

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

ADDRESS (number and street) 409 12TH STREET, SW  
 Check if different than previously reported. (ACC)  
WASHINGTON DC 20024

2. **FEC IDENTIFICATION NUMBER** C00364158  
**3. IS THIS REPORT**  NEW (N) **OR**  AMENDED (A)

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report(Q1)  
 July 15 Quarterly Report(Q2)  
 October 15 Quarterly Report(Q3)  
 January 31 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE-Election** Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12G)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post -Election** Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 05 01 2010 through 05 31 2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Type or Print Name of Treasurer STACIE MISCIKOWSKI

Signature of Treasurer Electronically Filed by STACIE MISCIKOWSKI Date 06 08 2010

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

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

**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	5

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	5

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		49181.92
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period .....	272115.13									
(c) Total Receipts (from Line 19) .....	50580.00	373745.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	322695.13	422926.92								
7. Total Disbursements (from Line 31) .....	33297.22	133529.01								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	289397.91	289397.91								
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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

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

Report Covering the Period: From: 

M	M
0	5

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	5

D	D
3	1

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	48400.00	327730.00
(ii) Unitemized .....	2180.00	46015.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	50580.00	373745.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	50580.00	373745.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	50580.00	373745.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	50580.00	373745.00

## DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	1797.22	17529.01
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	1797.22	17529.01
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	30500.00	115000.00
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 .....	1000.00	1000.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	1000.00	1000.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	33297.22	133529.01
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	33297.22	133529.01

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	50580.00	373745.00
34. Total Contribution Refunds (from Line 28(d)) .....	1000.00	1000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	49580.00	372745.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1797.22	17529.01
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	1797.22	17529.01

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 36  
(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)  
DENNIS R. ABBAS

Mailing Address 3115 DREXEL DRIVE

City State Zip Code  
DALLAS TX 75205

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  
05 / 14 / 2010

Transaction ID: SA11AI.18946

Amount of Each Receipt this Period  
300.00

**B.**

Full Name (Last, First, Middle Initial)  
MAGDY W. ABDEL NOUR

Mailing Address 140 COUNTRY CLUB ROAD

City State Zip Code  
TERRE HAUTE IN 47803

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

Name of Employer Occupation  
PROVIDENCE MEDICAL GROUP PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
MM / DD / YYYY  
05 / 03 / 2010

Transaction ID: SA11AI.18931

Amount of Each Receipt this Period  
750.00

**C.**

Full Name (Last, First, Middle Initial)  
E. PETER ANZALDO

Mailing Address 1310 WEST STEWART DRIVE

City State Zip Code  
ORANGE CA 92868

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  
MM / DD / YYYY  
05 / 21 / 2010

Transaction ID: SA11AI.19025

Amount of Each Receipt this Period  
500.00

**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 / 36  
(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)  
CATALINA T. ARANAS

Mailing Address 959 17TH STREET

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

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	7	/	2	0	1	0

**Transaction ID:** SA11AI.18991

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
HAMID BANOONI

Mailing Address 28555 ORCHARD LAKE ROAD

City State Zip Code  
FARMINGTON HILLS MI 48334

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

Name of Employer LABES, BABAOFF, BANOONI      Occupation PHYSICIAN

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

Date of Receipt  

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

**Transaction ID:** SA11AI.18964

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
MARGUERITE L. BARTHOLOMEW

Mailing Address 1319 PONAHOU STREET

City State Zip Code  
HONOLULU HI 96826

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

Name of Employer UNIVERSITY OF HAWAII      Occupation PHYSICIAN

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

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	0	7	/	2	0	1	0

**Transaction ID:** SA11AI.18955

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2000.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 36  
(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)  
JOSEPH R. BAUMGART

Mailing Address 625 EAST BETHANY ROAD

City DEKALB State IL Zip Code 60115

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

Name of Employer NORTHERN ILLINOIS FERTILITY Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: MM / DD / YYYY  
05 / 05 / 2010

Transaction ID: SA11AI.18923

Amount of Each Receipt this Period: 500.00

**B.** Full Name (Last, First, Middle Initial)  
SCOTT A. BECKMAN

Mailing Address 613 DORBETT STREET

City JASPER State IN Zip Code 47546

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

Name of Employer JASPER OBSTETRICS Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: MM / DD / YYYY  
05 / 21 / 2010

Transaction ID: SA11AI.19026

Amount of Each Receipt this Period: 1000.00

**C.** Full Name (Last, First, Middle Initial)  
MAY H. BLANCHARD

Mailing Address 1316 BELT STREET

City BALTIMORE State MD Zip Code 21230

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

Name of Employer UNIVESITY OF MARYLAND Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: MM / DD / YYYY  
05 / 26 / 2010

Transaction ID: SA11AI.19012

Amount of Each Receipt this Period: 1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2500.00

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 36
	<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) JEFFREY P. BLOCK	Date of Receipt MM / DD / YYYY 05 / 10 / 2010
	Mailing Address 2220 LYNN ROAD	<b>Transaction ID:</b> SA11AI.18965
	City State Zip Code THOUSAND OAKS CA 91360	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	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

<b>B.</b>	Full Name (Last, First, Middle Initial) JAMES L. BREEN	Date of Receipt MM / DD / YYYY 05 / 21 / 2010
	Mailing Address 14 NORTH CALIBOGUE CAY ROAD	<b>Transaction ID:</b> SA11AI.19028
	City State Zip Code HILTON HEAD ISLAND SC 29928	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer RETIRED Occupation PHYSICIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00

<b>C.</b>	Full Name (Last, First, Middle Initial) DAVID M. BURKONS	Date of Receipt MM / DD / YYYY 05 / 10 / 2010
	Mailing Address 1611 SOUTH GREEN ROAD	<b>Transaction ID:</b> SA11AI.18966
	City State Zip Code CLEVELAND OH 44121	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer UNIVERSITY GYNECOLOGISTS 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) .....	2000.00
<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 10 / 36  
(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)  
ROBERT J. BURNETT

Mailing Address 201 BIRCH STREET

City State Zip Code  
COUPEVILLE WA 98239

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

Name of Employer ISLAND WOMEN'S HEALTH CENTER  
Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
05 / 18 / 2010

Transaction ID: SA11AI.18984

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 3181 SAM JACKSON PARK ROAD

City State Zip Code  
PORTLAND OR 97239

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

Name of Employer OHU MEDICAL SCHOOL  
Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  
MM / DD / YYYY  
05 / 21 / 2010

Transaction ID: SA11AI.19029

Amount of Each Receipt this Period  
750.00

**C.** Full Name (Last, First, Middle Initial)  
ILONA M. CARLOS

Mailing Address 3000 NORTH HALSTED STREET

City State Zip Code  
CHICAGO IL 60657

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

Name of Employer LAKEVIEW WOMEN'S HEALTH  
Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
05 / 03 / 2010

Transaction ID: SA11AI.18932

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2750.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 36  
(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)  
STEPHEN P. CARTER

Mailing Address 2486 NORTH PONDEROSA DRIVE

City State Zip Code  
CAMARILLO CA 93010

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

Name of Employer Occupation  
CHANNEL ISLANDS OB/GYN PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
05 / 10 / 2010

Transaction ID: SA11AI.18967

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
JONATHAN E. CAYLE

Mailing Address 51850 DEQUINDRE ROAD

City State Zip Code  
SHELBY TOWNSHIP MI 48367

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  
05 / 21 / 2010

Transaction ID: SA11AI.19030

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
SCOTT T. CHATHAM

Mailing Address 405 5TH STREET PLACE

City State Zip Code  
CONOVER NC 28613

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

Name of Employer Occupation  
CATAWBA WOMEN'S CENTER PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
05 / 26 / 2010

Transaction ID: SA11AI.19014

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 12 / 36  
(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)  
DIANA S. CURRAN

Mailing Address 5130 GLENNWAY DRIVE

City State Zip Code  
BRIGHTON MI 48116

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  
MM / DD / YYYY  
05 / 10 / 2010

Transaction ID: SA11AI.18922

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
KEVIN M. DAUS

Mailing Address 2675 NORTH DECATUR ROAD

City State Zip Code  
DECATUR GA 30033

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

Name of Employer Occupation  
PREMIER WOMEN'S SPECIALIS- TS PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
05 / 14 / 2010

Transaction ID: SA11AI.19001

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
DOMINIQUE DELMA

Mailing Address 17 TWIN PONDS DRIVE

City State Zip Code  
KINGSTON NY 12401

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  
MM / DD / YYYY  
05 / 14 / 2010

Transaction ID: SA11AI.19002

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1000.00

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

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

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

FOR LINE NUMBER: PAGE 13 / 36  
(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)  
CATHERINE H. DILLON

Mailing Address 9669 NORTH KENTON

City State Zip Code  
SKOKIE IL 60076

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

Name of Employer Occupation  
COMPREHENSIVE WOMEN'S CARE PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
05 / 21 / 2010

**Transaction ID:** SA11AI.19031

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
VALERIE E. DRAKE-ALBERT

Mailing Address 8100 EAST 22ND STREET

City State Zip Code  
WICHITA KS 67226

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  
05 / 03 / 2010

**Transaction ID:** SA11AI.18933

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
MARK I. EVANS

Mailing Address 131 EAST 65TH STREET

City State Zip Code  
NEW YORK NY 10065

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

Name of Employer Occupation  
COMPREHENSIVE GENETICS PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
05 / 05 / 2010

**Transaction ID:** SA11AI.18924

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 14 / 36  
(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. FAIR

Mailing Address 1804 DAVIE AVENUE

City Statesville State NC Zip Code 28677

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

Name of Employer: PIEDMONT HEALTH CARE Occupation: PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 05 / 05 / 2010  
Transaction ID: SA11AI.18925  
Amount of Each Receipt this Period: 1000.00

**B.**

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

Mailing Address 2921 MANAGUA PLACE

City Carlsbad State CA Zip Code 92009

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

Name of Employer: NORTH COAST WOMEN'S CARE Occupation: PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 05 / 03 / 2010  
Transaction ID: SA11AI.18934  
Amount of Each Receipt this Period: 1000.00

**C.**

Full Name (Last, First, Middle Initial)  
EDMOND G. FEUILLE, JR.

Mailing Address 551 NORTH HILLSIDE STREET

City Wichita State KS Zip Code 67214

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

Name of Employer: WICHITA OB/GYN ASSOCIATES Occupation: PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt: 05 / 14 / 2010  
Transaction ID: SA11AI.19003  
Amount of Each Receipt this Period: 600.00

**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: (check only one)	PAGE 15 / 36
	<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) C. WILLIAM GIBSON		Date of Receipt MM / DD / YYYY 05 / 17 / 2010
	Mailing Address 4529 JEWELWOOD COURT		Transaction ID: SA11AI.18992
	City PEORIA	State IL	Zip Code 61615
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
	Name of Employer RETIRED	Occupation 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) KATHERINE M. GILLOGLEY		Date of Receipt MM / DD / YYYY 05 / 18 / 2010
	Mailing Address 8120 TIMBERLAKE WAY		Transaction ID: SA11AI.18985
	City SACRAMENTO	State CA	Zip Code 95823
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
	Name of Employer MERCY 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	

<b>C.</b>	Full Name (Last, First, Middle Initial) JOHN D. GORDON		Date of Receipt MM / DD / YYYY 05 / 21 / 2010
	Mailing Address 46 SOUTH GLEBE ROAD		Transaction ID: SA11AI.19032
	City ARLINGTON	State VA	Zip Code 22204
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
	Name of Employer DOMINION FERTILITY	Occupation 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) .....	▶	1500.00
<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 16 / 36  
(check only one)

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

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

**A.** Full Name (Last, First, Middle Initial)  
PHILLIP C. GREIG

Mailing Address 373 HALTON ROAD

City State Zip Code  
GREENVILLE SC 29607

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

Name of Employer Occupation  
UPSTATE MATERNAL FETAL PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 1 4 / 2 0 1 0

**Transaction ID:** SA11AI.19004

Amount of Each Receipt this Period  
500.00

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

Mailing Address 4461 BROADWAY

City State Zip Code  
GROVE CITY OH 43123

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

Name of Employer Occupation  
SOUTHWESTERN OB/GYN PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 2 4 / 2 0 1 0

**Transaction ID:** SA11AI.19023

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
SHERRIE A. HALD

Mailing Address 75 PROMONTORY POINTE

City State Zip Code  
RENO NV 89519

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

Name of Employer Occupation  
NORTHERN NEVADA WOMEN'S 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  
0 5 / 1 4 / 2 0 1 0

**Transaction ID:** SA11AI.18947

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 17 / 36  
(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)  
DAVID L. HAMACHER

Mailing Address 126 SOUTH 25TH STREET

City State Zip Code  
ESCANABA MI 49829

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

Name of Employer Occupation  
GREAT LAKES GYN PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
MM / DD / YYYY  
05 / 14 / 2010

**Transaction ID:** SA11AI.19005

Amount of Each Receipt this Period  
2000.00

**B.** Full Name (Last, First, Middle Initial)  
KELLY C. HAMMOND

Mailing Address 31 ALWIN TERRACE

City State Zip Code  
LITTLE SILVER NJ 07739

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

Name of Employer Occupation  
KAROLY, HAMMOND, KASKIW PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
05 / 21 / 2010

**Transaction ID:** SA11AI.19033

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
ROBERT E. HANSON

Mailing Address 3470 FANNIN

City State Zip Code  
BEAUMONT TX 77701

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

Name of Employer Occupation  
BEAUMONT WOMEN'S HEALTH PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
05 / 17 / 2010

**Transaction ID:** SA11AI.18993

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **4000.00**

**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 18 / 36
	<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) DORIS K. HEILMAN		Date of Receipt
	Mailing Address 1144 BADGER ROAD		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 05 / 18 / 2010
	City	State	Zip Code
	NORTH POLE	AK	99705
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.18986
Name of Employer INTERIOR WOMEN'S HEALTH		Occupation PHYSICIAN	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	<input type="text"/> 250.00

<b>B.</b>	Full Name (Last, First, Middle Initial) DAWN E. HUGGINS-JONES		Date of Receipt
	Mailing Address 1716 LOWER CHURCH COURT		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 05 / 11 / 2010
	City	State	Zip Code
	VIRGINIA BEACH	VA	23455
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.18958
Name of Employer FAMILY MEDICAL PRACTITIONERS		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) SUSAN B. HURSON		Date of Receipt
	Mailing Address 3301 NEW MEXICO AVENUE, NW		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 05 / 21 / 2010
	City	State	Zip Code
	WASHINGTON	DC	20016
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.19034
Name of Employer SELF-EMPLOYED		Occupation PHYSICIAN	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	<input type="text"/> 1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 2250.00
<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 19 / 36  
(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)  
MAHMOUD A. ISMAIL

Mailing Address 5841 SOUTH MARYLAND AVENUE

City State Zip Code  
CHICAGO IL 60637

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

Name of Employer UNIVERSITY OF CHICAGO      Occupation PHYSICIAN

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
05 / 18 / 2010

**Transaction ID:** SA11AI.18987

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
JASON S. JAMES

Mailing Address 6721 SOUTHWEST 140TH STREET

City State Zip Code  
MIAMI FL 33158

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

Name of Employer FEMCARE OB/GYN      Occupation PHYSICIAN

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
MM / DD / YYYY  
05 / 17 / 2010

**Transaction ID:** SA11AI.18994

Amount of Each Receipt this Period  
350.00

**C.** Full Name (Last, First, Middle Initial)  
LISA L. JONES

Mailing Address 1140 CARTHAGE STREET

City State Zip Code  
SANFORD NC 27330

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

Name of Employer CAROLINA WOMEN'S HEALTH CENTER      Occupation PHYSICIAN

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
05 / 21 / 2010

**Transaction ID:** SA11AI.19035

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: (check only one)	PAGE 20 / 36
	<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) ISKANDAN I. KASSIS	Date of Receipt MM / DD / YYYY 05 / 14 / 2010
	Mailing Address 3113 SALLY DRIVE	<b>Transaction ID:</b> SA11AI.19006
	City State Zip Code VESTAL NY 13850	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation UNITED HEALTH SERVICES 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) JEFFRY I. KOMINS	Date of Receipt MM / DD / YYYY 05 / 03 / 2010
	Mailing Address 912 NOTTINGHAM ROAD	<b>Transaction ID:</b> SA11AI.18935
	City State Zip Code WILMINGTON DE 19805	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation MERCY HEALTH SYSTEM 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) BRYAN K. KREPPS	Date of Receipt MM / DD / YYYY 05 / 17 / 2010
	Mailing Address 503 SOUTH 8TH STREET	<b>Transaction ID:</b> SA11AI.18995
	City State Zip Code GRIFFIN GA 30224	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation GRIFFIN OB/GYN CLINIC 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) .....	<b>950.00</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 21 / 36  
(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)  
ZBIGNIEW J. KULA

Mailing Address 115 WOODSHIRE DRIVE

City State Zip Code  
CROSSETT AR 71635

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

Name of Employer Occupation  
ASHLEY WOMEN'S SERVICE PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
05 / 17 / 2010

**Transaction ID:** SA11AI.18996

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
JOHN M. LAFFERTY

Mailing Address P.O. BOX 597

City State Zip Code  
RUTHERFORD NC 28671

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

Name of Employer Occupation  
WOMEN'S HEALTH CARE PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
05 / 10 / 2010

**Transaction ID:** SA11AI.18969

Amount of Each Receipt this Period  
300.00

**C.** Full Name (Last, First, Middle Initial)  
AMELIA E. LAING

Mailing Address 830 SOUTH MAIN STREET

City State Zip Code  
ORRVILLE OH 44667

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

Name of Employer Occupation  
DUNLAP OB/GYN PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
05 / 17 / 2010

**Transaction ID:** SA11AI.19021

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2300.00

**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 / 36  
(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)  
DAVID J. LEVINE

Mailing Address 232 SOUTH WOODS MILL ROAD

City State Zip Code  
CHESTERFIELD MO 63017

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

Name of Employer SELF-EMPLOYED Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: SA11AI.19036

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
JOHN J. MAGGIO

Mailing Address 321 WEST 24TH STREET

City State Zip Code  
NEW YORK NY 10011

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

Name of Employer SELF-EMPLOYED Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 1 4 / 2 0 1 0

Transaction ID: SA11AI.19007

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
HOWARD C. MANDEL

Mailing Address 10309 SANTA MONICA BOULEVARD

City State Zip Code  
LOS ANGELES CA 90025

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

Name of Employer SELF-EMPLOYED Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 2 6 / 2 0 1 0

Transaction ID: SA11AI.19017

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2250.00

**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 / 36  
(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)  
DANIEL MCCAULEY

Mailing Address 1729 NORTH OLIVE AVENUE

City State Zip Code  
TURLOCK CA 95382

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

Name of Employer Occupation  
OB/GYN ASSOCIATES OF TURL-OCK PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
05 / 03 / 2010

**Transaction ID:** SA11AI.18937

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
PATRICIA M. MCSHANE

Mailing Address P.O. BOX 3386

City State Zip Code  
BRECKENRIDGE CO 80424

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

Name of Employer Occupation  
UNIVERSITY OF COLORADO PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
05 / 14 / 2010

**Transaction ID:** SA11AI.18951

Amount of Each Receipt this Period  
200.00

**C.** Full Name (Last, First, Middle Initial)  
MICHAEL T. MENNUTI

Mailing Address 1311 HILLSIDE ROAD

City State Zip Code  
WYNNWOOD PA 19096

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

Name of Employer Occupation  
UNIVERSITY OF PENNSYLVANIA PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
05 / 26 / 2010

**Transaction ID:** SA11AI.19019

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1450.00

**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 / 36
	<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) FRANK C. MILLER	Date of Receipt MM / DD / YYYY 05 / 26 / 2010
	Mailing Address 787 HARBOR POINT	<b>Transaction ID:</b> SA11AI.19020
	City State Zip Code LEXINGTON KY 40502	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation UNIVERSITY OF KENTUCKY PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) VIBHAKAR J. MODY	Date of Receipt MM / DD / YYYY 05 / 17 / 2010
	Mailing Address 7307 BALTIMORE AVENUE	<b>Transaction ID:</b> SA11AI.18998
	City State Zip Code COLLEGE PARK MD 20740	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation HEALTH RISE LOTUS CARE 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) ALFRED G. NEUBERT	Date of Receipt MM / DD / YYYY 05 / 03 / 2010
	Mailing Address 9 KNOLLWOOD DRIVE	<b>Transaction ID:</b> SA11AI.18938
	City State Zip Code SINKING SPRING PA 19608	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation READING HOSPITAL 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) .....	950.00
<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 25 / 36  
(check only one)

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

**A.**

Full Name (Last, First, Middle Initial)  
JOHN R. NOBLES, JR.

Mailing Address 577 COVINGTON MILL POND ROAD

City State Zip Code  
BENNETTSVILLE SC 29512

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

Name of Employer Occupation  
SCOTLAND MEMORIAL HOSPITAL PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
05 / 14 / 2010

Transaction ID: SA11AI.18952

Amount of Each Receipt this Period  
1000.00

**B.**

Full Name (Last, First, Middle Initial)  
EDWARD N. OFORI

Mailing Address 1301 BERTHA HOWE AVENUE

City State Zip Code  
MESQUITE NV 98027

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

Name of Employer Occupation  
MESQUITE WOMEN'S CLINIC PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
05 / 10 / 2010

Transaction ID: SA11AI.18970

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
ELIZABETH OTTMAN

Mailing Address 2211 MAYFAIR DRIVE

City State Zip Code  
OWENSBORO KY 42301

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  
05 / 18 / 2010

Transaction ID: SA11AI.18988

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2500.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 36  
(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 C. PARK

Mailing Address 11615 LE BARON TERRACE

City State Zip Code  
SILVER SPRING MD 20902

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: 05 / 11 / 2010  
Transaction ID: SA11AI.18959  
Amount of Each Receipt this Period: 500.00

**B.** Full Name (Last, First, Middle Initial)  
LINN PARSONS

Mailing Address 201 EXECUTIVE PARK BOULEVARD

City State Zip Code  
WINSTON-SALEM NC 27103

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

Name of Employer Occupation  
BLUE RIDGE MEDICAL GROUP PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 05 / 11 / 2010  
Transaction ID: SA11AI.18960  
Amount of Each Receipt this Period: 1000.00

**C.** Full Name (Last, First, Middle Initial)  
KATHLEEN M. PERRY

Mailing Address 539 CASTLETON AVENUE

City State Zip Code  
STATEN ISLAND NY 10301

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

Name of Employer Occupation  
RICHMOND GYN PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 05 / 17 / 2010  
Transaction ID: SA11AI.18999  
Amount of Each Receipt this Period: 1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2500.00

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

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

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

FOR LINE NUMBER: PAGE 27 / 36  
(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)  
WILLIAM J. PETERS

Mailing Address 925 HIGHLAND BOULEVARD

City State Zip Code  
BOZEMAN MT 59715

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

Name of Employer Occupation  
BILLINGS 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 Y  
0 5 / 2 1 / 2 0 1 0

**Transaction ID:** SA11AI.19037

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
WILLIAM F. PRICE

Mailing Address 1600 UNIVERSITY DRIVE EAST

City State Zip Code  
COLLEGE STATION TX 77840

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

Name of Employer Occupation  
SCOTT & WHITE HEALTHCARE PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

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

**Transaction ID:** SA11AI.18971

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
LOLITA L. RANA-GARCIA

Mailing Address 2263 SALEM AVENUE

City State Zip Code  
DAYTON OH 45406

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  
M M / D D / Y Y Y Y Y  
0 5 / 1 8 / 2 0 1 0

**Transaction ID:** SA11AI.18989

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2250.00

**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 / 36  
(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)  
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  
GYNECOLOGY SPECIALISTS PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
05 / 03 / 2010

**Transaction ID:** SA11AI.18939

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
PAUL A. SMURDA

Mailing Address 414 FIFTH AVENUE

City State Zip Code  
ALBANY GA 31701

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

Name of Employer Occupation  
WOMEN'S HEALTH PROFESSIONALS PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
05 / 03 / 2010

**Transaction ID:** SA11AI.18940

Amount of Each Receipt this Period  
250.00

**C.** 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 ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
05 / 14 / 2010

**Transaction ID:** SA11AI.19008

Amount of Each Receipt this Period  
500.00

**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 29 / 36

(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)  
KIM L. THORNTON

Mailing Address 73 WASHBURN AVENUE

City State Zip Code  
WELLESLEY MA 02481

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

Name of Employer Occupation  
BOSTON IVF PHYSICIAN

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

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 4 / 2 0 1 0

Transaction ID: SA11AI.19009

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
DOUGLAS L. TIEDT

Mailing Address P.O. BOX 2469

City State Zip Code  
LANCASTER SC 29721

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

Name of Employer Occupation  
LANCASTER WOMEN'S CENTER PHYSICIAN

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

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 4 / 2 0 1 0

Transaction ID: SA11AI.19024

Amount of Each Receipt this Period  
250.00

**C.**

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

Mailing Address 1700 TALLEY ROAD

City State Zip Code  
WILMINGTON DE 19803

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 ▼ 750.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 7 / 2 0 1 0

Transaction ID: SA11AI.18956

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 30 / 36  
(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)  
BETTY K. TU

Mailing Address 5191 EAST CRESCENT DRIVE

City State Zip Code  
ANAHEIM CA 92807

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 ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
05 / 21 / 2010

**Transaction ID:** SA11AI.19039

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
BRUCE E. WEST

Mailing Address 28095 DANVERS DRIVE

City State Zip Code  
FARMINGTON HILLS MI 48334

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  
05 / 14 / 2010

**Transaction ID:** SA11AI.19010

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) ..... ► 48400.00

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

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

FOR LINE NUMBER: (check only one)

PAGE 31 / 36

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

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

<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.18943 Date of Disbursement 05 / 05 / 2010
	Amount of Each Disbursement this Period 359.21
<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.18944 Date of Disbursement 05 / 03 / 2010
	Amount of Each Disbursement this Period 1438.01

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

1797.22

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

1797.22

# 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)  
ALLYSON SCHWARTZ FOR CONGRESS

Mailing Address P.O. BOX 2232

City State Zip Code  
JENKINTOWN PA 19046

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
ALLYSON Y. SCHWARTZ

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: PA District: 13

Transaction ID: SB23.18978  
Date of Disbursement

05 / 18 / 2010

Amount of Each Disbursement this Period

1000.00

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

Mailing Address P.O. BOX 582496

City State Zip Code  
ELK GROVE CA 95758

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
AMERISH BERA

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: CA District: 03

Transaction ID: SB23.19052  
Date of Disbursement

05 / 27 / 2010

Amount of Each Disbursement this Period

2500.00

**C.** Full Name (Last, First, Middle Initial)  
DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE

Mailing Address 430 SOUTH CAPITOL STREET, SE

City State Zip Code  
WASHINGTON DC 20003

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB23.19041  
Date of Disbursement

05 / 27 / 2010

Amount of Each Disbursement this Period

5000.00

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

8500.00

**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)

<b>A.</b> Full Name (Last, First, Middle Initial) FRIENDS OF JOE HECK Mailing Address P.O. BOX 750114 City LAS VEGAS State NV Zip Code 89136 Purpose of Disbursement CONTRIBUTION Candidate Name JOE HECK Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 03 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.19048 Date of Disbursement 05 / 27 / 2010
	Amount of Each Disbursement this Period 2000.00
<b>B.</b> Full Name (Last, First, Middle Initial) JESSE JACKSON, JR. FOR CONGRESS Mailing Address P.O. BOX 490286 City CHICAGO State IL Zip Code 60649 Purpose of Disbursement CONTRIBUTION Candidate Name JESSE L. JACKSON, JR. Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 02 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.19047 Date of Disbursement 05 / 27 / 2010
	Amount of Each Disbursement this Period 4000.00
<b>C.</b> Full Name (Last, First, Middle Initial) LEVIN FOR CONGRESS Mailing Address P.O. BOX 37 City ROSEVILLE State MI Zip Code 48066 Purpose of Disbursement CONTRIBUTION Candidate Name SANDER M. LEVIN Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 12 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.19043 Date of Disbursement 05 / 27 / 2010
	Amount of Each Disbursement this Period 1500.00

**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)

<b>A.</b>	Full Name (Last, First, Middle Initial) LOUISE SLAUGHTER RE-ELECTION COMMITTEE	Transaction ID: SB23.19042 Date of Disbursement 05 / 27 / 2010
	Mailing Address P.O. BOX 730	Amount of Each Disbursement this Period 2500.00
	City HONEOYE State NY Zip Code 14471	Category/ Type
	Purpose of Disbursement CONTRIBUTION Candidate Name LOUISE M. SLAUGHTER	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 28	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>B.</b>	Full Name (Last, First, Middle Initial) NANCY PELOSI FOR CONGRESS	Transaction ID: SB23.18945 Date of Disbursement 05 / 10 / 2010
	Mailing Address 235 MONTGOMERY STREET	Amount of Each Disbursement this Period 5000.00
	City SAN FRANCISCO State CA Zip Code 94104	Category/ Type
	Purpose of Disbursement CONTRIBUTION Candidate Name NANCY PELOSI	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 08	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>C.</b>	Full Name (Last, First, Middle Initial) PETE STARK RE-ELECTION COMMITTEE	Transaction ID: SB23.18980 Date of Disbursement 05 / 18 / 2010
	Mailing Address P.O. BOX 8331	Amount of Each Disbursement this Period 2500.00
	City FREMONT State CA Zip Code 94537	Category/ Type
	Purpose of Disbursement CONTRIBUTION Candidate Name FORTNEY H. 'PETE' STARK	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 13	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>10000.00</b>
<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)

PAGE 35 / 36

<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) ROB ANDREWS U.S. HOUSE COMMITTEE</p> <p>Mailing Address 215 FOURTH AVENUE</p> <p>City HADDON HEIGHTS State NJ Zip Code 07076</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name ROBERT E. ANDREWS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.18973</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 1 0</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) ROBIN CARNAHAN FOR SENATE</p> <p>Mailing Address P.O. BOX 50378</p> <p>City ST. LOUIS State MO Zip Code 63105</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name ROBIN CARNAHAN</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.18975</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 1 0</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) SNOWE FOR SENATE</p> <p>Mailing Address P.O. BOX 2012</p> <p>City PORTLAND State ME Zip Code 04104</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name OLYMPIA J. SNOWE</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ME District: 00</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> SB23.18979</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 1 0</p> <p>Amount of Each Disbursement this Period 1000.00</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	4500.00
<b>TOTAL</b> This Period (last page this line number only) .....	30500.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 36 / 36

<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)  
LINN PARSONS

Transaction ID: SB28A.19040  
Date of Disbursement

Mailing Address 201 EXECUTIVE PARK BOULEVARD

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	7		2	0	1	0

City State Zip Code  
WINSTON-SALEM NC 27103

Amount of Each Disbursement this Period

1000.00
---------

Purpose of Disbursement  
CONTRIBUTION REFUND

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

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

1000.00

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

1000.00