

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) USE FEC MAILING LABEL OR TYPE OR PRINT Example: If typing, type over the lines OB-GYNS FOR WOMEN'S HEALTH PAC

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

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

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Convention, Special (d) 30-Day Post -Election Report for the: General, Runoff, Special

5. Covering Period 07 01 2006 through 09 30 2006

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 ELIZABETH B. COIT

Signature of Treasurer Electronically Filed by ELIZABETH B. COIT Date 10 04 2006

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

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

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 0 | 7 |

| | |
|---|---|
| D | D |
| 0 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

 To:

| | |
|---|---|
| M | M |
| 0 | 9 |

| | |
|---|---|
| D | D |
| 3 | 0 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date | | | | | | | | |
|--|-------------------------|-----------------------------------|---|---|---|---|---|---|--|----------|
| 6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table> | Y | Y | Y | Y | 2 | 0 | 0 | 6 | | 78839.62 |
| Y | Y | Y | Y | | | | | | | |
| 2 | 0 | 0 | 6 | | | | | | | |
| (b) Cash on Hand at Beginning of Reporting Period | 173516.22 | | | | | | | | | |
| (c) Total Receipts (from Line 19) | 52600.00 | 283530.00 | | | | | | | | |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 226116.22 | 362369.62 | | | | | | | | |
| 7. Total Disbursements (from Line 31) | 120566.98 | 256820.38 | | | | | | | | |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 105549.24 | 105549.24 | | | | | | | | |
| 9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | | | | | | | | | |
| 10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) | 3008.75 | | | | | | | | | |

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

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

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 0 | 7 |

| | |
|---|---|
| D | D |
| 0 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

 To:

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| 0 | 9 |

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|---|---|
| D | D |
| 3 | 0 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

| 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 | 44600.00 | 253890.00 |
| (i) Itemized (use Schedule A) | 8000.00 | 29640.00 |
| (ii) Unitemized | 52600.00 | 283530.00 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) | 0.00 | 0.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs) | 0.00 | 0.00 |
| (d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) | 52600.00 | 283530.00 |
| 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)) | 52600.00 | 283530.00 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 52600.00 | 283530.00 |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|---------------------------------------|---|
| 21. Operating Expenditures: | | |
| (a) Shared Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share..... | 0.00 | 0.00 |
| (ii) Non-Federal Share..... | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures..... | 58551.31 | 118020.38 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... | 58551.31 | 118020.38 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 61315.67 | 135000.00 |
| 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 | 700.00 | 3800.00 |
| (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)) | 700.00 | 3800.00 |
| 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)).. | 120566.98 | 256820.38 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31)..... | 120566.98 | 256820.38 |

DETAILED SUMMARY PAGE
of Disbursements

| 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) | 52600.00 | 283530.00 |
| 34. Total Contribution Refunds (from Line 28(d)) | 700.00 | 3800.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 51900.00 | 279730.00 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... | 58551.31 | 118020.38 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 58551.31 | 118020.38 |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 6 / 63 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

NAME OF COMMITTEE (In Full)
OB-GYNS FOR WOMEN'S HEALTH PAC

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) A. FOUAD M. ABBAS | | Date of Receipt M M / D D / Y Y Y Y 09 / 25 / 2006 | |
| Mailing Address 2411 WEST BELVEDERE AVENUE | | Transaction ID: SA11A1.10724 | |
| City State Zip Code BALTIMORE MD 21215 | | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Occupation SINA HOSPITAL PHYSICIAN | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 1000.00 | |

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) B. SANDRA AHLUM | | Date of Receipt M M / D D / Y Y Y Y 07 / 19 / 2006 | |
| Mailing Address 2505 HYACINTH AVENUE | | Transaction ID: SA11A1.10318 | |
| City State Zip Code HANNIBAL MO 63401 | | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Occupation HANNIBAL CLINIC PHYSICIAN | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 250.00 | |

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) C. MONA A. ALQULALI | | Date of Receipt M M / D D / Y Y Y Y 08 / 15 / 2006 | |
| Mailing Address 2635 LINCOLN WAY | | Transaction ID: SA11A1.10463 | |
| City State Zip Code CLINTON IA 52732 | | Amount of Each Receipt this Period 300.00 | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Occupation WOMEN'S HEALTHCARE SERVICES PHYSICIAN | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 300.00 | |

| | |
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| 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 7 / 63 |
| | <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)
OB-GYNS FOR WOMEN'S HEALTH PAC

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) A. ABBY F. ANDERSON | | Date of Receipt MM / DD / YYYY 08 / 22 / 2006 |
| Mailing Address 806 NORTH 1ST STREET | | Transaction ID: SA11A1.10450 |
| City HAMPTON | State VA | Zip Code 23664 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer MIDATLANTIC 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 | |

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. ANN A. ASHLEY-GILBERT | | Date of Receipt MM / DD / YYYY 07 / 18 / 2006 |
| Mailing Address 707 BALLARD STREET | | Transaction ID: SA11A1.10427 |
| City ALTAMONTE SPRING | State FL | Zip Code 32701 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 500.00 |
| Name of Employer ALTAMONTE WOMEN'S CENTER | Occupation PHYSICIAN | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) C. GEORGE T. BARKER | | Date of Receipt MM / DD / YYYY 07 / 31 / 2006 |
| Mailing Address 320 SOUTHEAST BAKER | | Transaction ID: SA11A1.10379 |
| City MCMINNVILLE | State OR | Zip Code 97128 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 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 ▼ 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 8 / 63 |
| | <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)
OB-GYNS FOR WOMEN'S HEALTH PAC

A. Full Name (Last, First, Middle Initial)
RUTH M. BARROW

Mailing Address 9001 PEACE STREET

City State Zip Code
PELHAM NY 10803

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

Name of Employer Occupation
COLUMBIA 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
07 / 19 / 2006

Transaction ID: SA11A1.10319

Amount of Each Receipt this Period
500.00

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

Mailing Address 1206 CULVERT ROAD

City State Zip Code
TOWSON MD 21286

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

Name of Employer Occupation
SELF-EMPLOYED PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 12 / 2006

Transaction ID: SA11A1.10597

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
URMLA BHUVANESH

Mailing Address 80 WINDING TRAIL LANE

City State Zip Code
CHESHIRE CT 06410

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

Name of Employer Occupation
SELF-EMPLOYED PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 28 / 2006

Transaction ID: SA11A1.10566

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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 9 / 63 |
| | <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)
OB-GYNS FOR WOMEN'S HEALTH PAC

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

Mailing Address 2500 METRO HEALTH DRIVE

City State Zip Code
CLEVELAND HEIGHTS OH 44109

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

Name of Employer METRO HEALTH MEDICAL CENTER Occupation PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
07 / 24 / 2006

Transaction ID: SA11A1.10396

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
HENRY B. BRELAND

Mailing Address 2250 JENKS AVENUE

City State Zip Code
PANAMA CITY FL 32405

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

Name of Employer EMERALD COAST OB/GYN Occupation PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
07 / 24 / 2006

Transaction ID: SA11A1.10398

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
KEITH R. BRILL

Mailing Address 5380 SOUTH RAINBOW BOULEVARD

City State Zip Code
LAS VEGAS NV 89118

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 ▼ 365.00

Date of Receipt
08 / 15 / 2006

Transaction ID: SA11A1.10465

Amount of Each Receipt this Period
365.00

| | | |
|--|---|--------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 665.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 10 / 63 |
| | <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)
OB-GYNS FOR WOMEN'S HEALTH PAC

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. FREDRIK F. BROEKHUIZEN | | Date of Receipt M M / D D / Y Y Y Y 07 / 20 / 2006 |
| Mailing Address 4849 NORTH OAKLAND AVENUE | | Transaction ID: SA11A1.10418 |
| City State Zip Code MILWAUKEE WI 53217 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer MEDICAL COLLEGE OF WISCONSIN | Occupation PHYSICIAN | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. ELIZA G. BRUSCATO | | Date of Receipt M M / D D / Y Y Y Y 08 / 24 / 2006 |
| Mailing Address 3370 FIELDWOOD DRIVE | | Transaction ID: SA11A1.10530 |
| City State Zip Code SMYRA GA 30080 | 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 | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) C. GAIL D. CANSLER | | Date of Receipt M M / D D / Y Y Y Y 08 / 24 / 2006 |
| Mailing Address 4440 WEST LINCOLN HIGHWAY | | Transaction ID: SA11A1.10532 |
| City State Zip Code MATTESON IL 60443 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer CANSLER HEALTH ASSOCIATES | Occupation PHYSICIAN | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

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

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 11 / 63 |
| | <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)
OB-GYNS FOR WOMEN'S HEALTH PAC

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) A. WILLIAM H. CASTRO | | Date of Receipt M M / D D / Y Y Y Y 08 / 15 / 2006 | |
| Mailing Address 18555 NORTH 79TH AVENUE | | Transaction ID: SA11A1.10467 | |
| City State Zip Code GLENDALE AZ 85308 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer SELF-EMPLOYED | Occupation PHYSICIAN | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | | |

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) B. JOSEPH A. CIPRIANO | | Date of Receipt M M / D D / Y Y Y Y 07 / 05 / 2006 | |
| Mailing Address 24 HIGHWAY 34 | | Transaction ID: SA11A1.10333 | |
| City State Zip Code COLTS NECK NJ 07722 | Amount of Each Receipt this Period 500.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer COLTS OB/GYN | Occupation PHYSICIAN | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | | |

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) C. HARVEY M. COHEN | | Date of Receipt M M / D D / Y Y Y Y 07 / 11 / 2006 | |
| Mailing Address 255 UNION AVENUE | | Transaction ID: SA11A1.10349 | |
| City State Zip Code LAKEWOOD CO 80228 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer COHEN & WOMACK | Occupation PHYSICIAN | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 12 / 63 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
OB-GYNS FOR WOMEN'S HEALTH PAC

A. Full Name (Last, First, Middle Initial)
IAN M. COHEN

Mailing Address 140 GRANDVIEW AVENUE

City State Zip Code
WATERBURY CT 06708

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

Name of Employer Occupation
ASSOCIATED WOMENS 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
07 20 2006

Transaction ID: SA11A1.10419

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
KARRIE A. CUNNINGHAM

Mailing Address 1100 WEST 10TH STREET

City State Zip Code
ROLLA MO 65401

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

Name of Employer Occupation
ST. JOHN'S CLINIC PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt
M M / D D / Y Y Y Y
09 12 2006

Transaction ID: SA11A1.10599

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
LUIS B. CURET

Mailing Address P.O. BOX 50519

City State Zip Code
ALBUQUERQUE NM 87181

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
M M / D D / Y Y Y Y
08 22 2006

Transaction ID: SA11A1.10448

Amount of Each Receipt this Period
250.00

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional) | 1750.00 |
| TOTAL This Period (last page this line number only) | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 13 / 63 |
| | <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)
OB-GYNS FOR WOMEN'S HEALTH PAC

A. Full Name (Last, First, Middle Initial)
PHILIP D'ARRIGO

Mailing Address 105 MANHEIM AVENUE

City BRIDGETON State NJ Zip Code 08302

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 9 / 2 5 / 2 0 0 6

Transaction ID: SA11A1.10726

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
STEVEN W. DOMNITZ

Mailing Address 12 JAROMBЕК DRIVE

City TOWACO State NJ Zip Code 07082

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

Name of Employer ASSOCIATES IN WOMEN'S HEALTH 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 7 / 1 9 / 2 0 0 6

Transaction ID: SA11A1.10323

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
EUGENE C. DORF

Mailing Address 4001 DUTCHMAN LANE

City LOUISVILLE State KY Zip Code 40207

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

Name of Employer LOUISVILLE OB/GYN Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 7 / 0 5 / 2 0 0 6

Transaction ID: SA11A1.10335

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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 14 / 63 |
| | <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)
OB-GYNS FOR WOMEN'S HEALTH PAC

A. Full Name (Last, First, Middle Initial)
ANDREW B. DOTT

Mailing Address 993 JOHNSON FERRY ROAD

City ATLANTA State GA Zip Code 30342

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

Name of Employer RIVERBEND OB/GYN Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 24 / 2006

Transaction ID: SA11A1.10536

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
NIEVE T. DUQUE-SALVA

Mailing Address 2500 GRUBB ROAD

City WILMINGTON State DE Zip Code 19810

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 ▼ 365.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 18 / 2006

Transaction ID: SA11A1.10429

Amount of Each Receipt this Period
 365.00

C. Full Name (Last, First, Middle Initial)
JOSE I. DURAN

Mailing Address 494 NORTH CARONDELET DRIVE

City NOGALES State AZ Zip Code 85621

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

Name of Employer SELF-EMPLOYED Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 11 / 2006

Transaction ID: SA11A1.10350

Amount of Each Receipt this Period
 500.00

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1365.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 15 / 63 |
| | <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)
OB-GYNS FOR WOMEN'S HEALTH PAC

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. UMA R. EACHEMPATI | | Date of Receipt M M / D D / Y Y Y Y 08 / 18 / 2006 |
| Mailing Address 14499 LADUE ROAD | | Transaction ID: SA11A1.10506 |
| City State Zip Code CHESTERFIELD MO 63017 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | |
| 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 | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. MARK A. ELIAS | | Date of Receipt M M / D D / Y Y Y Y 09 / 05 / 2006 |
| Mailing Address 2115 FREMONT AVENUE | | Transaction ID: SA11A1.10514 |
| City State Zip Code MINNEAPOLIS MN 55405 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer ALLINA MEDICAL CLINIC | Occupation PHYSICIAN | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) C. DAVID M. FINK | | Date of Receipt M M / D D / Y Y Y Y 07 / 18 / 2006 |
| Mailing Address 1082 OLD CHURCHMAN'S ROAD | | Transaction ID: SA11A1.10431 |
| City State Zip Code NEWARK DE 19713 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer CHRISTIANA CENTER | Occupation PHYSICIAN | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

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| 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 16 / 63 |
| | <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)
OB-GYNS FOR WOMEN'S HEALTH PAC

A. Full Name (Last, First, Middle Initial)
WILLIAM G. FITZHUGH

Mailing Address 2000 BREMO ROAD

City State Zip Code
RICHMOND VA 23226

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
07 / 13 / 2006

Transaction ID: SA11A1.10366

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
GARY L. FORCIER

Mailing Address 810 BIESTERFIELD ROAD

City State Zip Code
ELK GROVE VILLAGE IL 60007

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

Name of Employer PERSONAL WOMEN'S HEALTH 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
09 / 19 / 2006

Transaction ID: SA11A1.10716

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
RICHARD P. FRIEDER

Mailing Address 1245 16TH STREET

City State Zip Code
SANTA MONICA CA 90404

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
07 / 11 / 2006

Transaction ID: SA11A1.10352

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) or each category of the Detailed Summary Page | FOR LINE NUMBER: <input 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 | PAGE 17 / 63 |
|--|--|--------------|

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NAME OF COMMITTEE (In Full)
OB-GYNS FOR WOMEN'S HEALTH PAC

A. Full Name (Last, First, Middle Initial)
WILLIAM L. GARNER

Mailing Address 9500 KANIS ROAD

City State Zip Code
LITTLE ROCK AR 72205

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
07 / 11 / 2006

Transaction ID: SA11A1.10353

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
MARIA L. GASCA-HOLTZ

Mailing Address 2091 CHICO LANE

City State Zip Code
YUMA AZ 85365

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
09 / 05 / 2006

Transaction ID: SA11A1.10515

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
JAMES N. GILHAM

Mailing Address 715 SOUTH 3RD STREET

City State Zip Code
MONTROSE CA 81401

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

Name of Employer ALPINE OB/GYN Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 24 / 2006

Transaction ID: SA11A1.10402

Amount of Each Receipt this Period
500.00

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1250.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 18 / 63 |
| | <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)
OB-GYNS FOR WOMEN'S HEALTH PAC

A. Full Name (Last, First, Middle Initial)
VIMAL GOYLE

Mailing Address 1150 NORTH SAINT FRANCIS STREET

City State Zip Code
WICHITA KS 67214

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
09 / 12 / 2006

Transaction ID: SA11A1.10602

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
WILLIAM A. GROWDEN

Mailing Address 624 OCAMPO DRIVE

City State Zip Code
PACIFIC PALISADES CA 90272

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

Name of Employer Occupation
UCLA MEDICAL CENTER PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
09 / 29 / 2006

Transaction ID: SA11A1.10695

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
WILLIAM D. HAITHCOCK, JR.

Mailing Address 2029 VALLEYGATE DRIVE

City State Zip Code
FAYETTEVILLE NC 28304

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

Name of Employer Occupation
FAYETTEVILLE OB/GYN PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
07 / 24 / 2006

Transaction ID: SA11A1.10404

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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 19 / 63 |
| | <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)
OB-GYNS FOR WOMEN'S HEALTH 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 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
09 / 05 / 2006

Transaction ID: SA11A1.10516

Amount of Each Receipt this Period
250.00

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

Mailing Address 499 EAST HAMPDEN

City State Zip Code
ENGLEWOOD CO 80113

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
07 / 05 / 2006

Transaction ID: SA11A1.10337

Amount of Each Receipt this Period
500.00

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
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
07 / 11 / 2006

Transaction ID: SA11A1.10354

Amount of Each Receipt this Period
500.00

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1250.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 20 / 63 |
| | <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)
OB-GYNS FOR WOMEN'S HEALTH PAC

A. Full Name (Last, First, Middle Initial)
TOM A. HARTSUCH

Mailing Address 600 MEMORIAL AVENUE

City CUMBERLAND State MD Zip Code 21502

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

Name of Employer HARTSUCH & CONROY Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 14 / 2006

Transaction ID: SA11A1.10626

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
DAVID I. HOFFMAN

Mailing Address 2960 NORTH STATE ROAD

City MARGATE State FL Zip Code 33063

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

Name of Employer IVF FLORIDA 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
 09 / 29 / 2006

Transaction ID: SA11A1.10697

Amount of Each Receipt this Period
 250.00

C. Full Name (Last, First, Middle Initial)
MAHMOUD A. ISMAIL

Mailing Address 10649 HAMPTON ROAD

City ORLAND PARK State IL Zip Code 60462

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
 09 / 12 / 2006

Transaction ID: SA11A1.10604

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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 21 / 63 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 | |
| | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
OB-GYNS FOR WOMEN'S HEALTH PAC

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) A. ERIKA L. JOHNSON | | Date of Receipt M M / D D / Y Y Y Y 08 / 24 / 2006 | |
| Mailing Address 2089 WHISPERING OAKS DRIVE | | Transaction ID: SA11A1.10540 | |
| City State Zip Code ALEXANDRIA MN 56308 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer ALEXANDER CLINIC | Occupation PHYSICIAN | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | | |

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) B. ALAN N. KAPLAN | | Date of Receipt M M / D D / Y Y Y Y 07 / 20 / 2006 | |
| Mailing Address 1776 YGNACIA VALLEY ROAD | | Transaction ID: SA11A1.10421 | |
| City State Zip Code WALNUT CREEK CA 94598 | 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 | | |

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) C. THOMAS R. KAY | | Date of Receipt M M / D D / Y Y Y Y 07 / 19 / 2006 | |
| Mailing Address 255 HARTFORD ROAD | | Transaction ID: SA11A1.10327 | |
| City State Zip Code MEDFORD NJ 08055 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer GARDEN STATE OB/GYN | Occupation PHYSICIAN | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | | |

| | |
|--|---------|
| 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 22 / 63 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 | |
| | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
OB-GYNS FOR WOMEN'S HEALTH PAC

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. THOMAS E. KEHL | | Date of Receipt M M / D D / Y Y Y Y Y 08 / 15 / 2006 |
| Mailing Address 1062 FORSYTH STREET | | Transaction ID: SA11A1.10477 |
| City MACON State GA Zip Code 31201 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer SELF-EMPLOYED Occupation PHYSICIAN | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. BRIDGET B. KELLER | | Date of Receipt M M / D D / Y Y Y Y Y 07 / 20 / 2006 |
| Mailing Address 4248 LINDEN HILLS BOULEVARD | | Transaction ID: SA11A1.10423 |
| City MINNEAPOLIS State MN Zip Code 55410 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer PARK NICOLLET CLINIC Occupation PHYSICIAN | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) C. THOMAS F. KENT | | Date of Receipt M M / D D / Y Y Y Y Y 07 / 24 / 2006 |
| Mailing Address 2520 17TH STREET WEST | | Transaction ID: SA11A1.10406 |
| City BILLINGS State MT Zip Code 59102 | Amount of Each Receipt this Period 500.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer BILLINGS OB/GYN 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) | ▶ | 1000.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 23 / 63 |
| | <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)
OB-GYNS FOR WOMEN'S HEALTH PAC

A. Full Name (Last, First, Middle Initial)
AMNATH KIRDNUAL

Mailing Address P.O. BOX 328

City State Zip Code
ST. AUGUSTINE FL 32085

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

Name of Employer SELF-EMPLOYED Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 28 / 2006

Transaction ID: SA11A1.10569

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
MICHELLE S. KNOLLA

Mailing Address 9935 BROADMOOR ROAD

City State Zip Code
OMAHA NE 68114

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

Name of Employer METHODIST PHYSICIANS CLIN-IC 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
09 / 29 / 2006

Transaction ID: SA11A1.10699

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
FREDERICK M. KOHN

Mailing Address 20330 DEL CAMPO PLACE

City State Zip Code
WOODLAND HILLS CA 91364

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
07 / 27 / 2006

Transaction ID: SA11A1.10389

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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 24 / 63 |
| | <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)
OB-GYNS FOR WOMEN'S HEALTH PAC

A. Full Name (Last, First, Middle Initial)
BEDROS H. KOJIAN

Mailing Address 1201 WEST LA VETA AVENUE

City ORANGE State CA Zip Code 92868

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

Name of Employer SELF-EMPLOYED Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 24 / 2006

Transaction ID: SA11A1.10408

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
MITCHELL S. KRAMER

Mailing Address 202 EAST MAIN STREET

City HUNTINGTON State NY Zip Code 11743

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

Name of Employer SUFFOLK OB/GYN Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 26 / 2006

Transaction ID: SA11A1.10740

Amount of Each Receipt this Period
 250.00

C. Full Name (Last, First, Middle Initial)
MELISSA E. LARSEN

Mailing Address 18418 MEADOW RIDGE ROAD

City SALINAS State CA Zip Code 93907

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

Name of Employer OB/GYN ASSOCIATES Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 24 / 2006

Transaction ID: SA11A1.10542

Amount of Each Receipt this Period
 500.00

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1250.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 25 / 63 |
| | <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)
OB-GYNS FOR WOMEN'S HEALTH PAC

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) A. DOUGLAS W. LAUBE | | Date of Receipt M M / D D / Y Y Y Y 09 / 18 / 2006 | |
| Mailing Address 1 SOUTH PARK STREET | | Transaction ID: SA11A1.10592 | |
| City State Zip Code MADISON WI 53715 | | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Occupation UNIVERSITY OF WISCONSIN PHYSICIAN | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 1500.00 | |

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) B. THEODOR LEHRER | | Date of Receipt M M / D D / Y Y Y Y 07 / 24 / 2006 | |
| Mailing Address 2100 EAST COMMERCIAL BOULEVARD | | Transaction ID: SA11A1.10410 | |
| City State Zip Code FT. LAUDERDALE FL 33308 | | Amount of Each Receipt this Period 300.00 | |
| 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 ▼ 300.00 | |

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) C. CANDACE LEW | | Date of Receipt M M / D D / Y Y Y Y 07 / 13 / 2006 | |
| Mailing Address 6301 SOUTH MCCLINTOCK DRIVE | | Transaction ID: SA11A1.10368 | |
| City State Zip Code TEMPE AZ 85283 | | Amount of Each Receipt this Period 500.00 | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Occupation CONTEMPORARY CARE FOR WOMEN 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) ▶ | 1800.00 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 26 / 63 |
| | <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)
OB-GYNS FOR WOMEN'S HEALTH PAC

| | | | |
|---|-------------------------------------|--|---|
| Full Name (Last, First, Middle Initial) A. CHAD C. LUNT | | Date of Receipt M M / D D / Y Y Y Y 09 / 25 / 2006 | |
| Mailing Address 515 SOUTH 300 EAST | | Transaction ID: SA11A1.10728 | |
| City ST. GEORGE | State UT | Zip Code 84790 | Amount of Each Receipt this Period 1500.00 |
| 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 ▼ 2500.00 | | |

| | | | |
|---|------------------------------------|--|--|
| Full Name (Last, First, Middle Initial) B. DENNIS J. LUTZ | | Date of Receipt M M / D D / Y Y Y Y 08 / 22 / 2006 | |
| Mailing Address 433 7TH STREET, NW | | Transaction ID: SA11A1.10451 | |
| City MINOT | State ND | Zip Code 58703 | Amount of Each Receipt this Period 250.00 |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer TRINITY HEALTH | Occupation PHYSICIAN | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | | |

| | | | |
|---|------------------------------------|--|--|
| Full Name (Last, First, Middle Initial) C. LOUIS MAMELI | | Date of Receipt M M / D D / Y Y Y Y 08 / 15 / 2006 | |
| Mailing Address 214 CHEROKEE ROAD | | Transaction ID: SA11A1.10480 | |
| City THOMASTON | State GA | Zip Code 30286 | Amount of Each Receipt this Period 500.00 |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer THOMASTON OB/GYN | 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) ▶ | 2250.00 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 27 / 63 |
| | <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)
OB-GYNS FOR WOMEN'S HEALTH PAC

A. Full Name (Last, First, Middle Initial)
FAZAL M. MANEJWALA

Mailing Address 7900 AIRWAYS BOULEVARD

City SOUTHAVEN State MS Zip Code 38671

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

Name of Employer MEMPHIS OB/GYN Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 05 / 2006

Transaction ID: SA11A1.10341

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
WENDY MARTINEZ

Mailing Address 404 POND VIEW DRIVE

City MOORESTOWN State NJ Zip Code 08057

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
 09 / 29 / 2006

Transaction ID: SA11A1.10700

Amount of Each Receipt this Period
 250.00

C. Full Name (Last, First, Middle Initial)
ERIN C. MAYFIELD

Mailing Address 5154 COOK STREET

City COVINGTON State GA Zip Code 30014

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

Name of Employer GENTLE TOUCH Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 24 / 2006

Transaction ID: SA11A1.10546

Amount of Each Receipt this Period
 500.00

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1250.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 28 / 63 |
| | <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)
OB-GYNS FOR WOMEN'S HEALTH PAC

A. Full Name (Last, First, Middle Initial)
WILLIAM D. MCCALLUM

Mailing Address 1580 WEST EL CAMINO REAL

City State Zip Code
MOUNTAIN VIEW CA 94040

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
07 / 24 / 2006

Transaction ID: SA11A1.10412

Amount of Each Receipt this Period
1000.00

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

Mailing Address P.O. BOX 35100

City State Zip Code
BILLINGS MT 59102

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

Name of Employer DEACONESS BILLINGS 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 Y
08 / 24 / 2006

Transaction ID: SA11A1.10548

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
JAMES D. MILLER

Mailing Address 21605 NORTH 1365 EAST ROAD

City State Zip Code
DANVILLE IL 61834

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

Name of Employer CHRISTIE CLINIC Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 31 / 2006

Transaction ID: SA11A1.10381

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) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 29 / 63 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
OB-GYNS FOR WOMEN'S HEALTH PAC

A. Full Name (Last, First, Middle Initial)
VIBHAKAR J. MODY

Mailing Address 7307 BALTIMORE AVENUE

City State Zip Code
COLLEGE PARK MD 20740

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

Name of Employer Occupation
HEALTH RISE LOTUS 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
09 / 12 / 2006

Transaction ID: SA11A1.10608

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
JAYA S. MOKKAPATI

Mailing Address 201 YARBOROUGH LANE

City State Zip Code
REDWOOD CITY CA 94061

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 ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 24 / 2006

Transaction ID: SA11A1.10551

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
MARIBEL E. MONROE

Mailing Address 653 TOWN CENTER DRIVE

City State Zip Code
LAS VEGAS NV 89144

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

Name of Employer Occupation
SELF-EMPLOYED PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 25 / 2006

Transaction ID: SA11A1.10729

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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 30 / 63 |
| | <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)
OB-GYNS FOR WOMEN'S HEALTH PAC

A. Full Name (Last, First, Middle Initial)
RICHARD D. MOSCARELLI

Mailing Address 2 TIMBER LANE

City State Zip Code
GUILFORD CT 06437

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

Name of Employer Occupation
GREATER NEW HAVEN OB/GYN PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
07 / 20 / 2006

Transaction ID: SA11A1.10424

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
MARY KAY MYERS

Mailing Address 24 CANDLELIGHT ROAD

City State Zip Code
RAMSEY NJ 07446

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
09 / 26 / 2006

Transaction ID: SA11A1.10744

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
TAMMY E. NOVAK

Mailing Address 1000 CENTRAL STREET

City State Zip Code
EVANSTON IL 60201

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
08 / 28 / 2006

Transaction ID: SA11A1.10571

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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 31 / 63 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 | |
| | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
OB-GYNS FOR WOMEN'S HEALTH PAC

| | | | |
|---|------------------------------------|--|--|
| Full Name (Last, First, Middle Initial) A. KAROL L. OTTEMAN | | Date of Receipt M M / D D / Y Y Y Y 08 / 15 / 2006 | |
| Mailing Address 30450 STONEGATE | | Transaction ID: SA11A1.10486 | |
| City FRANKLIN | State MI | Zip Code 48025 | Amount of Each Receipt this Period 500.00 |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer NOT EMPLOYED | Occupation PHYSICIAN | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | | |

| | | | |
|---|------------------------------------|--|--|
| Full Name (Last, First, Middle Initial) B. ELIZABETH OTTMAN | | Date of Receipt M M / D D / Y Y Y Y 08 / 22 / 2006 | |
| Mailing Address 2211 MAYFAIR DRIVE | | Transaction ID: SA11A1.10454 | |
| City OWENSBORO | State KY | Zip Code 42301 | Amount of Each Receipt this Period 365.00 |
| 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 ▼ 365.00 | | |

| | | | |
|---|------------------------------------|--|--|
| Full Name (Last, First, Middle Initial) C. UZOMA I. OWUNNA | | Date of Receipt M M / D D / Y Y Y Y 09 / 25 / 2006 | |
| Mailing Address 24 ANGELO COURT | | Transaction ID: SA11A1.10731 | |
| City MONROE TOWNSHIP | State NJ | Zip Code 08831 | Amount of Each Receipt this Period 250.00 |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer OB/GYNS OF EAST BRUNSWICK | Occupation PHYSICIAN | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 1115.00 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 32 / 63 |
| | <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)
OB-GYNS FOR WOMEN'S HEALTH PAC

A. Full Name (Last, First, Middle Initial)
MARK M. PASQUARETTE

Mailing Address 2131 SOUTH 17TH STREET

City State Zip Code
WILMINGTON NC 28401

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
08 / 15 / 2006

Transaction ID: SA11A1.10488

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
NISHA N. PATEL

Mailing Address 6 EAST MEDICAL COURT

City State Zip Code
MARION NC 28752

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

Name of Employer PATEL & ASSOCIATES Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 15 / 2006

Transaction ID: SA11A1.10490

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
ELDRIDGE H. PEARSALL

Mailing Address 14600 SHERMAN WAY

City State Zip Code
VAN NUYS CA 91405

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
08 / 18 / 2006

Transaction ID: SA11A1.10655

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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 33 / 63 |
| | <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)
OB-GYNS FOR WOMEN'S HEALTH PAC

| | | | |
|---|-------------------------------------|--|--|
| Full Name (Last, First, Middle Initial) A. MARCUS L. PENN | | Date of Receipt M M / D D / Y Y Y Y 09 / 19 / 2006 | |
| Mailing Address 8405 ADLER COURT | | Transaction ID: SA11A1.10718 | |
| City MILLERSVILLE | State MD | Amount of Each Receipt this Period 1000.00 | |
| Zip Code 21108 | | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer CHESAPEAKE WOMEN CARE | Occupation PHYSICIAN | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | | |

| | | | |
|---|------------------------------------|--|--|
| Full Name (Last, First, Middle Initial) B. KATHLEEN M. PERRY | | Date of Receipt M M / D D / Y Y Y Y 07 / 05 / 2006 | |
| Mailing Address 539 CASTLETON AVENUE | | Transaction ID: SA11A1.10343 | |
| City STATEN ISLAND | State NY | Amount of Each Receipt this Period 500.00 | |
| Zip Code 10301 | | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer RICHMOND GYN | Occupation PHYSICIAN | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | | |

| | | | |
|---|------------------------------------|--|--|
| Full Name (Last, First, Middle Initial) C. LESLIE A. POPE | | Date of Receipt M M / D D / Y Y Y Y 08 / 24 / 2006 | |
| Mailing Address 1462 MONTREAL ROAD | | Transaction ID: SA11A1.10553 | |
| City TUCKER | State GA | Amount of Each Receipt this Period 400.00 | |
| Zip Code 30084 | | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer PERMETER OB/GYN CARE | Occupation PHYSICIAN | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 400.00 | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 1900.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 34 / 63 |
| | <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)
OB-GYNS FOR WOMEN'S HEALTH PAC

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

Mailing Address 6885 BELFORT OAKS PLACE

City JACKSONVILLE State FL Zip Code 32216

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

Name of Employer NORTH FLORIDA OB/GYN Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 08 / 15 / 2006

Transaction ID: SA11A1.10492

Amount of Each Receipt this Period
 250.00

B. Full Name (Last, First, Middle Initial)
RUDY E. SABBAGHA

Mailing Address 351 WALLACE ROAD

City LAKE FOREST State IL Zip Code 60645

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

Name of Employer SELF-EMPLOYED Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 08 / 24 / 2006

Transaction ID: SA11A1.10557

Amount of Each Receipt this Period
 500.00

C. Full Name (Last, First, Middle Initial)
HEINRICH G. SCHESSLER

Mailing Address 18842 MEMORIAL SOUTH

City HUMBLE State TX Zip Code 77338

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
 07 / 18 / 2006

Transaction ID: SA11A1.10435

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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 35 / 63 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
OB-GYNS FOR WOMEN'S HEALTH PAC

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) A. PETER A. SCHWARTZ | | Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2006 | |
| Mailing Address 2009 REGENCY DRIVE | | Transaction ID: SA11A1.10705 | |
| City State Zip Code WYOMISSING PA 19610 | Amount of Each Receipt this Period 100.00 | | |
| 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 ▼ 1100.00 | | |

| | | | |
|---|---|--|--|
| Full Name (Last, First, Middle Initial) B. STEVEN G. SEBREE | | Date of Receipt M M / D D / Y Y Y Y 09 / 19 / 2006 | |
| Mailing Address P.O. BOX 260 | | Transaction ID: SA11A1.10720 | |
| City State Zip Code SALINA KS 67402 | Amount of Each Receipt this Period 1000.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer MOWERY CLINIC | Occupation PHYSICIAN | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | | |

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) C. ROOP R. SHIVPURI | | Date of Receipt M M / D D / Y Y Y Y 08 / 22 / 2006 | |
| Mailing Address 2050 LARKIN AVENUE | | Transaction ID: SA11A1.10458 | |
| City State Zip Code ELGIN IL 60123 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer VALLEY OB/GYN | Occupation PHYSICIAN | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | | |

| | |
|--|---------|
| 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 36 / 63 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 | |
| | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
OB-GYNS FOR WOMEN'S HEALTH PAC

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) A. BARRY A. SOBEL | | Date of Receipt M M / D D / Y Y Y Y 07 / 11 / 2006 | |
| Mailing Address 11104 CREEK POINTE DRIVE | | Transaction ID: SA11A1.10361 | |
| City State Zip Code MATTHEWS NC 28105 | | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Occupation CANTINAS PHYSICIAN NETWORK PHYSICIAN | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 250.00 | |

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) B. BARRY A. SOBEL | | Date of Receipt M M / D D / Y Y Y Y 07 / 11 / 2006 | |
| Mailing Address 11104 CREEK POINTE DRIVE | | Transaction ID: SA11A1.10375 | |
| City State Zip Code MATTHEWS NC 28105 | | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Occupation CANTINAS PHYSICIAN NETWORK PHYSICIAN | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 500.00 | |

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) C. KATHLEEN A. STEEPY | | Date of Receipt M M / D D / Y Y Y Y 07 / 18 / 2006 | |
| Mailing Address 1501 U.S. HIGHWAY 441 NORTH | | Transaction ID: SA11A1.10437 | |
| City State Zip Code THE VILLAGES FL 32159 | | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Occupation VILLAGE GYNECOLOGY PHYSICIAN | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 1000.00 | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 1500.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 37 / 63 |
| | <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)
OB-GYNS FOR WOMEN'S HEALTH PAC

A. Full Name (Last, First, Middle Initial)
VIVIAN R. STORRER

Mailing Address 1121 ROSEMARY COURT

City State Zip Code
SAN LUIS OBISPO CA 93401

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

Name of Employer Occupation
CENTRAL COAST OB/GYN PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
08 / 15 / 2006

Transaction ID: SA11A1.10496

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
DANIEL R. SUNKEL

Mailing Address 2316 SOUTH STREET

City State Zip Code
LAFAYETTE IN 47904

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
08 / 22 / 2006

Transaction ID: SA11A1.10460

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
DANIEL R. SUNKEL

Mailing Address 2316 SOUTH STREET

City State Zip Code
LAFAYETTE IN 47904

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

Name of Employer Occupation
SELF-EMPLOYED PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
09 / 25 / 2006

Transaction ID: SA11A1.10735

Amount of Each Receipt this Period
100.00

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional) | 600.00 |
| TOTAL This Period (last page this line number only) | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 38 / 63 |
| | <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)
OB-GYNS FOR WOMEN'S HEALTH PAC

A. Full Name (Last, First, Middle Initial)
MARK W. SURREY

Mailing Address 450 NORTH ROXBURY DRIVE

City State Zip Code
BEVERLY HILLS CA 90210

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

Name of Employer Occupation
SOUTHERN CALIFORNIA 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
07 / 18 / 2006

Transaction ID: SA11A1.10439

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
JAY H. UGOL

Mailing Address 30 STEVENS STREET

City State Zip Code
NORWALK CT 06856

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

Name of Employer Occupation
WOMEN'S HEALTHCARE PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 205.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 18 / 2006

Transaction ID: SA11A1.10441

Amount of Each Receipt this Period
205.00

C. Full Name (Last, First, Middle Initial)
ADA M. VENTURA-BRASWELL

Mailing Address 1320 MEDICAL DRIVE

City State Zip Code
FAYETTEVILLE NC 28304

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

Name of Employer Occupation
CAPE FEAR VALLEY 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 Y
08 / 15 / 2006

Transaction ID: SA11A1.10498

Amount of Each Receipt this Period
500.00

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1205.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

| | | |
|--|---|--------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 39 / 63 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 | |
| | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
OB-GYNS FOR WOMEN'S HEALTH PAC

A. Full Name (Last, First, Middle Initial)
ERIC R. VERA

Mailing Address 705 DALLAS HIGHWAY

City State Zip Code
VILLA RICA GA 30180

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

Name of Employer
WOMEN'S CARE OF WEST GEORGIA
Occupation
PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 24 / 2006

Transaction ID: SA11A1.10561

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
ROBERT E. WALL

Mailing Address 142 SOUTH JACKSON STREET

City State Zip Code
DENVER CO 80209

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

Name of Employer
I WHINE LLC
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
07 / 20 / 2006

Transaction ID: SA11A1.10426

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
MARGARET L. WATT-MORSE

Mailing Address 1201 MACON AVENUE

City State Zip Code
PITTSBURGH PA 15218

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

Name of Employer
UNIVERSITY OF PITTSBURGH
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
08 / 22 / 2006

Transaction ID: SA11A1.10461

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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 40 / 63 |
| | <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)
OB-GYNS FOR WOMEN'S HEALTH PAC

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. PHILIP L. WATTERSON | | Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2006 |
| Mailing Address 5328 CHAMPIONSHIP CUP LANE | | Transaction ID: SA11A1.10711 |
| City State Zip Code BROOKSVILLE FL 34609 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer SELF-EMPLOYED | Occupation PHYSICIAN | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. FREDERICK G. WEINSTEIN | | Date of Receipt M M / D D / Y Y Y Y 09 / 25 / 2006 |
| Mailing Address 2405 YORK ROAD | | Transaction ID: SA11A1.10736 |
| City State Zip Code TIMONIUM MD 21093 | 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 | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) C. CARLA J. WEISMAN | | Date of Receipt M M / D D / Y Y Y Y 09 / 12 / 2006 |
| Mailing Address 1684 BULLOCK CIRCLE | | Transaction ID: SA11A1.10618 |
| City State Zip Code OWINGS MILLS MD 21117 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer SINAI OB/GYN ASSOCIATES | Occupation PHYSICIAN | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 41 / 63 |
| | <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)
OB-GYNS FOR WOMEN'S HEALTH PAC

| | | |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial) A. BARBARA L. WENO | | Date of Receipt M M / D D / Y Y Y Y 07 / 11 / 2006 |
| Mailing Address 3421 WEST 9TH STREET | | Transaction ID: SA11A1.10362 |
| City WATERLOO | State IA | Zip Code 50702 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 500.00 |
| Name of Employer RELLIHAN, WENO & HINES | Occupation PHYSICIAN | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |

| | | |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. DEBORA V. WHITEHURST-BROWN | | Date of Receipt M M / D D / Y Y Y Y 09 / 12 / 2006 |
| Mailing Address 4175 NORTH HANSON COURT | | Transaction ID: SA11A1.10620 |
| City BOWIE | State MD | Zip Code 20716 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 500.00 |
| Name of Employer PREMIER OB/GYN | Occupation PHYSICIAN | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |

| | | |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. XUE-ZHEN ZHANG | | Date of Receipt M M / D D / Y Y Y Y 08 / 15 / 2006 |
| Mailing Address 21952 64TH AVENUE | | Transaction ID: SA11A1.10500 |
| City BAYSIDE | State NY | Zip Code 11364 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 300.00 |
| 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 ▼ 300.00 | |

| | |
|--|-------------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 1300.00 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

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

| | | | | |
|--|------------------------------|------------------------------|-----------------------------|-----------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | | PAGE 42 / 63 | |
| | (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"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
OB-GYNS FOR WOMEN'S HEALTH PAC

A. Full Name (Last, First, Middle Initial)
JOY E. ZIMMERMAN-GOLDEN

Mailing Address 2741 DEBARR ROAD

City ANCHORAGE State AK Zip Code 99508

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

Name of Employer SELF-EMPLOYED Occupation NURSE PRACTITIONER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 05 / 2006

Transaction ID: SA11A1.10347

Amount of Each Receipt this Period
 250.00

| | | |
|--|---|----------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 250.00 |
| TOTAL This Period (last page this line number only) | ▶ | 44600.00 |

**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 43 / 63

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

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NAME OF COMMITTEE (In Full)
OB-GYNS FOR WOMEN'S HEALTH PAC

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) A. AMERICAN EXPRESS | | Transaction ID: SB21B.10376 Date of Disbursement |
| Mailing Address P.O. BOX 53852 | | <input type="text" value="07"/> / <input type="text" value="05"/> / <input type="text" value="2006"/> |
| City PHOENIX | State AZ | Zip Code 85072 |
| Purpose of Disbursement CREDIT CARD TRANSACTION FEES | <input type="text"/> | Amount of Each Disbursement this Period <input type="text" value="125.83"/> |
| 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: | | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) B. AMERICAN EXPRESS | | Transaction ID: SB21B.10521 Date of Disbursement |
| Mailing Address P.O. BOX 53852 | | <input type="text" value="08"/> / <input type="text" value="07"/> / <input type="text" value="2006"/> |
| City PHOENIX | State AZ | Zip Code 85072 |
| Purpose of Disbursement CREDIT CARD TRANSACTION FEES | <input type="text"/> | Amount of Each Disbursement this Period <input type="text" value="130.24"/> |
| 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: | | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) C. AMERICAN EXPRESS | | Transaction ID: SB21B.10648 Date of Disbursement |
| Mailing Address P.O. BOX 53852 | | <input type="text" value="09"/> / <input type="text" value="05"/> / <input type="text" value="2006"/> |
| City PHOENIX | State AZ | Zip Code 85072 |
| Purpose of Disbursement CREDIT CARD TRANSACTION FEES | <input type="text"/> | Amount of Each Disbursement this Period <input type="text" value="111.08"/> |
| 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: | | |

| | |
|--|-------------------------------------|
| SUBTOTAL of Disbursements This Page (optional) | <input type="text" value="367.15"/> |
| TOTAL 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)

PAGE 44 / 63

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

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NAME OF COMMITTEE (In Full)
OB-GYNS FOR WOMEN'S HEALTH PAC

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. FIRST NATIONAL MERCHANT SOLUTIONS | | Transaction ID: SB21B.10377 Date of Disbursement |
| Mailing Address 1620 DODGE STREET | | <input type="text" value="07"/> <input type="text" value="03"/> / <input type="text" value="20"/> <input type="text" value="06"/> |
| City OMAHA | State NE | Zip Code 68197 |
| Purpose of Disbursement CREDIT CARD TRANSACTION FEES | | <input type="text" value="168.63"/> |
| 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: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. FIRST NATIONAL MERCHANT SOLUTIONS | | Transaction ID: SB21B.10522 Date of Disbursement |
| Mailing Address 1620 DODGE STREET | | <input type="text" value="08"/> <input type="text" value="02"/> / <input type="text" value="20"/> <input type="text" value="06"/> |
| City OMAHA | State NE | Zip Code 68197 |
| Purpose of Disbursement CREDIT CARD TRANSACTION FEES | | <input type="text" value="333.84"/> |
| 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: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. FIRST NATIONAL MERCHANT SOLUTIONS | | Transaction ID: SB21B.10649 Date of Disbursement |
| Mailing Address 1620 DODGE STREET | | <input type="text" value="09"/> <input type="text" value="05"/> / <input type="text" value="20"/> <input type="text" value="06"/> |
| City OMAHA | State NE | Zip Code 68197 |
| Purpose of Disbursement CREDIT CARD TRANSACTION FEES | | <input type="text" value="232.04"/> |
| 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: | | |

| | |
|--|-------------------------------------|
| SUBTOTAL of Disbursements This Page (optional) | <input type="text" value="734.51"/> |
| TOTAL 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)

PAGE 45 / 63

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

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NAME OF COMMITTEE (In Full)
OB-GYNS FOR WOMEN'S HEALTH PAC

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. SUSANNE HAESSLER | | Transaction ID: SB21B.10371 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 3 / 2 0 0 6 |
| Mailing Address 4101 ALBEMARLE STREET, NW | | Amount of Each Disbursement this Period 2537.50 |
| City WASHINGTON State DC Zip Code 20016 | Category/ Type | |
| Purpose of Disbursement ACCOUNTING | | |
| 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) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. SUSANNE HAESSLER | | Transaction ID: SB21B.10372 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 9 / 2 0 0 6 |
| Mailing Address 4101 ALBEMARLE STREET, NW | | Amount of Each Disbursement this Period 134.81 |
| City WASHINGTON State DC Zip Code 20016 | Category/ Type | |
| Purpose of Disbursement POSTAGE & DELIVERY | | |
| 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) ▼ | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. SUSANNE HAESSLER | | Transaction ID: SB21B.10443 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 2 / 2 0 0 6 |
| Mailing Address 4101 ALBEMARLE STREET, NW | | Amount of Each Disbursement this Period 2827.50 |
| City WASHINGTON State DC Zip Code 20016 | Category/ Type | |
| Purpose of Disbursement ACCOUNTING | | |
| 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) ▼ | |

| | |
|--|----------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 5499.81 |
| 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 checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
OB-GYNS FOR WOMEN'S HEALTH PAC

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. SUSANNE HAESSLER | | Transaction ID: SB21B.10573 Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2006 |
| Mailing Address 4101 ALBEMARLE STREET, NW | | Amount of Each Disbursement this Period 906.25 |
| City WASHINGTON State DC Zip Code 20016 | Category/ Type | |
| Purpose of Disbursement ACCOUNTING | | |
| 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) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. NATIONAL CAPITAL TELESERVICES | | Transaction ID: SB21B.10444 Date of Disbursement M M / D D / Y Y Y Y 08 / 02 / 2006 |
| Mailing Address 300 FIFTH STREET, NE | | Amount of Each Disbursement this Period 16160.72 |
| City WASHINGTON State DC Zip Code 20002 | Category/ Type | |
| Purpose of Disbursement GENERIC TELEPHONE SOLICITATIONS | | |
| 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) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. NATIONAL CAPITAL TELESERVICES | | Transaction ID: SB21B.10523 Date of Disbursement M M / D D / Y Y Y Y 08 / 23 / 2006 |
| Mailing Address 300 FIFTH STREET, NE | | Amount of Each Disbursement this Period 17546.31 |
| City WASHINGTON State DC Zip Code 20002 | Category/ Type | |
| Purpose of Disbursement GENERIC TELEPHONE SOLICITATIONS | | |
| 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) ▼ | |

| | |
|--|-----------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 34613.28 |
| 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)

PAGE 47 / 63

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

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NAME OF COMMITTEE (In Full)
OB-GYNS FOR WOMEN'S HEALTH PAC

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. NATIONAL CAPITAL TELESERVICES | | Transaction ID: SB21B.10524 |
| Mailing Address 300 FIFTH STREET, NE | | Date of Disbursement MM / DD / YYYY 08 / 23 / 2006 |
| City WASHINGTON | State DC | Amount of Each Disbursement this Period 5674.94 |
| Zip Code 20002 | | |
| Purpose of Disbursement GENERIC MAIL SOLICITATIONS | | 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: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. NATIONAL CAPITAL TELESERVICES | | Transaction ID: SB21B.10645 |
| Mailing Address 300 FIFTH STREET, NE | | Date of Disbursement MM / DD / YYYY 09 / 18 / 2006 |
| City WASHINGTON | State DC | Amount of Each Disbursement this Period 5811.90 |
| Zip Code 20002 | | |
| Purpose of Disbursement GENERIC TELEPHONE SOLICITATIONS | | 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: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. NATIONAL CAPITAL TELESERVICES | | Transaction ID: SB21B.10660 |
| Mailing Address 300 FIFTH STREET, NE | | Date of Disbursement MM / DD / YYYY 09 / 25 / 2006 |
| City WASHINGTON | State DC | Amount of Each Disbursement this Period 4526.26 |
| Zip Code 20002 | | |
| Purpose of Disbursement GENERIC TELEPHONE SOLICITATIONS | | 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: | | |

| | |
|--|-----------------|
| SUBTOTAL of Disbursements This Page (optional) | 16013.10 |
| 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)

PAGE 48 / 63

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

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NAME OF COMMITTEE (In Full)
OB-GYNS FOR WOMEN'S HEALTH PAC

A. Full Name (Last, First, Middle Initial)
THE MANSION ON O STREET

Mailing Address 2020 O STREET, NW

City WAHSINGTON State DC Zip Code 20036

Purpose of Disbursement
GENERIC CATERING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: SB21B.10646

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)

PAGE 49 / 63

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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)
OB-GYNS FOR WOMEN'S HEALTH PAC

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. AMERICA'S FOUNDATION | | Transaction ID: SB23.10656 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6 |
| Mailing Address 1155 21ST STREET, NW | | Amount of Each Disbursement this Period 1000.00 |
| City WASHINGTON State DC Zip Code 20036 | Category/ Type | |
| 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) ▼ | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. BEILENSON FOR CONGRESS | | Transaction ID: SB23.10574 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 5 / 2 0 0 6 |
| Mailing Address 5820 YORK ROAD | | Amount of Each Disbursement this Period 2000.00 |
| City BALTIMORE State MD Zip Code 21212 | Category/ Type | |
| Purpose of Disbursement CONTRIBUTION | | |
| Candidate Name PETER BEILENSON | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 03 | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) C. BROWN FOR CONGRESS | | Transaction ID: SB23.10661 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 5 / 2 0 0 6 |
| Mailing Address P. O. BOX 4506 | | Amount of Each Disbursement this Period 1000.00 |
| City AUBURN State CA Zip Code 95604 | Category/ Type | |
| Purpose of Disbursement CONTRIBUTION | | |
| Candidate Name CHARLES D. BROWN | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 04 | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 4000.00 |
| 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)

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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)
OB-GYNS FOR WOMEN'S HEALTH PAC

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. CHARLES BOUSTANY, JR. FOR CONGRESS | | Transaction ID: SB23.10577 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 5 / 2 0 0 6 |
| Mailing Address P.O. BOX 80126 | | Amount of Each Disbursement this Period 2500.00 |
| City LAFAYETTE State LA Zip Code 70598 | Purpose of Disbursement CONTRIBUTION Candidate Name CHARLES W. BOUSTANY, JR. Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: LA District: 07 | |
| Category/Type | | |
| Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. DAVID SCOTT FOR CONGRESS | | Transaction ID: SB23.10641 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 8 / 2 0 0 6 |
| Mailing Address 162 HURT STREET NORTHEAST | | Amount of Each Disbursement this Period 2000.00 |
| City ATLANTA State GA Zip Code 30307 | Purpose of Disbursement CONTRIBUTION Candidate Name DAVID A. SCOTT Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: GA District: 13 | |
| Category/Type | | |
| Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) C. DRAKE FOR CONGRESS | | Transaction ID: SB23.10679 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6 |
| Mailing Address P.O. BOX 14422 | | Amount of Each Disbursement this Period 1000.00 |
| City PHOENIX State AZ Zip Code 85063 | Purpose of Disbursement CONTRIBUTION Candidate Name RON DRAKE Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: AZ District: 07 | |
| Category/Type | | |
| Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 5500.00 |
| 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)

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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)
OB-GYNS FOR WOMEN'S HEALTH PAC

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. DURSTON FOR CONGRESS | | Transaction ID: SB23.10579 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 5 / 2 0 0 6 |
| Mailing Address 5429 MADISON AVENUE | | Amount of Each Disbursement this Period 2000.00 |
| City SACRAMENTO State CA Zip Code 95841 | Category/ Type | |
| Purpose of Disbursement CONTRIBUTION | | |
| Candidate Name BILL DURSTON | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 03 | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. FEINSTEIN FOR SENATE | | Transaction ID: SB23.10582 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 5 / 2 0 0 6 |
| Mailing Address 601 SOUTH GLEN OAKS BOULEVARD | | Amount of Each Disbursement this Period 2500.00 |
| City BURBANK State CA Zip Code 91502 | Category/ Type | |
| Purpose of Disbursement CONTRIBUTION | | |
| Candidate Name DIANNE FEINSTEIN | | |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 00 | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) C. FRIENDS OF MAX BAUCUS | | Transaction ID: SB23.10631 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 8 / 2 0 0 6 |
| Mailing Address P.O. BOX 586 | | Amount of Each Disbursement this Period 1500.00 |
| City HELENA State MT Zip Code 59624 | Category/ Type | |
| Purpose of Disbursement CONTRIBUTION | | |
| Candidate Name MAX S. BAUCUS | | |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MT District: 00 | Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 6000.00 |
| 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)

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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)
OB-GYNS FOR WOMEN'S HEALTH PAC

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. FRIENDS OF ROSA DELAURO | | Transaction ID: SB23.10664 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 5 / 2 0 0 6 |
| Mailing Address 49 HUNTINGTON STREET | | Amount of Each Disbursement this Period 2000.00 |
| City NEW HAVEN State CT Zip Code 06511 | Purpose of Disbursement CONTRIBUTION Candidate Name ROSA DELAURO Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CT District: 03 | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. GINGREY FOR CONGRESS | | Transaction ID: SB23.10583 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 5 / 2 0 0 6 |
| Mailing Address P.O. BOX U | | Amount of Each Disbursement this Period 2500.00 |
| City MARIETTA State GA Zip Code 30060 | Purpose of Disbursement CONTRIBUTION Candidate Name J. PHILLIP GINGREY Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: GA District: 11 | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. GRAF FOR CONGRESS | | Transaction ID: SB23.10682 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6 |
| Mailing Address 287 WEST EL NOPAL | | Amount of Each Disbursement this Period 1000.00 |
| City GREEN VALLEY State AZ Zip Code 85614 | Purpose of Disbursement CONTRIBUTION Candidate Name RANDALL GRAF Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: AZ District: 08 | |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 5500.00 |
| 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)
OB-GYNS FOR WOMEN'S HEALTH PAC

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) A. INSLEE FOR CONGRESS | | Transaction ID: SB23.10635 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 8 / 2 0 0 6 |
| Mailing Address P.O. BOX 33027 | | Amount of Each Disbursement this Period 1000.00 |
| City SEATTLE State WA Zip Code 98133 | Purpose of Disbursement CONTRIBUTION Candidate Name JAY R. INSLEE Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 01 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| Category/Type | | |
| Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) B. LEADERSHIP ENCOURAGING EXCELLENCE PAC | | Transaction ID: SB23.10644 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 8 / 2 0 0 6 |
| Mailing Address 2875 TOWERVIEW ROAD | | Amount of Each Disbursement this Period 1500.00 |
| City HERNDON State VA Zip Code 20171 | 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) ▼ | |
| Category/Type | | |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) C. LEADERSHIP ENCOURAGING EXCELLENCE PAC | | Transaction ID: SB23.10676 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 5 / 2 0 0 6 |
| Mailing Address 2875 TOWERVIEW ROAD | | Amount of Each Disbursement this Period 1500.00 |
| City HERNDON State VA Zip Code 20171 | 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) ▼ | |
| Category/Type | | |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 4000.00 |
| 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)

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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)
OB-GYNS FOR WOMEN'S HEALTH PAC

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) A. LONE STAR LEADERSHIP PAC | | Transaction ID: SB23.10373 Date of Disbursement |
| Mailing Address 7315 WISCONSIN AVENUE | | <input type="text" value="07"/> / <input type="text" value="19"/> / <input type="text" value="2006"/> |
| City BETHESDA | State MD | Zip Code 20814 |
| Purpose of Disbursement | | Amount of Each Disbursement this Period |
| Candidate Name | | <input type="text" value="5000.00"/> |
| 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) ▼ | Category/ Type |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. LOUISE SLAUGHTER RE-ELECTION COMMITTEE | | Transaction ID: SB23.10672 Date of Disbursement |
| Mailing Address P.O. BOX 730 | | <input type="text" value="09"/> / <input type="text" value="25"/> / <input type="text" value="2006"/> |
| City HONEOYE | State NY | Zip Code 14471 |
| Purpose of Disbursement CONTRIBUTION | | Amount of Each Disbursement this Period |
| Candidate Name LOUISE M. SLAUGHTER | | <input type="text" value="2000.00"/> |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/ Type |
| State: NY District: 28 | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. LUCILLE ROYBAL-ALLARD FOR CONGRESS | | Transaction ID: SB23.10587 Date of Disbursement |
| Mailing Address P.O. BOX 582 | | <input type="text" value="09"/> / <input type="text" value="05"/> / <input type="text" value="2006"/> |
| City KENSINGTON | State MD | Zip Code 20895 |
| Purpose of Disbursement CONTRIBUTION | | Amount of Each Disbursement this Period |
| Candidate Name LUCILLE ROYBAL-ALLARD | | <input type="text" value="1000.00"/> |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/ Type |
| State: CA District: 34 | | |

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| SUBTOTAL of Disbursements This Page (optional) | <input type="text" value="8000.00"/> |
| TOTAL 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)
OB-GYNS FOR WOMEN'S HEALTH PAC

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. MALONEY FOR CONGRESS | | Transaction ID: SB23.10638 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 8 / 2 0 0 6 |
| Mailing Address 49 EAST 92ND STREET | | Amount of Each Disbursement this Period 2000.00 |
| City NEW YORK State NY Zip Code 10128 | Purpose of Disbursement CONTRIBUTION Category/Type | |
| Candidate Name CAROLYN B. MALONEY | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NY District: 14 | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. MCCOLLUM FOR CONGRESS | | Transaction ID: SB23.10686 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6 |
| Mailing Address P.O. BOX 14131 | | Amount of Each Disbursement this Period 1000.00 |
| City ST. PAUL State MN Zip Code 55114 | Purpose of Disbursement CONTRIBUTION Category/Type | |
| Candidate Name BETTY MCCOLLUM | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MN District: 04 | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. MCCRERY FOR CONGRESS COMMITTEE | | Transaction ID: SB23.10584 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 5 / 2 0 0 6 |
| Mailing Address P.O. BOX 52956 | | Amount of Each Disbursement this Period 2000.00 |
| City SHREVEPORT State LA Zip Code 71135 | Purpose of Disbursement CONTRIBUTION Category/Type | |
| Candidate Name JAMES O. MCCRERY | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: LA District: 04 | | |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 5000.00 |
| 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)

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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)
OB-GYNS FOR WOMEN'S HEALTH PAC

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) A. MICHAEL BURGESS FOR CONGRESS | | Transaction ID: SB23.10578 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 5 / 2 0 0 6 | |
| Mailing Address P.O. BOX 2334 | | Amount of Each Disbursement this Period 1500.00 | |
| City DENTON State TX Zip Code 76202 | Purpose of Disbursement CONTRIBUTION Candidate Name MICHAEL C. BURGESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TX District: 26 | | |
| Category/Type | | | |
| Category/Type | | | |

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) B. MICHAEL BURGESS FOR CONGRESS | | Transaction ID: SB23.10632 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 8 / 2 0 0 6 | |
| Mailing Address P.O. BOX 2334 | | Amount of Each Disbursement this Period 1000.00 | |
| City DENTON State TX Zip Code 76202 | Purpose of Disbursement CONTRIBUTION Candidate Name MICHAEL C. BURGESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TX District: 26 | | |
| Category/Type | | | |
| Category/Type | | | |

| | | | |
|--|---|--|--|
| Full Name (Last, First, Middle Initial) C. NITA LOWEY FOR CONGRESS | | Transaction ID: SB23.10637 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 8 / 2 0 0 6 | |
| Mailing Address P.O. BOX 271 | | Amount of Each Disbursement this Period 2000.00 | |
| City WHITE PLAINS State NY Zip Code 10605 | Purpose of Disbursement CONTRIBUTION Candidate Name NITA M. LOWEY Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NY District: 18 | | |
| Category/Type | | | |
| Category/Type | | | |

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|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 4500.00 |
| 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)

PAGE 57 / 63

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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)
OB-GYNS FOR WOMEN'S HEALTH PAC

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. NORWOOD FOR CONGRESS | | Transaction ID: SB23.10667 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 5 / 2 0 0 6 |
| Mailing Address P.O. BOX 499 | | Amount of Each Disbursement this Period 1000.00 |
| City EVANS State GA Zip Code 30809 | Category/ Type | |
| Purpose of Disbursement CONTRIBUTION | | |
| Candidate Name CHARLES W. NORWOOD | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 09 | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. PALLONE FOR CONGRESS | | Transaction ID: SB23.10668 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 5 / 2 0 0 6 |
| Mailing Address P.O. BOX 3176 | | Amount of Each Disbursement this Period 2000.00 |
| City LONG BRANCH State NJ Zip Code 07740 | Category/ Type | |
| Purpose of Disbursement CONTRIBUTION | | |
| Candidate Name FRANK PALLONE, JR. | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 06 | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) C. PICKERING FOR CONGRESS | | Transaction ID: SB23.10689 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6 |
| Mailing Address P.O. BOX 4297 | | Amount of Each Disbursement this Period 1000.00 |
| City BRANDON State MS Zip Code 39047 | Category/ Type | |
| Purpose of Disbursement CONTRIBUTION | | |
| Candidate Name CHARLES W. PICKERING | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MS District: 03 | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 4000.00 |
| 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)

PAGE 58 / 63

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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)
OB-GYNS FOR WOMEN'S HEALTH PAC

| | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| Full Name (Last, First, Middle Initial) A. PRICE FOR CONGRESS | | Transaction ID: SB23.10585 Date of Disbursement | | | | | | | | | | | | | | | | | | | | | |
| Mailing Address P.O. BOX 425 | | <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>9</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> | | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 9 | | 0 | 5 | | 2 | 0 | 0 | 6 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | |
| 0 | 9 | | 0 | 5 | | 2 | 0 | 0 | 6 | | | | | | | | | | | | | | |
| City ROSWELL | State GA | Zip Code 30077 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement CONTRIBUTION | | <input type="checkbox"/> | <input type="text" value="2500.00"/> | | | | | | | | | | | | | | | | | | | | |
| Candidate Name THOMAS E. PRICE | | Category/ Type | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | | | |
| State: GA District: 06 | | | | | | | | | | | | | | | | | | | | | | | |

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|---|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| Full Name (Last, First, Middle Initial) B. PRYCE FOR CONGRESS | | Transaction ID: SB23.10586 Date of Disbursement | | | | | | | | | | | | | | | | | | | | | |
| Mailing Address 145 EAST RICH STREET | | <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>9</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> | | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 9 | | 0 | 5 | | 2 | 0 | 0 | 6 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | |
| 0 | 9 | | 0 | 5 | | 2 | 0 | 0 | 6 | | | | | | | | | | | | | | |
| City COLUMBUS | State OH | Zip Code 43215 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement CONTRIBUTION | | <input type="checkbox"/> | <input type="text" value="2000.00"/> | | | | | | | | | | | | | | | | | | | | |
| Candidate Name DEBORAH D. PRYCE | | Category/ Type | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | | | |
| State: OH District: 15 | | | | | | | | | | | | | | | | | | | | | | | |

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|---|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| Full Name (Last, First, Middle Initial) C. SANTORUM 2006 | | Transaction ID: SB23.10654 Date of Disbursement | | | | | | | | | | | | | | | | | | | | | |
| Mailing Address ONE TOWER BRIDGE | | <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>9</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> | | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 9 | | 1 | 8 | | 2 | 0 | 0 | 6 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | |
| 0 | 9 | | 1 | 8 | | 2 | 0 | 0 | 6 | | | | | | | | | | | | | | |
| City WEST CONSHOHOCKEN | State PA | Zip Code 19428 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement CONTRIBUTION | | <input type="checkbox"/> | <input type="text" value="315.67"/> | | | | | | | | | | | | | | | | | | | | |
| Candidate Name RICHARD J. SANTORUM | | Category/ Type | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | | | |
| State: PA District: 00 | | | | | | | | | | | | | | | | | | | | | | | |

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| SUBTOTAL of Disbursements This Page (optional) | <input type="text" value="4815.67"/> |
| TOTAL 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)

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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)
OB-GYNS FOR WOMEN'S HEALTH PAC

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. SHELLEY SEKULA-GIBBS FOR CONGRESS | | Transaction ID: SB23.10526 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 3 / 2 0 0 6 |
| Mailing Address P.O. BOX 890954 | | Amount of Each Disbursement this Period 1000.00 |
| City HOUSTON State TX Zip Code 77289 | Purpose of Disbursement CONTRIBUTION Candidate Name SHELLEY SEKULA-GIBBS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 22 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| Category/ Type | | |
| Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. SHELLEY SEKULA-GIBBS FOR CONGRESS | | Transaction ID: SB23.10671 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 5 / 2 0 0 6 |
| Mailing Address P.O. BOX 890954 | | Amount of Each Disbursement this Period 1000.00 |
| City HOUSTON State TX Zip Code 77289 | Purpose of Disbursement CONTRIBUTION Candidate Name SHELLEY SEKULA-GIBBS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 22 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| Category/ Type | | |
| Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. SIMMONS FOR CONGRESS | | Transaction ID: SB23.10690 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6 |
| Mailing Address P.O. BOX 268 | | Amount of Each Disbursement this Period 1000.00 |
| City STONINGTON State CT Zip Code 06378 | Purpose of Disbursement CONTRIBUTION Candidate Name ROB SIMMONS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 2 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| Category/ Type | | |
| Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 3000.00 |
| 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)

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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)
OB-GYNS FOR WOMEN'S HEALTH PAC

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. STEELE FOR MARYLAND | | Transaction ID: SB23.10675 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 5 / 2 0 0 6 |
| Mailing Address 1350 DORSEY ROAD | | Amount of Each Disbursement this Period 2500.00 |
| City HANOVER State MD Zip Code 21076 | Purpose of Disbursement CONTRIBUTION Category/Type | |
| Candidate Name MICHAEL STEELE | | |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MD District: 03 | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. SUE KELLY FOR CONGRESS | | Transaction ID: SB23.10685 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6 |
| Mailing Address P.O. BOX 599 | | Amount of Each Disbursement this Period 500.00 |
| City KATONAH State NY Zip Code 10536 | Purpose of Disbursement CONTRIBUTION Category/Type | |
| Candidate Name SUE N. KELLY | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NY District: 19 | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) C. SUE MYRICK FOR CONGRESS | | Transaction ID: SB23.10529 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 3 / 2 0 0 6 |
| Mailing Address P.O. BOX 37091 | | Amount of Each Disbursement this Period 2500.00 |
| City CHARLOTTE State NC Zip Code 28237 | Purpose of Disbursement CONTRIBUTION Category/Type | |
| Candidate Name SUE MYRICK | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NC District: 09 | | |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 5500.00 |
| 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)

PAGE 61 / 63

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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)
OB-GYNS FOR WOMEN'S HEALTH PAC

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. SWEENEY FOR CONGRESS | | Transaction ID: SB23.10691 Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2006 |
| Mailing Address P.O. BOX 1465 | | Amount of Each Disbursement this Period 500.00 |
| City CLIFTON PARK | State NY Zip Code 12065 | |
| Purpose of Disbursement CONTRIBUTION | | |
| Candidate Name JOHN E. SWEENEY | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: NY District: 20 | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. TAMMY BALDWIN FOR CONGRESS | | Transaction ID: SB23.10628 Date of Disbursement M M / D D / Y Y Y Y 09 / 18 / 2006 |
| Mailing Address P.O. BOX 696 | | Amount of Each Disbursement this Period 1000.00 |
| City MADISON | State WI Zip Code 53701 | |
| Purpose of Disbursement CONTRIBUTION | | |
| Candidate Name TAMMY BALDWIN | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: WI District: 02 | | |

SUBTOTAL of Disbursements This Page (optional) ►

1500.00

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

61315.67

**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 62 / 63

| | | | | | |
|------------------------------|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)
OB-GYNS FOR WOMEN'S HEALTH PAC

A. Full Name (Last, First, Middle Initial)
ROBERT D. MIXSON

Mailing Address 104 LAKESHORE DRIVE

City ST. MARY'S State GA Zip Code 31558

Purpose of Disbursement CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: SB28A.10657

Date of Disbursement

/ /

Amount of Each Disbursement this Period

B. Full Name (Last, First, Middle Initial)
BARRY A. SOBEL

Mailing Address 11104 CREEK POINTE DRIVE

City MATTHEWS State NC Zip Code 28105

Purpose of Disbursement CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: SB28A.10446

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 D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

| | |
|---|---|
| (Use separate schedule(s) for each numbered line) | PAGE 63 / 63 |
| | FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10 |

NAME OF COMMITTEE (In Full)
OB-GYNS FOR WOMEN'S HEALTH PAC

| | |
|---|---|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor SUSANNE HAESSLER | Nature of Debt (Purpose): ACCOUNTING |
| Mailing Address 4101 ALBEMARLE STREET, NW | |
| City State ZIP Code WASHINGTON DC 20016 | |

| | | |
|---|---|--|
| Outstanding Balance Beginning This Period <input type="text" value="2537.50"/> | Transaction ID: SD10.10315 | |
| Amount Incurred This Period <input type="text" value="0.00"/> | Payment This Period <input type="text" value="2537.50"/> | Outstanding Balance at Close of This Period <input type="text" value="0.00"/> |

| | |
|---|---|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor SUSANNE HAESSLER | Nature of Debt (Purpose): ACCOUNTING |
| Mailing Address 4101 ALBEMARLE STREET, NW | |
| City State ZIP Code WASHINGTON DC 20016 | |

| | | |
|--|--|---|
| Outstanding Balance Beginning This Period <input type="text" value="0.00"/> | Transaction ID: SD10.10713 | |
| Amount Incurred This Period <input type="text" value="3008.75"/> | Payment This Period <input type="text" value="0.00"/> | Outstanding Balance at Close of This Period <input type="text" value="3008.75"/> |

| | |
|--|--------------------------------------|
| 1) SUBTOTALS This Period This Page (optional)..... | <input type="text" value="3008.75"/> |
| 2) TOTALS This Period (last page this line number only)..... | <input type="text" value="3008.75"/> |
| 3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)..... | <input type="text"/> |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | <input type="text"/> |