

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)	▶	