction ID: SA11AI.21443

Amount of Each Receipt this Period  
1000.00

**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 16 / 82  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

**A.** Full Name (Last, First, Middle Initial)  
LYNNE M. COSLETT-CHARLTON

Mailing Address 289 HARRIS HILL ROAD

City State Zip Code  
SHAVERTOWN PA 18708

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) ▼      1000.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	4	/	2	0	1	1

**Transaction ID:** SA11AI.21498

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
CHERI L. COYLE

Mailing Address 106 FLAG CREEK

City State Zip Code  
YORKTOWN VA 23693

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

Name of Employer MID-ATLANTIC WOMEN'S CARE      Occupation PHYSICIAN

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

Date of Receipt  

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

**Transaction ID:** SA11AI.21444

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
JON L. CROCKFORD

Mailing Address 320 FAIRFAX AVENUE

City State Zip Code  
NORFOLK VA 23507

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

Name of Employer THE GROUP FOR WOMEN      Occupation PHYSICIAN

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

Date of Receipt  

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

**Transaction ID:** SA11AI.21445

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1500.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 82  
(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)  
WILLIAM R. CROMBLEHOLME

Mailing Address 80 SEYMOUR STREET

City State Zip Code  
HARTFORD CT 06102

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

Name of Employer Occupation  
HARTFORD HOSPITAL PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 22 / 2011

Transaction ID: SA11AI.21984

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
ELISABETH CURTIS

Mailing Address 2306 RESERVE WAY

City State Zip Code  
NEWPORT NEWS VA 23602

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

Name of Employer Occupation  
PENINSULA WOMEN'S CARE PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 10 / 2011

Transaction ID: SA11AI.21446

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
WALTER R.S. CURTIS

Mailing Address 12 RIDING PATH

City State Zip Code  
HAMPTON VA 23669

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

Name of Employer Occupation  
OB/GYN ASSOCIATES OF HAMP-  
TON PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 10 / 2011

Transaction ID: SA11AI.21448

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 18 / 82  
(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)  
MARY E. D'ALTON

Mailing Address 1075 PARK AVENUE

City State Zip Code  
NEW YORK NY 10128

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

Name of Employer Occupation  
COLUMBIA UNIVERSITY PHYSICIAN

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

Date of Receipt

M M / D D / Y Y Y Y  
03 / 17 / 2011

Transaction ID: SA11AI.21617

Amount of Each Receipt this Period

500.00

**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  
NORTHWEST KAISER PERMANENTE PHYSICIAN

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

Date of Receipt

M M / D D / Y Y Y Y  
03 / 09 / 2011

Transaction ID: SA11AI.21740

Amount of Each Receipt this Period

350.00

**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 ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 17 / 2011

Transaction ID: SA11AI.21618

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1850.00

**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 / 82  
(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)  
GREGORY W. DEMEO

Mailing Address 1020 KENT ROAD

City State Zip Code  
WILMINGTON DE 19807

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

Name of Employer Occupation  
WOMEN FIRST PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 10 / 2011

**Transaction ID:** SA11AI.21691

Amount of Each Receipt this Period  
300.00

**B.** Full Name (Last, First, Middle Initial)  
JANE ANN S. DIMER

Mailing Address 4631 90TH AVENUE

City State Zip Code  
MERCER ISLAND WA 98040

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

Name of Employer Occupation  
GROUP HEALTH PERMANENTE PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 09 / 2011

**Transaction ID:** SA11AI.21741

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
MARYBETH R. DIXON

Mailing Address 510 CARLISLE WAY

City State Zip Code  
NORFOLK VA 23505

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

Name of Employer Occupation  
MID-ATLANTIC WOMEN'S CARE PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 10 / 2011

**Transaction ID:** SA11AI.21449

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 20 / 82  
(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)  
MARNA B. DOLINGER

Mailing Address 1492 BEACON STREET

City State Zip Code  
BROOKLINE MA 02446

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

Name of Employer Occupation  
NEWTON-WELLESLEY OB/GYN PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 23 / 2011

Transaction ID: SA11AI.21942

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
CARL A. DUNN

Mailing Address 120 HILLCREST MEDICAL BOULEVARD

City State Zip Code  
WACO TX 76712

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

Name of Employer Occupation  
SCOTT & WHITE CLINIC PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 09 / 2011

Transaction ID: SA11AI.21742

Amount of Each Receipt this Period  
300.00

**C.**

Full Name (Last, First, Middle Initial)  
ERIC G. EBERTS

Mailing Address 200 THEDA CLARK MEDICAL PLAZA

City State Zip Code  
NEENAH WI 54956

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

Name of Employer Occupation  
WOMEN'S CARE OF WISCONSIN PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 22 / 2011

Transaction ID: SA11AI.21986

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1050.00

**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 / 82

(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)  
JULIA S. EDELMAN

Mailing Address 3 VIRGINIA DRIVE

City State Zip Code  
LAKEVILLE MA 02347

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 ▼ 345.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 10 / 2011

Transaction ID: SA11AI.21695

Amount of Each Receipt this Period  
150.00

**B.**

Full Name (Last, First, Middle Initial)  
DIANNE M. EDGAR

Mailing Address 1340 HIGHLAND AVENUE

City State Zip Code  
ROCHESTER NY 14620

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

Name of Employer Occupation  
PARK WEST WOMEN'S HEALTH PHYSICIAN

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

Date of Receipt

M M / D D / Y Y Y Y  
03 / 10 / 2011

Transaction ID: SA11AI.21450

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
LAMAR E.V. EKBLADH

Mailing Address 809 SNUFF MILL ROAD

City State Zip Code  
WILMINGTON DE 19807

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

Name of Employer Occupation  
DREXEL UNIVERSITY PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 07 / 2011

Transaction ID: SA11AI.21529

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional) .....

950.00

**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 / 82  
(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)  
ROBERT F. ELDER

Mailing Address 1928 ALCOA HIGHWAY

City State Zip Code  
KNOXVILLE TN 37920

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

Name of Employer Occupation  
UNIVERSITY OF TENNESSEE PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 29 / 2011

Transaction ID: SA11AI.21966

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
SANDRA L. ELFERING

Mailing Address 5825 EVARIT DRIVE

City State Zip Code  
RACINE WI 53406

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

Name of Employer Occupation  
WHEATON FRANCISCAN MEDICAL PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 17 / 2011

Transaction ID: SA11AI.21619

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
DENISE M. ELSEER

Mailing Address 8522 JOHNSTON ROAD

City State Zip Code  
BURR RIDGE IL 60527

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

Name of Employer Occupation  
ILLINOIS UROGYNECOLOGY PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 10 / 2011

Transaction ID: SA11AI.21696

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 23 / 82  
(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)  
GEORGE J. EVERIDGE

Mailing Address 2022 10TH AVENUE

City State Zip Code  
COLUMBUS GA 31901

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  
03 / 31 / 2011

Transaction ID: SA11AI.22001

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
GENEVIEVE L. FAIRBROTHER

Mailing Address 4687 DUDLEY LANE

City State Zip Code  
ATLANTA GA 30327

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  
03 / 07 / 2011

Transaction ID: SA11AI.21531

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
BENIGNO D. FEDERICI

Mailing Address 5026 RIVERFRONT DRIVE

City State Zip Code  
SUFFOLK VA 23434

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

Name of Employer SPECIALISTS FOR WOMEN 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  
03 / 10 / 2011

Transaction ID: SA11AI.21451

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: (check only one)	PAGE 24 / 82
	<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) DOUGLAS K. FENTON		Date of Receipt	
	Mailing Address 332 SANTA FE DRIVE		M M / D D / Y Y Y Y Y 03 / 01 / 2011	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.21492
	ENCINITAS	CA	92024	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		100.00	
Name of Employer NORTH COAST WOMEN'S CARE		Occupation PHYSICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) MARTHA T. FERNANDEZ		Date of Receipt	
	Mailing Address 1308 LITCHFIELD COURT		M M / D D / Y Y Y Y Y 03 / 10 / 2011	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.21453
	VIRGINIA BEACH	VA	23452	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		250.00	
Name of Employer THE GROUP FOR WOMEN		Occupation PHYSICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) ANNA M. FIELDMAN		Date of Receipt	
	Mailing Address 40 TURF LANE		M M / D D / Y Y Y Y Y 03 / 07 / 2011	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.21533
	ROSLYN HEIGHTS	NY	11577	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		2000.00	
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 ▼ 2000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2350.00
<b>TOTAL</b> 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 25 / 82
	<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) JOSEPHINE FILARDO		Date of Receipt
	Mailing Address 2671 HIGHWAY 70		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 03 / 14 / 2011
	City	State	Zip Code
	MANASQUAN	NJ	08736
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.21797
Name of Employer BRIELLE OB/GYN		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 ▼ 500.00	<input type="text"/> 500.00

<b>B.</b>	Full Name (Last, First, Middle Initial) ANNETTE E. FINEBERG		Date of Receipt
	Mailing Address 2020 SUTTER PLACE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 03 / 11 / 2011
	City	State	Zip Code
	DAVIS	CA	95616
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.21762
Name of Employer SUTTER MEDICAL GROUP		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 ▼ 1000.00	<input type="text"/> 1000.00

<b>C.</b>	Full Name (Last, First, Middle Initial) MEGHAN M. FLANNERY		Date of Receipt
	Mailing Address 85 SOUTH 235 OXFORD LANE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 03 / 17 / 2011
	City	State	Zip Code
	NAPERVILLE	IL	60540
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.21620
Name of Employer NAPERVILLE OB/GYN		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 ▼ 250.00	<input type="text"/> 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 1750.00
<b>TOTAL</b> 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 26 / 82  
(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)  
STEVEN J. FLEISCHMAN

Mailing Address 9 CARRIAGE HILL ROAD

City State Zip Code  
WOODBIDGE CT 06525

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

Name of Employer Occupation  
OB/GYN MENOPAUSE PHYSICIANS PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 04 / 2011

Transaction ID: SA11AI.21500

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
ROBERT F. FLORA

Mailing Address 7679 MANNHEIM COURT

City State Zip Code  
HUDSON OH 44236

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

Name of Employer Occupation  
SUMMA HEALTH SYSTEM PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 07 / 2011

Transaction ID: SA11AI.21534

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
CHERYL G. FOUNTAIN

Mailing Address 1219 LAKEPOINTE STREET

City State Zip Code  
GROSSE POINTE PARK MI 48230

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

Name of Employer Occupation  
BEAUMONT HOSPITALS PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 17 / 2011

Transaction ID: SA11AI.21621

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1550.00

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

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

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

FOR LINE NUMBER: PAGE 27 / 82  
(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)  
RENEE A. FREDERICKSON

Mailing Address 1210 WIND FIELD COURT

City State Zip Code  
CENTERVILLE OH 45458

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

Name of Employer Occupation  
OAK CREEK OB/GYN PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 11 / 2011

**Transaction ID:** SA11AI.21763

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
NORMAN D. FREID

Mailing Address 2499 LENORA ROAD

City State Zip Code  
SNELLVILLE GA 30039

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

Name of Employer Occupation  
RETIRED PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 23 / 2011

**Transaction ID:** SA11AI.21829

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
RUTH C. FRETTS

Mailing Address 1100 WEST ROXBURY DRIVE

City State Zip Code  
CHESTNUT HILL MA 02467

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

Name of Employer Occupation  
HARVARD VANGUARD MEDICAL PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 28 / 2011

**Transaction ID:** SA11AI.21956

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 28 / 82  
(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)  
RAVI GADA

Mailing Address 3006 KENOSHA DRIVE

City ROCHESTER State MN Zip Code 55901

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

Name of Employer MAYO CLINIC Occupation PHYSICIAN

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 03 / 04 / 2011  
**Transaction ID:** SA11AI.21501  
 Amount of Each Receipt this Period: 500.00

**B.** Full Name (Last, First, Middle Initial)  
MARK F. GARNAAS

Mailing Address 609 WEST CRESTLINE DRIVE

City MISSOULA State MT Zip Code 59803

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

Name of Employer WESTERN MONTANA CLINIC Occupation PHYSICIAN

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 03 / 09 / 2011  
**Transaction ID:** SA11AI.21743  
 Amount of Each Receipt this Period: 300.00

**C.** Full Name (Last, First, Middle Initial)  
THOMAS M. GELLHAUS

Mailing Address 6345 JAMES ROAD

City BETTENDORF State IA Zip Code 52722

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

Name of Employer UNIVERSITY OF IOWA Occupation PHYSICIAN

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 03 / 04 / 2011  
**Transaction ID:** SA11AI.21502  
 Amount of Each Receipt this Period: 1000.00

**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 29 / 82

(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)  
C. WILLIAM GIBSON

Mailing Address 4529 JEWELWOOD COURT

City State Zip Code  
PEORIA IL 61615

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

Name of Employer Occupation  
RETIRED PHYSICIAN

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

Date of Receipt

M M / D D / Y Y Y Y  
03 / 11 / 2011

Transaction ID: SA11AI.21764

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
HARTAJ GILL

Mailing Address 229 CHRYSTIE STREET

City State Zip Code  
NEW YORK NY 10002

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

Name of Employer Occupation  
NEW YORK UNIVERSITY PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 550.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 07 / 2011

Transaction ID: SA11AI.21536

Amount of Each Receipt this Period  
300.00

**C.**

Full Name (Last, First, Middle Initial)  
PAUL A. GLUCK

Mailing Address 10165 SOUTHWEST 84TH COURT

City State Zip Code  
MIAMI FL 33156

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

Name of Employer Occupation  
RETIRED PHYSICIAN

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

Date of Receipt

M M / D D / Y Y Y Y  
03 / 07 / 2011

Transaction ID: SA11AI.21537

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 30 / 82  
(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)  
ALAN D. GOLDSMITH

Mailing Address 2300 HAGGERTY ROAD

City State Zip Code  
WEST BLOOMFIELD MI 48323

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

Name of Employer Occupation  
WALNUT LAKE OB/GYN PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 28 / 2011

**Transaction ID:** SA11AI.21957

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
ELIZABETH B. GOLPIRA

Mailing Address 1702 CLONCURRY ROAD

City State Zip Code  
NORFOLK VA 23505

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

Name of Employer Occupation  
MID-ATLANTIC WOMEN'S CARE PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 10 / 2011

**Transaction ID:** SA11AI.21454

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
C. DWIGHT GROVES

Mailing Address 109 HARBOR WATCH DRIVE

City State Zip Code  
CHESAPEAKE VA 23320

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

Name of Employer Occupation  
THE GROUP FOR WOMEN PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 10 / 2011

**Transaction ID:** SA11AI.21455

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 31 / 82

(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)  
RALPH W. HALE

Mailing Address 2808 WHIRLAWAY CIRCLE

City State Zip Code  
OAK HILL VA 20171

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

Name of Employer Occupation  
ACOG EXECUTIVE VICE PRESIDENT

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

Date of Receipt

M M / D D / Y Y Y Y  
03 / 31 / 2011

Transaction ID: SA11AI.22003

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)  
JEFFREY C. HAMMER

Mailing Address 139 SOUND SHORE DRIVE

City State Zip Code  
CURRITUCK NC 27929

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

Name of Employer Occupation  
VIRGINIA CENTER FOR WOMEN PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1250.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 10 / 2011

Transaction ID: SA11AI.21456

Amount of Each Receipt this Period

1250.00

**C.**

Full Name (Last, First, Middle Initial)  
CHARLES B. HAMMOND

Mailing Address 2827 MCDOWELL ROAD

City State Zip Code  
DURHAM NC 27705

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

Name of Employer Occupation  
DUKE UNIVERSITY PHYSICIAN

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

Date of Receipt

M M / D D / Y Y Y Y  
03 / 07 / 2011

Transaction ID: SA11AI.21538

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 32 / 82  
(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)  
LISBET M. HANSON

Mailing Address 1501 MCCULLOUGH LANE

City State Zip Code  
VIRGINIA BEACH VA 23454

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

Name of Employer Occupation  
VIRGINIA BEACH OB/GYN PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 10 / 2011

Transaction ID: SA11AI.21458

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
DENISE L. HARRIS

Mailing Address 880 KEMPSVILLE ROAD

City State Zip Code  
NORFOLK VA 23502

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

Name of Employer Occupation  
THE GROUP FOR WOMEN PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 10 / 2011

Transaction ID: SA11AI.21459

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
KAREN E. HARRIS

Mailing Address 6440 WEST NEWBERRY ROAD

City State Zip Code  
GAINESVILLE FL 32605

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

Name of Employer Occupation  
NORTH FLORIDA WOMEN'S PHYSICIANS PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 07 / 2011

Transaction ID: SA11AI.21539

Amount of Each Receipt this Period  
300.00

**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 33 / 82  
(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)  
FRANK N. HARRISON, JR.

Mailing Address 3741 HEARTHSTONE COURT

City State Zip Code  
CHARLOTTE NC 28211

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

Name of Employer Occupation  
CAROLINAS MEDICAL CENTER 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  
03 / 23 / 2011

Transaction ID: SA11AI.21834

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
PHILIP H. HENDERSON

Mailing Address 790 14TH AVENUE

City State Zip Code  
LONGVIEW WA 98632

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  
03 / 04 / 2011

Transaction ID: SA11AI.21503

Amount of Each Receipt this Period  
500.00

**C.** 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 ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 04 / 2011

Transaction ID: SA11AI.21505

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 34 / 82

(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)  
MARY E. HERALD

Mailing Address 1601 LYNNWOOD DRIVE

City State Zip Code  
DECATUR IL 62521

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

Name of Employer Occupation  
RETIRED PHYSICIAN

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

Date of Receipt

M M / D D / Y Y Y Y  
03 / 11 / 2011

Transaction ID: SA11AI.21767

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
NARIMAN HESHMATI

Mailing Address 645 CORNELIA AVENUE

City State Zip Code  
MUKILTEO WA 98275

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

Name of Employer Occupation  
EVERETT 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  
03 / 09 / 2011

Transaction ID: SA11AI.21744

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
ROBERT M. HILL

Mailing Address 10101 RAINBOW ROAD

City State Zip Code  
CARROLLTON VA 23314

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

Name of Employer Occupation  
HAMPTON ROADS OB/GYN PHYSICIAN

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

Date of Receipt

M M / D D / Y Y Y Y  
03 / 10 / 2011

Transaction ID: SA11AI.21460

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: (check only one)	PAGE 35 / 82
	<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) ERIC J. HODGSON	Date of Receipt MM / DD / YYYY 03 / 04 / 2011
	Mailing Address 6 BIRCH LANE	<b>Transaction ID:</b> SA11AI.21507
	City State Zip Code EAST HAVEN CT 06513	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation YALE SCHOOL OF MEDICINE PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) STEVEN C. HOLT	Date of Receipt MM / DD / YYYY 03 / 04 / 2011
	Mailing Address 4567 EAST 9TH AVENUE	<b>Transaction ID:</b> SA11AI.21506
	City State Zip Code DENVER CO 80220	Amount of Each Receipt this Period 600.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation HEALTH ONE CLINIC PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) GEORGE P. HUBBELL	Date of Receipt MM / DD / YYYY 03 / 31 / 2011
	Mailing Address 279 OAKMONT COURT	<b>Transaction ID:</b> SA11AI.22004
	City State Zip Code LAKE OZARK MO 65049	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation SELF-EMPLOYED PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	2100.00
<b>TOTAL</b> 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 / 82

(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)  
G. THEODORE HUGHES

Mailing Address 6069 RIVER CRESCENT

City State Zip Code  
NORFOLK VA 23505

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

Name of Employer Occupation  
MID-ATLANTIC WOMEN'S CARE PHYSICIAN

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

Date of Receipt

M M / D D / Y Y Y Y  
03 / 10 / 2011

Transaction ID: SA11AI.21461

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
JOSEPH HWANG

Mailing Address 330 LAUREL STREET

City State Zip Code  
DES MOINES IA 50263

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

Name of Employer Occupation  
MERCY MEDICAL CENTER PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 07 / 2011

Transaction ID: SA11AI.21540

Amount of Each Receipt this Period  
300.00

**C.**

Full Name (Last, First, Middle Initial)  
JAY D. IAMS

Mailing Address 395 WEST 12TH AVENUE

City State Zip Code  
COLUMBUS OH 43210

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

Name of Employer Occupation  
OHIO STATE UNIVERSITY PHYSICIAN

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

Date of Receipt

M M / D D / Y Y Y Y  
03 / 22 / 2011

Transaction ID: SA11AI.21988

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 37 / 82  
(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)  
SARA L. IMERSHEIN

Mailing Address 3912 HARRISON STREET, NW

City State Zip Code  
WASHINGTON DC 20015

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

Name of Employer IMERSHEIN & BIRNKRANT      Occupation PHYSICIAN

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

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	4	/	2	0	1	1

**Transaction ID:** SA11AI.21508

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
JUDITH A. JACOBSON

Mailing Address 10010 NORTHEAST 37TH COURT

City State Zip Code  
KIRKLAND WA 98033

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) ▼      250.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	7	/	2	0	1	1

**Transaction ID:** SA11AI.21625

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
LYDIA M. JEFFRIES

Mailing Address 21 WILSON LANE

City State Zip Code  
FAIRVIEW NC 28730

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

Name of Employer ASHEVILLE WOMEN'S CENTER      Occupation PHYSICIAN

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      300.00

Date of Receipt  

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

**Transaction ID:** SA11AI.21746

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1550.00**

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

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

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

FOR LINE NUMBER: PAGE 38 / 82

(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)

<b>A.</b>	Full Name (Last, First, Middle Initial) JOHN C. JENNINGS		Date of Receipt
	Mailing Address 2405 SPOONBILL DRIVE		<input type="text" value="03"/> / <input type="text" value="04"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	LEAGUE CITY	TX	77573
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer TEXAS TECH UNIVERSITY		Occupation PHYSICIAN	<b>Transaction ID:</b> SA11AI.21509
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="2000.00"/>	<input type="text" value="1000.00"/>

<b>B.</b>	Full Name (Last, First, Middle Initial) ERIKA L. JOHNSON		Date of Receipt
	Mailing Address 610 30TH AVENUE WEST		<input type="text" value="03"/> / <input type="text" value="08"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	ALEXANDRIA	MN	56308
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer ALEXANDRIA CLINIC		Occupation PHYSICIAN	<b>Transaction ID:</b> SA11AI.21585
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="250.00"/>	<input type="text" value="250.00"/>

<b>C.</b>	Full Name (Last, First, Middle Initial) JULIA V. JOHNSON		Date of Receipt
	Mailing Address 119 BELMONT STREET		<input type="text" value="03"/> / <input type="text" value="04"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	WORCESTER	MA	01605
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer UNIVERSITY OF MASSACHUSETTS		Occupation PHYSICIAN	<b>Transaction ID:</b> SA11AI.21510
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="240.00"/>	<input type="text" value="80.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="1330.00"/>
<b>TOTAL</b> 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 39 / 82  
(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)  
KIMBERLY M. JOHNSON

Mailing Address 49 CLEVELAND STREET

City State Zip Code  
CROSSVILLE TN 38555

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

Name of Employer Occupation  
CROSSVILLE WOMEN'S CENTER PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 23 / 2011

Transaction ID: SA11AI.21944

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
ROBIN L. JONES

Mailing Address 195 NORTH HARBOR DRIVE

City State Zip Code  
CHICAGO IL 60601

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

Name of Employer Occupation  
RUSH UNIVERSITY MEDICAL CENTER PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 17 / 2011

Transaction ID: SA11AI.21626

Amount of Each Receipt this Period  
300.00

**C.** 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 ▼ 1100.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 04 / 2011

Transaction ID: SA11AI.21511

Amount of Each Receipt this Period  
600.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1400.00

**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 40 / 82  
(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)  
SUSAN J. KEESHAN

Mailing Address 222 TURTLE TRAIL

City State Zip Code  
LEESVILLE SC 29070

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

Name of Employer Occupation  
GREATER COLUMBIA OB/GYN PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 07 / 2011

Transaction ID: SA11AI.21542

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
MARGARET A. KELLEY

Mailing Address 230 DWYER AVENUE

City State Zip Code  
SAN ANTONIO TX 78204

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

Name of Employer Occupation  
SOUTHEAST OB/GYN ASSOCIATES PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 07 / 2011

Transaction ID: SA11AI.21543

Amount of Each Receipt this Period  
300.00

**C.**

Full Name (Last, First, Middle Initial)  
PETER J. KEMP

Mailing Address 925 OXFORD DRIVE

City State Zip Code  
VIRGINIA BEACH VA 23542

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

Name of Employer Occupation  
CHESAPEAKE WOMEN'S CARE PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 10 / 2011

Transaction ID: SA11AI.21462

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 41 / 82  
(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)  
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 ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 09 / 2011

Transaction ID: SA11AI.21747

Amount of Each Receipt this Period  
250.00

**B.**

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 ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 17 / 2011

Transaction ID: SA11AI.21628

Amount of Each Receipt this Period  
1000.00

**C.**

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

Mailing Address 1550 SOUTH POTOMAC STREET

City State Zip Code  
AURORA CO 80012

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

Name of Employer Occupation  
SELF-EMPLOYED PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 07 / 2011

Transaction ID: SA11AI.21544

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1550.00

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

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

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

FOR LINE NUMBER: PAGE 42 / 82  
(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)  
ROBERT G. KOSS

Mailing Address 1875 DEMPSTER STREET

City State Zip Code  
PARK RIDGE IL 60068

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

Name of Employer Occupation  
FOCUS ON WOMEN'S HEALTH 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  
03 / 31 / 2011

**Transaction ID:** SA11AI.21982

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 4700 PONDEROSA

City State Zip Code  
LAKE CHARLES LA 70605

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

Name of Employer Occupation  
LOUISIANA STATE UNIVERSITY 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  
03 / 09 / 2011

**Transaction ID:** SA11AI.21748

Amount of Each Receipt this Period  
300.00

**C.** Full Name (Last, First, Middle Initial)  
NICHOLAS KULBIDA

Mailing Address 1043 LAMPLIGHTER ROAD

City State Zip Code  
NISKAYUNA NY 12309

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

Name of Employer Occupation  
ELLIS MEDICINE 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  
03 / 07 / 2011

**Transaction ID:** SA11AI.21545

Amount of Each Receipt this Period  
300.00

**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: PAGE 43 / 82  
(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)  
UPENDRA M. KULKARNI

Mailing Address 805 CHERRY STREET

City MAMON State LA Zip Code 70554

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

Name of Employer SELF-EMPLOYED Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt: 03 / 04 / 2011  
Transaction ID: SA11AI.21512  
Amount of Each Receipt this Period: 600.00

**B.** Full Name (Last, First, Middle Initial)  
PHILIP H. LAHRMANN

Mailing Address 25 RED HILL DRIVE

City GASTONBURY State CT Zip Code 06033

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

Name of Employer HARTFORD HOSPITAL Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 03 / 07 / 2011  
Transaction ID: SA11AI.21546  
Amount of Each Receipt this Period: 300.00

**C.** Full Name (Last, First, Middle Initial)  
MARILYN K. LAUGHEAD

Mailing Address 9046 EAST HAVASUPAI DRIVE

City SCOTTSDALE State AZ Zip Code 85255

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

Name of Employer SONORAN CONSULTANTS IN OB-/GYN Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 03 / 09 / 2011  
Transaction ID: SA11AI.21749  
Amount of Each Receipt this Period: 300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1200.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 44 / 82  
(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)  
ZENETTE M. LEAO

Mailing Address 1608 BEARDSLY COURT

City State Zip Code  
CHESAPEAKE VA 23322

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

Name of Employer Occupation  
GYNECOLOGY SPECIALISTS PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 10 / 2011

Transaction ID: SA11AI.21463

Amount of Each Receipt this Period  
250.00

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

Mailing Address 425 EAST DAHLIA AVENUE

City State Zip Code  
PALMER AK 99645

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 ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 17 / 2011

Transaction ID: SA11AI.21630

Amount of Each Receipt this Period  
300.00

**C.** Full Name (Last, First, Middle Initial)  
ALLISON M. LEONG

Mailing Address 2121 WILSHIRE BOULEVARD

City State Zip Code  
SANTA MONICA CA 90403

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

Name of Employer Occupation  
WOMEN'S MEDICAL GROUP PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 29 / 2011

Transaction ID: SA11AI.21967

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 45 / 82  
(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)  
GARY L. LOVELL

Mailing Address 473 MORGAN DRIVE

City State Zip Code  
REXBURG ID 83440

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

Name of Employer SEASONS WOMEN'S CLINIC 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  
03 / 23 / 2011

Transaction ID: SA11AI.21840

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
JAMES N. MARTIN, JR.

Mailing Address 2101 EASTOVER DRIVE

City State Zip Code  
JACKSON MS 39211

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

Name of Employer UNIVERSITY OF MISSISSIPPI Occupation PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 760.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 04 / 2011

Transaction ID: SA11AI.21514

Amount of Each Receipt this Period  
600.00

**C.**

Full Name (Last, First, Middle Initial)  
JAMES N. MARTIN, JR.

Mailing Address 2101 EASTOVER DRIVE

City State Zip Code  
JACKSON MS 39211

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

Name of Employer UNIVERSITY OF MISSISSIPPI Occupation PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 840.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 28 / 2011

Transaction ID: SA11AI.21959

Amount of Each Receipt this Period  
80.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 930.00

**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 46 / 82  
(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)  
SHARON B. MASS

Mailing Address 18 HELENE DRIVE

City State Zip Code  
RANDOLPH NJ 07869

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

Name of Employer Occupation  
MORRISTOWN OB/GYN 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  
03 / 17 / 2011

**Transaction ID:** SA11AI.21655

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
ROBERT A. MASSARO

Mailing Address 127 ASBURY AVENUE

City State Zip Code  
FREEHOLD NJ 07728

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

Name of Employer Occupation  
ST. BARNABAS HEALTHCARE 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  
03 / 23 / 2011

**Transaction ID:** SA11AI.21946

Amount of Each Receipt this Period  
250.00

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

Mailing Address 3887 SOUTH HILLS CIRCLE

City State Zip Code  
FORT WORTH TX 76109

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

Name of Employer Occupation  
UNIVERSITY OF NORTH TEXAS PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 17 / 2011

**Transaction ID:** SA11AI.21631

Amount of Each Receipt this Period  
750.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1050.00**

**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 47 / 82  
(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)  
ROBIN D. MATTHEWS

Mailing Address 39 FLAT ROCK ROAD

City WAYNESVILLE State NC Zip Code 28786

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

Name of Employer MEDWEST HAYWOOD Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 03 / 09 / 2011  
**Transaction ID: SA11AI.21750**  
 Amount of Each Receipt this Period: 300.00

**B.**

Full Name (Last, First, Middle Initial)  
MICHAEL J. MCCOY

Mailing Address 1223 SOUTH GEAR

City WEST BURLINGTON State IA Zip Code 52655

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

Name of Employer GREAT RIVER MEDICAL CENTER Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 03 / 09 / 2011  
**Transaction ID: SA11AI.21752**  
 Amount of Each Receipt this Period: 1000.00

**C.**

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

Mailing Address 2914 GLENWOOD LANE

City BILLINGS State MT Zip Code 59102

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 ▼ 500.00

Date of Receipt: 03 / 04 / 2011  
**Transaction ID: SA11AI.21515**  
 Amount of Each Receipt this Period: 500.00

**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 48 / 82  
(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)  
THOMAS E. MCCURDY

Mailing Address 18886 GREENWOOD COURT

City State Zip Code  
SPRING LAKE MI 49456

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

Name of Employer NORTH OTTAWA WOMEN'S HEALTH      Occupation PHYSICIAN

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 17 / 2011

**Transaction ID:** SA11AI.21632

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
D. MATT MCDANALD

Mailing Address 904 LAKE FOREST PARKWAY

City State Zip Code  
LOUISVILLE KY 40245

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

Name of Employer TRI-COUNTY OB/GYN      Occupation PHYSICIAN

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 17 / 2011

**Transaction ID:** SA11AI.21633

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
MARYANNE MCDONNELL

Mailing Address 19 MAPLE VALLEY ROAD

City State Zip Code  
BOLTON CT 06043

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

Name of Employer OB/GYN GROUP OF MANCHESTER      Occupation PHYSICIAN

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 17 / 2011

**Transaction ID:** SA11AI.21869

Amount of Each Receipt this Period  
250.00

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

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

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

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

FOR LINE NUMBER: PAGE 49 / 82  
(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)  
SANDRA K. MCFARREN

Mailing Address 1776 BRUSH DRIVE

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 ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 07 / 2011

**Transaction ID:** SA11AI.21547

Amount of Each Receipt this Period  
300.00

**B.** Full Name (Last, First, Middle Initial)  
TIMOTHY C. MCFARREN

Mailing Address 1776 BRUSH DRIVE

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 ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 07 / 2011

**Transaction ID:** SA11AI.21548

Amount of Each Receipt this Period  
300.00

**C.** Full Name (Last, First, Middle Initial)  
ANDREW W. MENZIN

Mailing Address 300 COMMUNITY DRIVE

City State Zip Code  
MANHASSET NY 11030

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

Name of Employer Occupation  
NORTH SHORE UNIVERSITY PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 07 / 2011

**Transaction ID:** SA11AI.21549

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1100.00

**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 50 / 82  
(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)  
GUY M. MIDDLETON

Mailing Address 1118 ROSS CLARK CIRCLE

City State Zip Code  
DOTHAN AL 36301

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

Name of Employer: DOTHAN OB/GYN Occupation: PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 03 / 07 / 2011  
Transaction ID: SA11AI.21551  
Amount of Each Receipt this Period: 500.00

**B.** Full Name (Last, First, Middle Initial)  
MARYANN E. MILLAR-KAVEY

Mailing Address 5171 POINTE EAST DRIVE

City State Zip Code  
JAMESVILLE NY 13078

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

Name of Employer: ST. JOSEPH MEDICAL CENTER Occupation: PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1600.00

Date of Receipt: 03 / 04 / 2011  
Transaction ID: SA11AI.21516  
Amount of Each Receipt this Period: 600.00

**C.** Full Name (Last, First, Middle Initial)  
PATRICIA M. MILLER

Mailing Address 25 VILLAGE BROOK LANE

City State Zip Code  
DERRY NH 03038

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: 03 / 24 / 2011  
Transaction ID: SA11AI.21980  
Amount of Each Receipt this Period: 300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1400.00

**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 51 / 82

(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)  
LISA A. MIMS

Mailing Address 840 CHESTNUT DRIVE

City State Zip Code  
AVON IN 46123

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

Name of Employer Occupation  
UNIVERSITY OF INDIANA PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 07 / 2011

Transaction ID: SA11AI.21552

Amount of Each Receipt this Period

300.00

**B.**

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 Occupation  
DREXEL UNIVERSITY PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 07 / 2011

Transaction ID: SA11AI.21554

Amount of Each Receipt this Period

300.00

**C.**

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 ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 04 / 2011

Transaction ID: SA11AI.21517

Amount of Each Receipt this Period

1000.00

**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: PAGE 52 / 82  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

**A.** Full Name (Last, First, Middle Initial)  
KENNETH MUHLENDORF

Mailing Address 3790-B JEFFERSON BOULEVARD

City State Zip Code  
VIRGINIA BEACH VA 23455

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

Name of Employer Occupation  
MID-ATLANTIC IMAGING MEDICAL DIRECTOR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 10 / 2011

Transaction ID: SA11AI.21464

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
BARRINGTON A. MURRAY

Mailing Address 4101 NORTHWEST 3RD COURT

City State Zip Code  
PLANTATION FL 33317

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

Name of Employer Occupation  
GALEN OB/GYN GROUP 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  
03 / 28 / 2011

Transaction ID: SA11AI.21960

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
SURESH R. NAYAK

Mailing Address 1822 SAINT ANDREWS COURT

City State Zip Code  
MILPITAS CA 95035

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  
03 / 07 / 2011

Transaction ID: SA11AI.21555

Amount of Each Receipt this Period  
500.00

**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 53 / 82  
(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)  
WADE A. NEIMAN

Mailing Address 1300 CRENSHAW COURT

City State Zip Code  
LYNCHBURG VA 24503

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

Name of Employer Occupation  
WOMEN'S HEALTH SERVICES PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 17 / 2011

**Transaction ID:** SA11AI.21634

Amount of Each Receipt this Period  
300.00

**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 ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 04 / 2011

**Transaction ID:** SA11AI.21518

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
DANIEL L. NOFFSINGER

Mailing Address 627 LYNN SHORES DRIVE

City State Zip Code  
VIRGINIA BEACH VA 23452

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

Name of Employer Occupation  
THE GROUP FOR WOMEN 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  
03 / 10 / 2011

**Transaction ID:** SA11AI.21465

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1300.00**

**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 54 / 82  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

**A.** Full Name (Last, First, Middle Initial)  
KATHY K. O'CONNELL

Mailing Address 402 CHINQUAPIN ORCHARD

City State Zip Code  
YORKTOWN VA 23693

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

Name of Employer Occupation  
PENINSULA WOMEN'S CARE PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 10 / 2011

Transaction ID: SA11AI.21467

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
ARTHUR T. OLLENDORF

Mailing Address 56 STAMFORD STREET

City State Zip Code  
ASHEVILLE NC 28803

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

Name of Employer Occupation  
MOUNTAIN AREA HEALTH CENTER PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 07 / 2011

Transaction ID: SA11AI.21556

Amount of Each Receipt this Period  
300.00

**C.** Full Name (Last, First, Middle Initial)  
JOHN J. ORRIS

Mailing Address 1705 CHANTILLY LANE

City State Zip Code  
CHESTER SPRINGS PA 19425

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

Name of Employer Occupation  
MAIN LINE FERTILITY PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 28 / 2011

Transaction ID: SA11AI.21961

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 55 / 82  
(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)  
SHARI L. ORSER

Mailing Address 620 BIRCHWOOD DRIVE

City BISMARCK State ND Zip Code 58504

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

Name of Employer MEDCENTER ONE Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 03 / 04 / 2011  
Transaction ID: SA11AI.21519  
Amount of Each Receipt this Period: 500.00

**B.** Full Name (Last, First, Middle Initial)  
KATHRYN OSTROM

Mailing Address 3429 NEWCOMB DRIVE

City ANCHORAGE State AK Zip Code 99508

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

Name of Employer ALASKA WOMEN'S HEALTH Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 03 / 07 / 2011  
Transaction ID: SA11AI.21558  
Amount of Each Receipt this Period: 300.00

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

Mailing Address 1536 WASHINGTON STREET

City PORT TOWNSEND State WA Zip Code 98368

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

Name of Employer PORT TOWNSEND WOMEN'S CLINIC Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 17 / 2011  
Transaction ID: SA11AI.21635  
Amount of Each Receipt this Period: 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1050.00

**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 56 / 82  
(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)  
TODD A. PANKRATZ

Mailing Address 1125 NORTH LINCOLN AVENUE

City State Zip Code  
HASTINGS NE 68901

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

Name of Employer Occupation  
OB/GYN, P.C. PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 17 / 2011

Transaction ID: SA11AI.21636

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
FRANK T. PATRICK

Mailing Address 14220 MANDERLEIGH WOODS DRIVE

City State Zip Code  
TOWN AND COUNTRY MO 63017

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 ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 14 / 2011

Transaction ID: SA11AI.21807

Amount of Each Receipt this Period  
1000.00

**C.**

Full Name (Last, First, Middle Initial)  
SHARON T. PHELAN

Mailing Address 1329 DESERT HILLS PLACE

City State Zip Code  
ALBUQUERQUE NM 87111

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

Name of Employer Occupation  
UNIVERSITY OF NEW MEXICO PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 17 / 2011

Transaction ID: SA11AI.21637

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 57 / 82

(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)

<b>A.</b>	Full Name (Last, First, Middle Initial) DEBRA J. PIEHL		Date of Receipt MM / DD / YYYY 03 / 04 / 2011		
	Mailing Address 380 CARLYLE DRIVE		<b>Transaction ID:</b> SA11AI.21520		
	City NORTH LIBERTY	State IA	Zip Code 52317	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	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 ▼ 500.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) HOLLY S. PURITZ		Date of Receipt MM / DD / YYYY 03 / 10 / 2011		
	Mailing Address 7940 NORTH SHORE ROAD		<b>Transaction ID:</b> SA11AI.21468		
	City NORFOLK	State VA	Zip Code 23505	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer THE GROUP FOR WOMEN	Occupation PHYSICIAN			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) JOHN M. PUTMAN		Date of Receipt MM / DD / YYYY 03 / 11 / 2011		
	Mailing Address 3600 GASTON AVENUE		<b>Transaction ID:</b> SA11AI.21778		
	City DALLAS	State TX	Zip Code 75246	Amount of Each Receipt this Period 500.00	
	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 ▼ 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 58 / 82

(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)  
WILLIAM D. PUTMAN

Mailing Address 832 COVENTRY POINT

City	State	Zip Code
SPRINGFIELD	IL	62702

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

Name of Employer SPRINGFIELD CLINIC	Occupation PHYSICIAN
--	-------------------------

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00
---	------------------------------------

Date of Receipt

M M / D D / Y Y Y Y
03 / 17 / 2011

Transaction ID: SA11AI.21638

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
GEORGE RECTOR

Mailing Address 608 FORDSMERE ROAD

City	State	Zip Code
CHESAPEAKE	VA	23322

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

Name of Employer MID-ATLANTIC WOMEN'S CARE	Occupation PHYSICIAN
---	-------------------------

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00
---	------------------------------------

Date of Receipt

M M / D D / Y Y Y Y
03 / 07 / 2011

Transaction ID: SA11AI.21560

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
DALE P. REISNER

Mailing Address 2007 FEDERAL AVENUE EAST

City	State	Zip Code
SEATTLE	WA	98102

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

Name of Employer OBSTETRIX MEDICAL GROUP	Occupation PHYSICIAN
---	-------------------------

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00
---	------------------------------------

Date of Receipt

M M / D D / Y Y Y Y
03 / 10 / 2011

Transaction ID: SA11AI.21723

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 59 / 82  
(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)  
CLAUDIA W. RICHARDSON

Mailing Address 118 LOGAN ROAD

City State Zip Code  
AHOSKIE NC 27910

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

Name of Employer Occupation  
MID-ATLANTIC WOMEN'S CARE PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 10 / 2011

Transaction ID: SA11AI.21469

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
JEFFREY E. RODZAK

Mailing Address 420 EAST LARKSPUR LANE

City State Zip Code  
ONALASKA WI 54650

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

Name of Employer Occupation  
GUNDERSEN LUTHERAN PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 17 / 2011

Transaction ID: SA11AI.21639

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
ROGER B. ROWLES

Mailing Address 3003 TRETON DRIVE

City State Zip Code  
YAKIMA WA 98902

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  
MM / DD / YYYY  
03 / 07 / 2011

Transaction ID: SA11AI.21561

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1500.00

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

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

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

FOR LINE NUMBER: PAGE 60 / 82

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
REBECCA M. RYDER

Mailing Address 516 INNOVATION DRIVE

City State Zip Code  
CHESAPEAKE VA 23320

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

Name of Employer Occupation  
MID-ATLANTIC WOMEN'S CARE PHYSICIAN

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

Date of Receipt

M M / D D / Y Y Y Y  
03 / 07 / 2011

Transaction ID: SA11AI.21562

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
NEGAR N. SADR

Mailing Address 844 KEMPSVILLE ROAD

City State Zip Code  
NORFOLK VA 23502

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

Name of Employer Occupation  
TIDEWATER PHYSICIANS FOR WOMEN PHYSICIAN

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

Date of Receipt

M M / D D / Y Y Y Y  
03 / 07 / 2011

Transaction ID: SA11AI.21563

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
TATIANA SANSES

Mailing Address 16000 SHAKER BOULEVARD

City State Zip Code  
CLEVELAND OH 44120

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

Name of Employer Occupation  
CASE MEDICAL CENTER PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 07 / 2011

Transaction ID: SA11AI.21564

Amount of Each Receipt this Period  
300.00

**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 61 / 82  
(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)  
MYRON SCHONBRUN

Mailing Address 2918 5TH AVENUE

City State Zip Code  
SAN DIEGO CA 92103

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

Name of Employer Occupation  
SAN DIEGO OB/GYN GROUP PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 08 / 2011

Transaction ID: SA11AI.21602

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
PETRA SELKE

Mailing Address 681 LARGAUD DRIVE

City State Zip Code  
POINT ROBERTS WA 98281

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  
MM / DD / YYYY  
03 / 10 / 2011

Transaction ID: SA11AI.21725

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
JULIA A. SHAW

Mailing Address 65 OLANDER LANE

City State Zip Code  
MIDDLETOWN CT 06457

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

Name of Employer Occupation  
HOSPITAL OF ST. RAPHAEL PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 23 / 2011

Transaction ID: SA11AI.21852

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 62 / 82  
(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)  
SHARON L. SHEFFIELD

Mailing Address 118 FAIRVIEW DRIVE

City State Zip Code  
FRANKLIN VA 23851

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

Name of Employer Occupation  
MID-ATLANTIC WOMEN'S CARE PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 10 / 2011

Transaction ID: SA11AI.21471

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
SUSAN M. SHERIDAN-LEWIS

Mailing Address 4537 EAST 23RD STREET

City State Zip Code  
CASPER WY 82609

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 ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 17 / 2011

Transaction ID: SA11AI.21640

Amount of Each Receipt this Period  
300.00

**C.**

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 ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 17 / 2011

Transaction ID: SA11AI.21642

Amount of Each Receipt this Period  
300.00

**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 63 / 82  
(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

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)  
GAYLE M. STEWART

Mailing Address 1060 EAST 100 SOUTH

City State Zip Code  
SALT LAKE CITY UT 84102

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

Name of Employer Occupation  
ALPINE MEDICAL GROUP PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 14 / 2011

Transaction ID: SA11AI.21812

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
LEROY E. STIFF

Mailing Address 2 SUTTON PLACE

City State Zip Code  
HAMPTON VA 23666

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

Name of Employer Occupation  
MID-ATLANTIC WOMEN'S CARE PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 10 / 2011

Transaction ID: SA11AI.21472

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
KIMBERLY J. STOCKMASTER

Mailing Address 1228 TRIPLE CROWN CIRCLE

City State Zip Code  
CHESAPEAKE VA 23320

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

Name of Employer Occupation  
THE GROUP FOR WOMEN PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 10 / 2011

Transaction ID: SA11AI.21474

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 64 / 82  
(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 L. STRUNK

Mailing Address 698 CONSTELLATION COURT

City State Zip Code  
DAVIDSONVILLE MD 21035

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

Name of Employer Occupation  
AMERICAN COLLEGE OF OB/GYNS VICE PRESIDENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 10 / 2011

Transaction ID: SA11AI.21476

Amount of Each Receipt this Period  
1000.00

**B.**

Full Name (Last, First, Middle Initial)  
RAMON A. SUAREZ

Mailing Address 725 NORTH ISLAND DRIVE

City State Zip Code  
ATLANTA GA 30327

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 ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 04 / 2011

Transaction ID: SA11AI.21521

Amount of Each Receipt this Period  
1000.00

**C.**

Full Name (Last, First, Middle Initial)  
BRUCE E. TAYLOR

Mailing Address 1101 SOUTH 70TH

City State Zip Code  
LINCOLN NE 68510

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

Name of Employer Occupation  
CONTEMPORARY HEALTH CARE PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 04 / 2011

Transaction ID: SA11AI.21522

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3000.00**

**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 65 / 82  
(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 THOM		Date of Receipt MM / DD / YYYY 03 / 10 / 2011
Mailing Address 234 KINGS GRANT		<b>Transaction ID:</b> SA11AI.21477
City YORKTOWN	State VA	Zip Code 23692
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer MID-ATLANTIC WOMEN'S CARE	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) JANICE E. TILDON-BURTON		Date of Receipt MM / DD / YYYY 03 / 24 / 2011
Mailing Address 1700 TALLEY ROAD		<b>Transaction ID:</b> SA11AI.21981
City WILMINGTON	State DE	Zip Code 19803
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 83.33
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 ▼ 249.99	

**C.**

Full Name (Last, First, Middle Initial) AARON M. TOLER		Date of Receipt MM / DD / YYYY 03 / 23 / 2011
Mailing Address 12 WOODBURN ROAD		<b>Transaction ID:</b> SA11AI.21858
City SPARTANBURG	State SC	Zip Code 29302
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer SPARTANBURG REGIONAL HOSPITAL	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>583.33</b>
<b>TOTAL</b> 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 66 / 82  
(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)  
PAUL G. TOMICH

Mailing Address 3637 QUINCE COURT

City State Zip Code  
DOWNERS GROVE IL 60515

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

Name of Employer UNIVERSITY OF NEBRASKA      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  
03 / 17 / 2011

**Transaction ID:** SA11AI.21643

Amount of Each Receipt this Period  
600.00

**B.** Full Name (Last, First, Middle Initial)  
ERIN E. TRACY

Mailing Address 5 HIGH STREET

City State Zip Code  
STONEHAM MA 02180

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

Name of Employer MASSACHUSETTS GENERAL HOSPITAL      Occupation PHYSICIAN

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

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 04 / 2011

**Transaction ID:** SA11AI.21523

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
BARBARA S. VAN EECKHOUT

Mailing Address P.O. BOX 6099

City State Zip Code  
SANTA FE NM 87502

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) ▼      1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 07 / 2011

**Transaction ID:** SA11AI.21567

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2600.00**

**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 67 / 82

(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)  
JESSICA M. VAUGHT

Mailing Address 8048 OLD TOWN DRIVE

City State Zip Code  
ORLANDO FL 32819

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

Name of Employer Occupation  
ORLANDO HEALTH PHYSICIAN

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

Date of Receipt

M M / D D / Y Y Y Y  
03 / 07 / 2011

Transaction ID: SA11AI.21568

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)  
BEVERLY A. VAVRICKA

Mailing Address 1181 1ST COLONIAL BOULEVARD

City State Zip Code  
VIRGINIA BEACH VA 23454

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

Name of Employer Occupation  
VIRGINIA BEACH OB/GYN PHYSICIAN

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

Date of Receipt

M M / D D / Y Y Y Y  
03 / 07 / 2011

Transaction ID: SA11AI.21569

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)  
RICHARD N. WALDMAN

Mailing Address 6100 WOLFBORO ROAD

City State Zip Code  
JAMESVILLE NY 13078

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

Name of Employer Occupation  
ASSOCIATES FOR WOMEN PHYSICIAN

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

Date of Receipt

M M / D D / Y Y Y Y  
03 / 17 / 2011

Transaction ID: SA11AI.21644

Amount of Each Receipt this Period

1000.00

**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 68 / 82  
(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)  
JEFFREY M. WENTWORTH

Mailing Address 332 BAY DUNES DRIVE

City NORFOLK State VA Zip Code 23503

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

Name of Employer THE GROUP FOR WOMEN Occupation PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 10 / 2011  
Transaction ID: SA11AI.21478  
Amount of Each Receipt this Period: 250.00

**B.** Full Name (Last, First, Middle Initial)  
C. WILSON WESBROOK

Mailing Address 272 WEST BUENA VISTA DRIVE

City TEMPE State AZ Zip Code 85284

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 ▼ 250.00

Date of Receipt: 03 / 08 / 2011  
Transaction ID: SA11AI.21607  
Amount of Each Receipt this Period: 250.00

**C.** Full Name (Last, First, Middle Initial)  
THOMAS WESTOVER

Mailing Address 91 HARROWGATE DRIVE

City CHERRY HILL State NJ Zip Code 08003

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

Name of Employer COOPER UNIVERSITY HOSPITAL Occupation PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 03 / 09 / 2011  
Transaction ID: SA11AI.21753  
Amount of Each Receipt this Period: 300.00

**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 69 / 82  
(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)  
JONATHAN H. WHEELER

Mailing Address 36 SHADY LANE

City IRVINE State CA Zip Code 92603

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: 03 / 09 / 2011  
**Transaction ID:** SA11AI.21754  
 Amount of Each Receipt this Period: 300.00

**B.** Full Name (Last, First, Middle Initial)  
THERESA W. WHIBLEY

Mailing Address 1658 LONGWOOD DRIVE

City NORFOLK State VA Zip Code 23508

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

Name of Employer WOMEN CARING Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 10 / 2011  
**Transaction ID:** SA11AI.21479  
 Amount of Each Receipt this Period: 250.00

**C.** Full Name (Last, First, Middle Initial)  
DAVID J. WILLIAMS

Mailing Address 460 WEST BANKHEAD

City NEW ALBANY State MS Zip Code 38652

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

Name of Employer WOMEN'S CLINIC OF NEW ALBANY Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 03 / 22 / 2011  
**Transaction ID:** SA11AI.21998  
 Amount of Each Receipt this Period: 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1050.00

**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 70 / 82

(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)  
NICOLE E. WILLIAMS

Mailing Address 2332 SOUTH MICHIGAN AVENUE

City State Zip Code  
CHICAGO IL 60616

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

Name of Employer Occupation  
MERCY HOSPITAL PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 09 / 2011

Transaction ID: SA11AI.21755

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)  
MICHAEL P. WOODS

Mailing Address 2206 LONGO DRIVE

City State Zip Code  
BELLEVUE NE 68005

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

Name of Employer Occupation  
BELLEVUE HEALTH CENTER PHYSICIAN

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

Date of Receipt

M M / D D / Y Y Y Y  
03 / 17 / 2011

Transaction ID: SA11AI.21646

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)  
TRACY B. WRIGHT

Mailing Address 2403 WHALER COURT

City State Zip Code  
VIRGINIA BEACH VA 23451

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

Name of Employer Occupation  
COMPLETE WOMEN'S CARE PHYSICIAN

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

Date of Receipt

M M / D D / Y Y Y Y  
03 / 10 / 2011

Transaction ID: SA11AI.21480

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1550.00

**TOTAL** This Period (last page this line number only) .....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 71 / 82
	(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		Date of Receipt
Mailing Address 1950 PINTO LANE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 03 / 04 / 2011
City	State	Zip Code
LAS VEGAS	NV	89106
FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.21524
C <input type="text"/>		Amount of Each Receipt this Period
		<input type="text"/> 500.00
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"/> 500.00	

**B.**

Full Name (Last, First, Middle Initial) JOHN W. YOUNG, JR.		Date of Receipt
Mailing Address 3001 WEST ILLINOIS		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 03 / 14 / 2011
City	State	Zip Code
MIDLAND	TX	79701
FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.21814
C <input type="text"/>		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	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 750.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/> 87843.33

**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)

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<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

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)

<b>A.</b> 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.21437 Date of Disbursement 03 / 07 / 2011
	Amount of Each Disbursement this Period 693.54
<b>B.</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.21436 Date of Disbursement 03 / 02 / 2011
	Amount of Each Disbursement this Period 891.21

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

1584.75

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

1584.75

**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 73 / 82

<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)

<b>A.</b> Full Name (Last, First, Middle Initial) ALASKA VOTER PROTECTION FUND Mailing Address P.O. BOX 100847 City ANCHORAGE State AK Zip Code 99510 Purpose of Disbursement CONTRIBUTION 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: SB23.21929 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 1 1
	Amount of Each Disbursement this Period 1000.00 Category/Type

<b>B.</b> Full Name (Last, First, Middle Initial) ANDY HARRIS FOR CONGRESS Mailing Address P.O. BOX 426 City STEVENSVILLE State MD Zip Code 21666 Purpose of Disbursement CONTRIBUTION Candidate Name ANDREW P. HARRIS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 01 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.21925 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 5 / 2 0 1 1
	Amount of Each Disbursement this Period 2500.00 Category/Type

<b>C.</b> Full Name (Last, First, Middle Initial) BEN CARDIN FOR SENATE Mailing Address P.O. BOX 21093 City CATONSVILLE State MD Zip Code 21228 Purpose of Disbursement CONTRIBUTION Candidate Name BENJAMIN L. CARDIN Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 03 Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.21489 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 1 1
	Amount of Each Disbursement this Period 2500.00 Category/Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	6000.00
<b>TOTAL</b> 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)

<b>A.</b> Full Name (Last, First, Middle Initial) BERKLEY FOR CONGRESS <hr/> Mailing Address 3069 CONQUISTA COURT <hr/> City LAS VEGAS State NV Zip Code 89121 <hr/> Purpose of Disbursement CONTRIBUTION Candidate Name SHELLEY BERKLEY Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 01 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.21491 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 1 1
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) BERKLEY FOR CONGRESS <hr/> Mailing Address 3069 CONQUISTA COURT <hr/> City LAS VEGAS State NV Zip Code 89121 <hr/> Purpose of Disbursement CONTRIBUTION Candidate Name SHELLEY BERKLEY Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 01 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.21671 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 7 / 2 0 1 1
	Amount of Each Disbursement this Period 1500.00
	Category/ Type
	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) BUCSHON FOR CONGRESS <hr/> Mailing Address P.O. BOX 250 <hr/> City NEWBURGH State IN Zip Code 47629 <hr/> Purpose of Disbursement CONTRIBUTION Candidate Name LARRY D. BUCSHON Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 08 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.21490 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 1 1
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3500.00
<b>TOTAL</b> 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) COURTNEY FOR CONGRESS	Transaction ID: SB23.21928 Date of Disbursement
	Mailing Address 38 RISLEY ROAD	<input type="text" value="03"/> / <input type="text" value="28"/> / <input type="text" value="2011"/>
	City VERNON State CT Zip Code 06066	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION	<input type="text" value="1000.00"/>
	Candidate Name JOSEPH D. COURTNEY	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: CT District: 02	

B.	Full Name (Last, First, Middle Initial) DAVE CAMP FOR CONGRESS	Transaction ID: SB23.21923 Date of Disbursement
	Mailing Address 5915 EASTMAN AVENUE	<input type="text" value="03"/> / <input type="text" value="25"/> / <input type="text" value="2011"/>
	City MIDLAND State MI Zip Code 48640	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION	<input type="text" value="2500.00"/>
	Candidate Name DAVID L. CAMP	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: MI District: 04	

C.	Full Name (Last, First, Middle Initial) DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE	Transaction ID: SB23.21481 Date of Disbursement
	Mailing Address 430 SOUTH CAPITOL STREET, SE	<input type="text" value="03"/> / <input type="text" value="14"/> / <input type="text" value="2011"/>
	City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION	<input type="text" value="10000.00"/>
	Candidate Name	Category/Type
	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="13500.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER:  
(check only one)

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<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)

<b>A.</b> Full Name (Last, First, Middle Initial) DEMOCRATIC SENATORIAL CAMPAIGN COMMITTEE Mailing Address 120 MARYLAND AVENUE, 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 State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.21678 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 7 / 2 0 1 1
	Amount of Each Disbursement this Period 5000.00 Category/Type
<b>B.</b> Full Name (Last, First, Middle Initial) FRIENDS OF NAN HAYWORTH Mailing Address 51 GLENEIDA AVENUE City CARMEL State NY Zip Code 10512 Purpose of Disbursement CONTRIBUTION Candidate Name NAN HAYWORTH Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 19 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.21672 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 7 / 2 0 1 1
	Amount of Each Disbursement this Period 5000.00 Category/Type
<b>C.</b> Full Name (Last, First, Middle Initial) FRIENDS OF SHERROD BROWN Mailing Address P.O. BOX 76187 City WASHINGTON State DC Zip Code 20013 Purpose of Disbursement CONTRIBUTION Candidate Name SHERROD BROWN Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 00 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.21920 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 5 / 2 0 1 1
	Amount of Each Disbursement this Period 1500.00 Category/Type

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

11500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) FRIENDS OF SHERROD BROWN	Transaction ID: SB23.21921 Date of Disbursement																			
	Mailing Address P.O. BOX 76187	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	5		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	5		2	0	1	1												
	City WASHINGTON State DC Zip Code 20013	Amount of Each Disbursement this Period																			
	Purpose of Disbursement CONTRIBUTION	<table border="1"><tr><td>1000.00</td></tr></table>	1000.00																		
1000.00																					
	Candidate Name SHERROD BROWN	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 00	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

B.	Full Name (Last, First, Middle Initial) FUND FOR THE MAJORITY	Transaction ID: SB23.21931 Date of Disbursement																			
	Mailing Address 1212 SOUTH VICTORY BOULEVARD	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	8		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	8		2	0	1	1												
	City BURBANK State CA Zip Code 91502	Amount of Each Disbursement this Period																			
	Purpose of Disbursement CONTRIBUTION	<table border="1"><tr><td>2000.00</td></tr></table>	2000.00																		
2000.00																					
	Candidate Name	Category/Type																			
	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) ▼																			

C.	Full Name (Last, First, Middle Initial) GILLIBRAND FOR SENATE	Transaction ID: SB23.21924 Date of Disbursement																			
	Mailing Address 236 MASSACHUSETTS AVENUE	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	5		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	5		2	0	1	1												
	City WASHINGTON State DC Zip Code 20002	Amount of Each Disbursement this Period																			
	Purpose of Disbursement CONTRIBUTION	<table border="1"><tr><td>2500.00</td></tr></table>	2500.00																		
2500.00																					
	Candidate Name KIRSTEN E. GILLIBRAND	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 00	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"><tr><td>5500.00</td></tr></table>	5500.00
5500.00		
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"><tr><td></td></tr></table>	

**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)

<b>A.</b>	Full Name (Last, First, Middle Initial) GINGREY FOR CONGRESS	Transaction ID: SB23.21488 Date of Disbursement 03 / 14 / 2011
	Mailing Address P.O. BOX U	Amount of Each Disbursement this Period 2500.00
	City MARIETTA State GA Zip Code 30060	Category/ Type
	Purpose of Disbursement CONTRIBUTION Candidate Name J. PHILLIP GINGREY	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 11	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>B.</b>	Full Name (Last, First, Middle Initial) HOYER FOR CONGRESS	Transaction ID: SB23.21487 Date of Disbursement 03 / 14 / 2011
	Mailing Address 700 13TH STREET, NW	Amount of Each Disbursement this Period 2500.00
	City WASHINGTON State DC Zip Code 20005	Category/ Type
	Purpose of Disbursement CONTRIBUTION Candidate Name STENY H. HOYER	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 05	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>C.</b>	Full Name (Last, First, Middle Initial) JACKIE SPEIER FOR CONGRESS	Transaction ID: SB23.21927 Date of Disbursement 03 / 25 / 2011
	Mailing Address P.O. BOX 112	Amount of Each Disbursement this Period 2500.00
	City BURLINGAME State CA Zip Code 94011	Category/ Type
	Purpose of Disbursement CONTRIBUTION Candidate Name JACKIE SPEIER	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 12	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

7500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) LOUISE SLAUGHTER RE-ELECTION COMMITTEE</p> <p>Mailing Address P.O. BOX 730</p> <p>City HONEOYE State NY Zip Code 14471</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name LOUISE M. SLAUGHTER</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 28</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.21926</p> <p>Date of Disbursement 03 / 25 / 2011</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) PALLONE FOR CONGRESS</p> <p>Mailing Address P.O. BOX 3176</p> <p>City LONG BRANCH State NJ Zip Code 07740</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name FRANK PALLONE, JR.</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 06</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.21486</p> <p>Date of Disbursement 03 / 14 / 2011</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) PETE SESSIONS FOR CONGRESS</p> <p>Mailing Address P.O. BOX 823047</p> <p>City DALLAS State TX Zip Code 75382</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name PETE SESSIONS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 32</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.21674</p> <p>Date of Disbursement 03 / 17 / 2011</p> <p>Amount of Each Disbursement this Period 2500.00</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	7500.00
<b>TOTAL</b> 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) PRICE FOR CONGRESS	Transaction ID: SB23.21673 Date of Disbursement 03 / 17 / 2011
	Mailing Address P.O. BOX 425	Amount of Each Disbursement this Period 2500.00
	City ROSWELL State GA Zip Code 30077	
	Purpose of Disbursement CONTRIBUTION	Category/Type
	Candidate Name THOMAS E. PRICE	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: GA District: 06	

B.	Full Name (Last, First, Middle Initial) SCHAKOWSKY FOR CONGRESS	Transaction ID: SB23.21485 Date of Disbursement 03 / 14 / 2011
	Mailing Address P.O. BOX 5130	Amount of Each Disbursement this Period 2500.00
	City EVANSTON State IL Zip Code 60204	
	Purpose of Disbursement CONTRIBUTION	Category/Type
	Candidate Name JANICE D. SCHAKOWSKY	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: IL District: 09	

C.	Full Name (Last, First, Middle Initial) TRUST PAC TEAM REPUBLICANS FOR UTILIZING SENSIBLE TACTICS	Transaction ID: SB23.21482 Date of Disbursement 03 / 14 / 2011
	Mailing Address 228 SOUTH WASHINGTON STREET	Amount of Each Disbursement this Period 1000.00
	City ALEXANDRIA State VA Zip Code 22314	
	Purpose of Disbursement CONTRIBUTION	Category/Type
	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	6000.00
<b>TOTAL</b> 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)

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<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)  
VOLUNTEERS FOR SHIMKUS

Mailing Address P.O. BOX 661

City COLLINSVILLE State IL Zip Code 62234

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
JOHN M. SHIMKUS

Office Sought:  House  
 Senate  
 President

State: IL District: 19

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Transaction ID: SB23.21484

Date of Disbursement

/   /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) ..... ►

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

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

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

FOR LINE NUMBER:  
(check only one)

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<input 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 checked="" 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) PAUL A. DUBRICK		Transaction ID: SB28A.21670	
	Mailing Address 633 CRAYTON CIRCLE NORTH		Date of Disbursement MM / DD / YYYY 03 / 17 / 2011	
City DEKALB		State IL	Zip Code 60115	
Purpose of Disbursement CONTRIBUTION REFUND REQUESTED BY CONTRIBUTOR			Amount of Each Disbursement this Period 900.00	
Candidate Name			Category/ Type	
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:				

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	900.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	900.00