

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

OB-GYNS FOR WOMEN'S HEALTH PAC

ADDRESS (number and street) 409 12TH STREET SW

Check if different than previously reported. (ACC) WASHINGTON DC 20024

2. **FEC IDENTIFICATION NUMBER** CITY STATE ZIPCODE

C00364158

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

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

- (b) Monthly Report Due On:
- | | | | |
|---|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input checked="" type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

- (c) 12-Day **PRE-Election** Report for the:
- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P) | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12G) | |

Election on _____ in the State of _____

- (d) 30-Day **Post -Election** Report for the:
- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on _____ in the State of _____

5. Covering Period 02 01 2008 through 02 29 2008

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

Type or Print Name of Treasurer STACIE MISCIKOWSKI

Signature of Treasurer Electronically Filed by STACIE MISCIKOWSKI Date 03 12 2008

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

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

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	2

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	2

D	D
2	9

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><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>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		67699.54
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	66466.47									
(c) Total Receipts (from Line 19)	73475.00	87965.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	139941.47	155664.54								
7. Total Disbursements (from Line 31)	14552.44	30275.51								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	125389.03	125389.03								
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)	19446.50									

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	2

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	2

D	D
2	9

Y	Y	Y	Y
2	0	0	8

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	68750.00	80500.00
(i) Itemized (use Schedule A)	4725.00	7465.00
(ii) Unitemized	73475.00	87965.00
(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)	73475.00	87965.00
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))	73475.00	87965.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	73475.00	87965.00

DETAILED SUMMARY PAGE

of Disbursements

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.....	14402.44	24125.51
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	14402.44	24125.51
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	6000.00
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	150.00	150.00
(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))	150.00	150.00
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))..	14552.44	30275.51
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	14552.44	30275.51

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	73475.00	87965.00
34. Total Contribution Refunds (from Line 28(d))	150.00	150.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	73325.00	87815.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	14402.44	24125.51
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	14402.44	24125.51

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 50
	<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

A.	Full Name (Last, First, Middle Initial) FOUAD M. ABBAS		Date of Receipt MM / DD / YYYY 02 / 13 / 2008	
	Mailing Address 7018 ROCK STREAM COURT		Transaction ID: SA11AI.13818	
	City	State	Zip Code	Amount of Each Receipt this Period
	BALTIMORE	MD	21209	1000.00
	FEC ID number of contributing federal political committee.	C		
Name of Employer SIANI HOSPITAL		Occupation PHYSICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00		

B.	Full Name (Last, First, Middle Initial) BRUCE D. AKRIGHT		Date of Receipt MM / DD / YYYY 02 / 21 / 2008	
	Mailing Address P.O. BOX 792213		Transaction ID: SA11AI.13783	
	City	State	Zip Code	Amount of Each Receipt this Period
	SAN ANTONIO	TX	78279	250.00
	FEC ID number of contributing federal political committee.	C		
Name of Employer NORTHEAST OB/GYN ASSOCIAT-ES		Occupation PHYSICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

C.	Full Name (Last, First, Middle Initial) RUSSELL D. ALBERT		Date of Receipt MM / DD / YYYY 02 / 21 / 2008	
	Mailing Address 8161 KILLARNEY AIRE ROAD		Transaction ID: SA11AI.13784	
	City	State	Zip Code	Amount of Each Receipt this Period
	ROSCOE	IL	61073	250.00
	FEC ID number of contributing federal political committee.	C		
Name of Employer BELOIT CLINIC SERVICE		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)	▶	1500.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 50
	<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) KATHERINE ANN AVERILL		Date of Receipt
	Mailing Address 2707 SARATOGA DRIVE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 2 / 2 1 / 2 0 8
	City	State	Zip Code
	WINCHESTER	VA	22601
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.13785
Name of Employer SELF-EMPLOYED		Occupation PHYSICIAN	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00

B.	Full Name (Last, First, Middle Initial) GEORGE T. BARKER		Date of Receipt
	Mailing Address 320 SOUTHEAST BAKER		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 2 / 2 5 / 2 0 8
	City	State	Zip Code
	MCMINNVILLE	OR	97128
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.13744
Name of Employer MCMINNVILLE OB/GYN		Occupation PHYSICIAN	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00

C.	Full Name (Last, First, Middle Initial) DENISE M. BAYUSZIK		Date of Receipt
	Mailing Address 5601 LOCH RAVEN BOULEVARD		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 2 / 2 1 / 2 0 8
	City	State	Zip Code
	BALTIMORE	MD	21239
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.13786
Name of Employer MEDSTAR PHYSICIAN PARTNERS		Occupation PHYSICIAN	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1250.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 50
	<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 K. BRADFIELD	Date of Receipt MM / DD / YYYY 02 / 13 / 2008
	Mailing Address 5368 TIMBER BAND DRIVE	Transaction ID: SA11AI.13819
	City State Zip Code BRIGHTON MI 48116	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation LIVINGSTON OB/GYN PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) STEVE P. BUCHANAN	Date of Receipt MM / DD / YYYY 02 / 25 / 2008
	Mailing Address 1400 WALLIS ROAD	Transaction ID: SA11AI.13745
	City State Zip Code ALEDO TX 76008	Amount of Each Receipt this Period 500.00
	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 ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) WILLIAM J. BULLIS	Date of Receipt MM / DD / YYYY 02 / 06 / 2008
	Mailing Address P.O. BOX 749	Transaction ID: SA11AI.13700
	City State Zip Code SOUTHERN PINES CA 28388	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation SOUTHERN PINES WOMEN'S CE- NTER 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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 50
	<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) MARY C. BURKE		Date of Receipt
	Mailing Address 768 PONDEROSA DRIVE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 2 / 2 1 / 2 0 8
	City	State	Zip Code
	KLAMATH FALLS	OR	97601
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.13787
Name of Employer WOMEN'S CARE		Occupation PHYSICIAN	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 1000.00
		<input type="text"/> 1000.00	

B.	Full Name (Last, First, Middle Initial) LONNIE S. BURNETT		Date of Receipt
	Mailing Address 78 CONCORD PARK WEST		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 2 / 0 6 / 2 0 8
	City	State	Zip Code
	NASHVILLE	TN	37205
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.13701
Name of Employer SELF-EMPLOYED		Occupation PHYSICIAN	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 2000.00
		<input type="text"/> 2000.00	

C.	Full Name (Last, First, Middle Initial) BEVERLY A. BYRD		Date of Receipt
	Mailing Address 90 SOUTH MAIN STREET		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 2 / 0 6 / 2 0 8
	City	State	Zip Code
	MIDDLETOWN	CT	06457
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.13702
Name of Employer HARBORPARK OB/GYN		Occupation PHYSICIAN	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00
		<input type="text"/> 500.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 3500.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 50
	<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) ELAINE CARROLL	Date of Receipt MM / DD / YYYY 02 / 06 / 2008
	Mailing Address 9 CEDAR COURT	Transaction ID: SA11AI.13704
	City State Zip Code LEMONT IL 60439	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation LOYOLA UNIVERSITY OF CHICAGO PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) KAY E. CASE	Date of Receipt MM / DD / YYYY 02 / 06 / 2008
	Mailing Address 2700 SOUTHEAST STRATUS	Transaction ID: SA11AI.13705
	City State Zip Code MCMINNVILLE OR 97128	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MCMINNVILLE WOMEN'S HEALTH PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) CHARLES A. CASTLE	Date of Receipt MM / DD / YYYY 02 / 13 / 2008
	Mailing Address 690 GOOD DRIVE	Transaction ID: SA11AI.13820
	City State Zip Code LANCASTER PA 17604	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation LANCASTER GENERAL HOSPITAL PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 50
	<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) MITZI M. CHILDS		Date of Receipt	
	Mailing Address 20 AUDUBON PLACE		M M / D D / Y Y Y Y Y 0 2 / 0 6 / 2 0 0 8	
	City	State	Zip Code	Transaction ID: SA11AI.13706
	FAIRHOPE	AL	36532	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer EASTERN SHORE 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		

B.	Full Name (Last, First, Middle Initial) ALICIA M. CONSTANTINO		Date of Receipt	
	Mailing Address 315 EAST 1ST STREET		M M / D D / Y Y Y Y Y 0 2 / 0 6 / 2 0 0 8	
	City	State	Zip Code	Transaction ID: SA11AI.13707
	TUCSON	AZ	85705	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		1000.00	
Name of Employer MARANA HEALTH CENTER		Occupation PHYSICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00		

C.	Full Name (Last, First, Middle Initial) RAYMOND L. COX		Date of Receipt	
	Mailing Address 2111 PARKSIDE DRIVE		M M / D D / Y Y Y Y Y 0 2 / 0 6 / 2 0 0 8	
	City	State	Zip Code	Transaction ID: SA11AI.13709
	MITCHELLVILLE	MD	20721	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer SAINT AGNES HOSPITAL		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)	▶	1500.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 50
(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)
MARY E. D'ALTON

Mailing Address 1075 PARK AVENUE

City State Zip Code
NEW YORK NY 10128

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

Name of Employer Occupation
COLUMBIA UNIVERSITY PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 06 / 2008

Transaction ID: SA11AI.13710

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
JOHN D. DACHAUER

Mailing Address 333 NORTHWEST 5TH STREET

City State Zip Code
OKLAHOMA CITY OK 73102

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

Name of Employer Occupation
OKLAHOMA CITY CLINIC PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 25 / 2008

Transaction ID: SA11AI.13746

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
MYLES D. DAVIS

Mailing Address 433 SALUDA AVENUE

City State Zip Code
COLUMBIA SC 29205

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

Name of Employer Occupation
COLUMBIA WOMEN'S HEALTHCARE PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
02 / 13 / 2008

Transaction ID: SA11AI.13822

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► 1750.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 50
	<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) ROBERT H. DEBBS	Date of Receipt MM / DD / YYYY 02 / 25 / 2008
	Mailing Address 2 SASSAFRAS COURT	Transaction ID: SA11AI.13748
	City State Zip Code VOORHEES NJ 08043	Amount of Each Receipt this Period 750.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation UNIVERSITY OF PENNSYLVANIA PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

B.	Full Name (Last, First, Middle Initial) MARK S. DEFRANCESCO	Date of Receipt MM / DD / YYYY 02 / 05 / 2008
	Mailing Address 35 TERRELL FARM ROAD	Transaction ID: SA11AI.13698
	City State Zip Code CHESHIRE CT 06410	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation CENTER FOR WOMEN'S HEALTH PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

C.	Full Name (Last, First, Middle Initial) ANDREW B. DOTT	Date of Receipt MM / DD / YYYY 02 / 13 / 2008
	Mailing Address 993 JOHNSON FERRY ROAD	Transaction ID: SA11AI.13823
	City State Zip Code ATLANTA GA 30342	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation RIVERBEND OB/GYN 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)	▶	2750.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 50		
	<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

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

A.	Full Name (Last, First, Middle Initial) BILL L. DUKE, II	Date of Receipt MM / DD / YYYY 02 / 06 / 2008
	Mailing Address 102 BOYD STREET	Transaction ID: SA11AI.13712
	City State Zip Code ASHLAND CITY TN 37015	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation WOMEN'S HEALTH & MATERNITY PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

B.	Full Name (Last, First, Middle Initial) JOSIAH O. EKUNNO	Date of Receipt MM / DD / YYYY 02 / 21 / 2008
	Mailing Address 11125 DUNN ROAD	Transaction ID: SA11AI.13789
	City State Zip Code ST. LOUIS MO 63136	Amount of Each Receipt this Period 500.00
	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 ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) CHRISTIAN M. EZEKWUECHE	Date of Receipt MM / DD / YYYY 02 / 13 / 2008
	Mailing Address 770 PINE STREET	Transaction ID: SA11AI.13824
	City State Zip Code MACON GA 31201	Amount of Each Receipt this Period 250.00
	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 ▼ 250.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 50
	<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) EDMOND G. FEUILLE, JR.	Date of Receipt MM / DD / YYYY 02 / 06 / 2008
	Mailing Address 551 NORTH HILLSIDE STREET	Transaction ID: SA11AI.13713
	City State Zip Code WICHITA KS 67214	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation WICHITA OB/GYN ASSOCIATES PHYSICIAN.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) MICHAEL G. FLAX	Date of Receipt MM / DD / YYYY 02 / 22 / 2008
	Mailing Address 8120 CONSTITUTION PLACE	Transaction ID: SA11AI.13815
	City State Zip Code ALBUQUERQUE NM 87110	Amount of Each Receipt this Period 250.00
	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 ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) KELLIE F. FLOOD-SHAFFER	Date of Receipt MM / DD / YYYY 02 / 06 / 2008
	Mailing Address 3601 4TH STREET	Transaction ID: SA11AI.13714
	City State Zip Code LUBBOCK TX 79430	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation TEXAS TECH PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 50
	<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) FREDRIC D. FRIGOLETTO	Date of Receipt MM / DD / YYYY 02 / 13 / 2008
	Mailing Address 55 FRUIT STREET	Transaction ID: SA11AI.13826
	City State Zip Code BOSTON MA 02114	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer MASSACHUSETTS GENERAL HOSPITAL	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) GEORGE H. FULLER, JR.	Date of Receipt MM / DD / YYYY 02 / 25 / 2008
	Mailing Address 202 OAK BROOK BOULEVARD	Transaction ID: SA11AI.13750
	City State Zip Code LAFAYETTE LA 70508	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer HAMILTON MEDICAL GROUP	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) JAMES H. GADDY, JR.	Date of Receipt MM / DD / YYYY 02 / 21 / 2008
	Mailing Address 4502 OLD PASS ROAD	Transaction ID: SA11AI.13790
	City State Zip Code GULFPORT MS 39501	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
Name of Employer GULFPORT OB/GYN	Occupation 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) for 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 (check only one)	PAGE 17 / 50
	<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) GLENN T. GALLASPY	Date of Receipt MM / DD / YYYY 02 / 06 / 2008
	Mailing Address 3661 STEIN AVENUE	Transaction ID: SA11AI.13715
	City State Zip Code MOBILE AL 36608	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AZELIA CITY PHYSICIANS PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

B.	Full Name (Last, First, Middle Initial) ANTONIO L. GARCIA	Date of Receipt MM / DD / YYYY 02 / 21 / 2008
	Mailing Address 1311 COLUMBUS STREET	Transaction ID: SA11AI.13791
	City State Zip Code BAKERSFIELD CA 93305	Amount of Each Receipt this Period 250.00
	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 ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) MARTHA L. GARZON	Date of Receipt MM / DD / YYYY 02 / 06 / 2008
	Mailing Address 10431 LONE STAR PLACE	Transaction ID: SA11AI.13716
	City State Zip Code DAVIE FL 33328	Amount of Each Receipt this Period 750.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation SHERIDAN HEALTH CORPORATI- ON PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

SUBTOTAL of Receipts This Page (optional)	2000.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 18 / 50
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) JAMES N. GILHAM	Date of Receipt MM / DD / YYYY 02 / 06 / 2008
	Mailing Address 715 SOUTH 3RD STREET	Transaction ID: SA11AI.13717
	City State Zip Code MONTROSE CA 81401	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation ALPINE OB/GYN PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) PAUL A. GLUCK	Date of Receipt MM / DD / YYYY 02 / 06 / 2008
	Mailing Address 8950 NORTH KENDALL DRIVE	Transaction ID: SA11AI.13719
	City State Zip Code MIAMI FL 33176	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation VITAL MD PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) REID A. GOODMAN	Date of Receipt MM / DD / YYYY 02 / 13 / 2008
	Mailing Address 455 SOUTH HUDSON STREET	Transaction ID: SA11AI.13828
	City State Zip Code DENVER CO 80246	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MILE HIGH OB/GYN 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)	▶	1250.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 (check only one)	PAGE 19 / 50
	<input checked="" 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) DAVID C. GORE		Date of Receipt
	Mailing Address 6200 WEST PARKER ROAD		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 0 6 / 2 0 0 8
	City	State	Zip Code
	PLANO	TX	75093
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.13720
Name of Employer NORTH TEXAS PRENATAL		Occupation PHYSICIAN	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	500.00

B.	Full Name (Last, First, Middle Initial) LAURIE GRANT		Date of Receipt
	Mailing Address 31 BURNSDALE AVENUE		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 0 6 / 2 0 0 8
	City	State	Zip Code
	VALHALLA	NY	10595
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.13721
Name of Employer SELF-EMPLOYED		Occupation PHYSICIAN	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	500.00

C.	Full Name (Last, First, Middle Initial) AFARIN Y. GREIGER		Date of Receipt
	Mailing Address 30 FREDERICK STREET		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 2 1 / 2 0 0 8
	City	State	Zip Code
	NEWTON	MA	02460
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.13792
Name of Employer SOUTHBORO MEDICAL GROUP		Occupation PHYSICIAN	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 50		
	<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

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

A.	Full Name (Last, First, Middle Initial) ROBERT A. GROVER	Date of Receipt MM / DD / YYYY 02 / 06 / 2008
	Mailing Address 417 STATE STREET	Transaction ID: SA11AI.13722
	City State Zip Code BANGOR ME 04401	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation BANGOR WOMEN'S HEALTH PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

B.	Full Name (Last, First, Middle Initial) JOANNE GUTLIPH	Date of Receipt MM / DD / YYYY 02 / 21 / 2008
	Mailing Address 2965 VALDERRAMA COURT	Transaction ID: SA11AI.13793
	City State Zip Code GAINESVILLE VA 20155	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation PRINCE WILLIAM OB/GYN PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) W. DAVID HAGER	Date of Receipt MM / DD / YYYY 02 / 25 / 2008
	Mailing Address 5016 IVYBRIDGE DRIVE	Transaction ID: SA11AI.13755
	City State Zip Code LEXINGTON KY 40515	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation WOMEN'S CARE CENTER 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)	▶	1750.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 50
	<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) GABRIEL G. HAKIM	Date of Receipt MM / DD / YYYY 02 / 06 / 2008
	Mailing Address 18 MERRILL STREET	Transaction ID: SA11AI.13725
	City State Zip Code WATERBURY CT 06708	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation LAKESIDE WOMEN'S HEALTH CENTER PHYSICIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) SHERRIE A. HALD	Date of Receipt MM / DD / YYYY 02 / 06 / 2008
	Mailing Address 1500 EAST SECOND STREET	Transaction ID: SA11AI.13726
	City State Zip Code RENO NV 89519	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation NORTHERN NEVADA WOMEN'S GROUP PHYSICIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

C.	Full Name (Last, First, Middle Initial) THOMAS J. HALLOIN	Date of Receipt MM / DD / YYYY 02 / 06 / 2008
	Mailing Address 4520 OAK RIDGE CIRCLE	Transaction ID: SA11AI.13727
	City State Zip Code DE PERE WI 54115	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AURORA MEDICAL GROUP 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)	2250.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 50
	<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) E. KEITH HANSEN		Date of Receipt MM / DD / YYYY 02 / 06 / 2008		
	Mailing Address 9600 SOUTH 1300		Transaction ID: SA11AI.13728		
	City SANDY	State UT	Zip Code 84094	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer ALTAVIEW WOMEN'S CENTER	Occupation PHYSICIAN			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00			

B.	Full Name (Last, First, Middle Initial) SCOTT R. HARRIAGE		Date of Receipt MM / DD / YYYY 02 / 06 / 2008		
	Mailing Address 700 LILLY ROAD NORTHEAST		Transaction ID: SA11AI.13729		
	City OLYMPIA	State WA	Zip Code 98506	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer GROUP HEALTH COOPERATIVE	Occupation PHYSICIAN			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

C.	Full Name (Last, First, Middle Initial) THOMAS L. HATCHETT, JR.		Date of Receipt MM / DD / YYYY 02 / 13 / 2008		
	Mailing Address P.O. BOX 638		Transaction ID: SA11AI.13830		
	City DEMOREST	State GA	Zip Code 30535	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer HABERSHAM 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)	▶	1500.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 50
	<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) JOEL B. HENRY		Date of Receipt	
	Mailing Address 14 MADELINE ISLAND		M M / D D / Y Y Y Y 0 2 / 0 6 / 2 0 0 8	
	City	State	Zip Code	Transaction ID: SA11AI.13730
	MADISON	WI	53719	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer WEST CLINIC 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		

B.	Full Name (Last, First, Middle Initial) CARMELO A. HERNANDEZ		Date of Receipt	
	Mailing Address 87 MEDICAL PARK AVENUE		M M / D D / Y Y Y Y 0 2 / 2 1 / 2 0 0 8	
	City	State	Zip Code	Transaction ID: SA11AI.13795
	BREVARD	NC	28712	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		300.00	
Name of Employer SYLVAN VALLEY OB/GYN		Occupation PHYSICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00		

C.	Full Name (Last, First, Middle Initial) PETER H. HERTZAK		Date of Receipt	
	Mailing Address 985 ROBERT BOULEVARD		M M / D D / Y Y Y Y 0 2 / 0 6 / 2 0 0 8	
	City	State	Zip Code	Transaction ID: SA11AI.13732
	SLIDELL	LA	70458	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		1000.00	
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 ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional)	▶	1550.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 50
(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)
BRIANT G. HERZOG

Mailing Address 6200 WEST PARKER ROAD

City State Zip Code
PLANO TX 75093

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

Name of Employer
SELF-EMPLOYED

Occupation
PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
02 / 21 / 2008

Transaction ID: SA11AI.13796

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
PHILLIP A. HIGGINS

Mailing Address 5306 PARLIAMENT PLACE

City State Zip Code
ROCKFORD IL 61107

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

Name of Employer
ROCKFORD HEALTH SYSTEMS

Occupation
PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
02 / 06 / 2008

Transaction ID: SA11AI.13733

Amount of Each Receipt this Period
300.00

C.

Full Name (Last, First, Middle Initial)
KATHERINE L. HILSINGER

Mailing Address 2580 DAGGETT AVENUE

City State Zip Code
KLAMATH FALLS OR 97601

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
MM / DD / YYYY
02 / 13 / 2008

Transaction ID: SA11AI.13831

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1800.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 25 / 50
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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) TERRY A. HUFF	Date of Receipt MM / DD / YYYY 02 / 06 / 2008
	Mailing Address 6242 EAST ARBOR AVENUE	Transaction ID: SA11AI.13736
	City State Zip Code MESA AZ 85206	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation DESERT ROSE OB/GYN PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

B.	Full Name (Last, First, Middle Initial) HARRY C. HUNEYCUTT	Date of Receipt MM / DD / YYYY 02 / 06 / 2008
	Mailing Address 236 WEST 6TH STREET	Transaction ID: SA11AI.13738
	City State Zip Code RENO NV 89503	Amount of Each Receipt this Period 250.00
	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 ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) HEATHER M. IRVIN	Date of Receipt MM / DD / YYYY 02 / 25 / 2008
	Mailing Address 204 WHIPPOORWILL RIDGE ROAD	Transaction ID: SA11AI.13756
	City State Zip Code WAVERLY WV 26184	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation ST. JOSEPH'S HOSPITAL 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)	1500.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 50
	<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) JAMES J. IZANEC	Date of Receipt MM / DD / YYYY 02 / 25 / 2008
	Mailing Address 28299 FAIRMOUNT BOULEVARD	Transaction ID: SA11AI.13757
	City State Zip Code CLEVELAND OH 44124	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation RETIRED PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) A. RAY JACOBSON	Date of Receipt MM / DD / YYYY 02 / 25 / 2008
	Mailing Address 1423 OAKWOOD LOOP	Transaction ID: SA11AI.13758
	City State Zip Code SAN MARCOS TX 78666	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation CARING CENTER FOR WOMEN PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

C.	Full Name (Last, First, Middle Initial) KRISHNA K. KAKANI	Date of Receipt MM / DD / YYYY 02 / 20 / 2008
	Mailing Address 910 ADAMS STREET	Transaction ID: SA11AI.13834
	City State Zip Code HUNTSVILLE AL 35801	Amount of Each Receipt this Period 2000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation TENNESSEE VALLEY OB/GYN PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

SUBTOTAL of Receipts This Page (optional)	▶	2550.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 50
(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)
KRIS E. KENNEDY

Mailing Address 1812 UPPER JAMES COURT

City State Zip Code
VIRGINIA BEACH VA 23454

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

Name of Employer Occupation
COMPLETE WOMEN'S CARE PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 25 / 2008

Transaction ID: SA11AI.13759

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
MICHAEL M. KLOTZ

Mailing Address 5555 ELAN YOUNG PARKWAY

City State Zip Code
HILLSBORO OR 97124

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

Name of Employer Occupation
COLUMBIA WOMEN'S CLINIC PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 21 / 2008

Transaction ID: SA11AI.13797

Amount of Each Receipt this Period
250.00

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

Mailing Address 922 CHESTNUT AVENUE

City State Zip Code
DUBOIS PA 15801

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

Name of Employer Occupation
GISINGER MEDICAL CENTER PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
MM / DD / YYYY
02 / 20 / 2008

Transaction ID: SA11AI.13835

Amount of Each Receipt this Period
750.00

SUBTOTAL of Receipts This Page (optional) ► 1250.00

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

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

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

FOR LINE NUMBER: PAGE 28 / 50
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
WENDY M. LATSHAW

Mailing Address 46 DEER RUN

City AVON State CT Zip Code 06001

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

Name of Employer CENTRAL CONNECTICUT OB/GYN Occupation PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 20 / 2008
Transaction ID: SA11AI.13836
Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
PETER D. LAWRASON

Mailing Address 1919 LATHROP STREET

City FAIRBANKS State AK Zip Code 99701

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 02 / 20 / 2008
Transaction ID: SA11AI.13837
Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
HELENE B. LEONETTI

Mailing Address 190 BROADHEAD ROSS

City BETHLEHEM State PA Zip Code 18017

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

Name of Employer LEIGH VALLEY HOSPITAL Occupation PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 20 / 2008
Transaction ID: SA11AI.13839
Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 1250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 50
	<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) UNEEDA M. LEVERETT	Date of Receipt MM / DD / YYYY 02 / 20 / 2008
	Mailing Address 13307 EAST 94TH STREET	Transaction ID: SA11AI.13840
	City State Zip Code KANSAS CITY MO 64138	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer ASSOCIATED WOMEN'S HEALTH Occupation PHYSICIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) LILIA I. LIZANO	Date of Receipt MM / DD / YYYY 02 / 20 / 2008
	Mailing Address 500 ALFRED NOBEL STREET	Transaction ID: SA11AI.13841
	City State Zip Code HERCULES CA 94547	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	

C.	Full Name (Last, First, Middle Initial) TIMOTHY P. MADION	Date of Receipt MM / DD / YYYY 02 / 20 / 2008
	Mailing Address 1200 SIXTH STREET	Transaction ID: SA11AI.13843
	City State Zip Code TRAVERSE CITY MI 49684	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer GRAND TRAVERSE WOMEN'S CLINIC 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)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 50
(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)
LOUIS MAMELI

Mailing Address 214 CHEROKEE ROAD

City State Zip Code
THOMASTON GA 30286

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

Name of Employer THOMASTON OB/GYN Occupation PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 21 / 2008

Transaction ID: SA11AI.13799

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
JAY S.H. MASSERMAN

Mailing Address 8 SUNRIVER

City State Zip Code
IRVINE CA 92614

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
MM / DD / YYYY
02 / 25 / 2008

Transaction ID: SA11AI.13768

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
DIMITRIOS S. MASTROGIANNIS

Mailing Address 42 TALISMAN DRIVE

City State Zip Code
DIX HILLS NY 11746

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

Name of Employer TEMPLE UNIVERSITY Occupation PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
02 / 21 / 2008

Transaction ID: SA11AI.13800

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **1750.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 50
	<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) ROLAND P. MATTHEWS		Date of Receipt
	Mailing Address 80 JESSE HILL DRIVE		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 2 0 / 2 0 0 8
	City	State	Zip Code
	ATLANTA	GA	30303
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.13844
Name of Employer MOREHOUSE MEDICAL		Occupation PHYSICIAN	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	250.00

B.	Full Name (Last, First, Middle Initial) ROY A. MCCLINTOCK		Date of Receipt
	Mailing Address 1100 EAST LAKE STREET		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 2 0 / 2 0 0 8
	City	State	Zip Code
	TYLER	TX	75701
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.13845
Name of Employer SELF-EMPLOYED		Occupation PHYSICIAN	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	250.00

C.	Full Name (Last, First, Middle Initial) CLAYTON H. MCCrackEN		Date of Receipt
	Mailing Address P.O. BOX 35100		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 2 0 / 2 0 0 8
	City	State	Zip Code
	BILLINGS	MT	59107
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.13846
Name of Employer BILLINGS CLINIC		Occupation PHYSICIAN	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	500.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 32 / 50
(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)
KELLY A. MCCUE

Mailing Address 2345 FAIR OAKS BOULEVARD

City SACRAMENTO State CA Zip Code 95825

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

Name of Employer KAISER Occupation PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 02 / 20 / 2008
Transaction ID: SA11AI.13847
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
ALLAN G. MCLEOD

Mailing Address 3251 MORRIS LANE

City COCONUT GROVE State FL Zip Code 33133

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

Name of Employer RETIRED Occupation PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 02 / 20 / 2008
Transaction ID: SA11AI.13848
Amount of Each Receipt this Period: 250.00

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

Mailing Address 383 PINK STREET

City COOPERSTOWN State NY Zip Code 13326

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

Name of Employer BASSETT HEALTHCARE Occupation PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 02 / 20 / 2008
Transaction ID: SA11AI.13849
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ▶ **750.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 / 50
(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)
ROBERT D. MIXSON

Mailing Address 104 LAKESHORE DRIVE

City State Zip Code
ST. MARY'S GA 31558

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
0 2 / 2 0 / 2 0 0 8

Transaction ID: SA11AI.13851

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
CHARLES W. MONIAK

Mailing Address 320 SUPERIOR AVENUE

City State Zip Code
NEWPORT BEACH CA 92663

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
0 2 / 2 0 / 2 0 0 8

Transaction ID: SA11AI.13852

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
ELIZABETH A. MOORE

Mailing Address 107 HIGHLAND DRIVE

City State Zip Code
RIVERDALE GA 30296

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

Name of Employer WOMEN'S MEDICAL CENTER Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 2 0 / 2 0 0 8

Transaction ID: SA11AI.13853

Amount of Each Receipt this Period
500.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 50
	<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) LUCIAN Y. MOREMAN	Date of Receipt MM / DD / YYYY 02 / 25 / 2008
	Mailing Address 504 DEREK AVENUE	Transaction ID: SA11AI.13769
	City State Zip Code ELIZABETHTOWN KY 42701	Amount of Each Receipt this Period 250.00
	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 ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) JOSEPH N. MUOK	Date of Receipt MM / DD / YYYY 02 / 20 / 2008
	Mailing Address 1729 BURRSTONE ROAD	Transaction ID: SA11AI.13855
	City State Zip Code NEW HARTFORD NY 13413	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation SLOCUM-DICKSON MEDICAL GR- OUP PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

C.	Full Name (Last, First, Middle Initial) HARRY C. NELSON	Date of Receipt MM / DD / YYYY 02 / 20 / 2008
	Mailing Address 1021 COOLIDGE STREET	Transaction ID: SA11AI.13856
	City State Zip Code GREENEVILLE TN 37743	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation WOMEN'S CENTER OF GREENVI- LLE 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)	1500.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 35 / 50
(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)
ALEXANDER NORTON, JR.

Mailing Address 9280 WEST SUNSET ROAD

City State Zip Code
LAS VEGAS NV 89148

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

Name of Employer Occupation
SPRING MOUNTAIN WOMEN'S CARE PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
02 / 21 / 2008

Transaction ID: SA11AI.13801

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
PATRICK D. NUNNELLY

Mailing Address 1301 WEST 38TH STREET

City State Zip Code
AUSTIN TX 78705

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

Name of Employer Occupation
DEROSIERS & WERNECKE PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
02 / 20 / 2008

Transaction ID: SA11AI.13857

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
HOLLY L. OLSON

Mailing Address 1067 ALAOKI STREET

City State Zip Code
MILILANI HI 96789

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

Name of Employer Occupation
U.S. ARMY PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
02 / 21 / 2008

Transaction ID: SA11AI.13802

Amount of Each Receipt this Period
1000.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 36 / 50
(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)
DONALD W. PARKER

Mailing Address 1307 WEST 3RD STREET

City State Zip Code
GILLETTE WY 82716

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 ▼ 1000.00

Date of Receipt
MM / DD / YYYY
02 / 21 / 2008

Transaction ID: SA11AI.13803

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
GREGORY O. PATTON

Mailing Address 1204 MEDICAL PARK DRIVE

City State Zip Code
OXFORD MS 38655

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

Name of Employer OXFORD OB/GYN
Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 20 / 2008

Transaction ID: SA11AI.13858

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
VINCENT A. PELLEGRINI

Mailing Address 301 SOUTH 7TH AVENUE

City State Zip Code
WEST READING PA 19611

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

Name of Employer WOMEN'S CLINIC, LTD
Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 20 / 2008

Transaction ID: SA11AI.13860

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► 1750.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 37 / 50
(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)
SHARON T. PHELAN

Mailing Address 1329 DESERT HILLS PLACE

City State Zip Code
ALBUQUERQUE NM 87111

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

Name of Employer Occupation
UNIVERSITY OF NEW MEXICO PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 20 / 2008

Transaction ID: SA11AI.13862

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
TIMOTHY E. PHELAN

Mailing Address 1621 CREEKSIDE DRIVE

City State Zip Code
FOLSOM CA 95630

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

Name of Employer Occupation
CREEKSIDE OB/GYN PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 20 / 2008

Transaction ID: SA11AI.13863

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
THOMAS F. PURDON

Mailing Address 706 EAST BENT BRANCH PLACE

City State Zip Code
GREEN VALLEY AZ 85614

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 ▼ 800.00

Date of Receipt
MM / DD / YYYY
02 / 25 / 2008

Transaction ID: SA11AI.13772

Amount of Each Receipt this Period
800.00

SUBTOTAL of Receipts This Page (optional) ► **1800.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 50
	<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) GERALD M. REHERT	Date of Receipt MM / DD / YYYY 02 / 20 / 2008
	Mailing Address 1661 FRIAR TUCK	Transaction ID: SA11AI.13865
	City ATLANTA State GA Zip Code 30309	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	

B.	Full Name (Last, First, Middle Initial) JAANA REHNSTROM	Date of Receipt MM / DD / YYYY 02 / 20 / 2008
	Mailing Address 103 FIFTH AVENUE	Transaction ID: SA11AI.13866
	City NEW YORK State NY Zip Code 10003	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	

C.	Full Name (Last, First, Middle Initial) JEFFREY R. RICHARDSON, JR.	Date of Receipt MM / DD / YYYY 02 / 20 / 2008
	Mailing Address 3555 LOMA VISTA ROAD	Transaction ID: SA11AI.13867
	City VENTURA State CA Zip Code 93003	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer LASER BEAUTIFICATION CENTER Occupation 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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 50
	<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) COURTNEY P. RIDLEY	Date of Receipt
	Mailing Address 2706 FAIRMOUNT	<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 2 0 / 2 0 0 8
	City State Zip Code DALLAS TX 75201	Transaction ID: SA11AI.13868
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 500.00
	Name of Employer Occupation LIFESPAN MEDICINE PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 500.00	

B.	Full Name (Last, First, Middle Initial) LOUISE C. ROGERS	Date of Receipt
	Mailing Address 2801 RANDOLPH ROAD	<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 2 0 / 2 0 0 8
	City State Zip Code CHARLOTTE NC 28211	Transaction ID: SA11AI.13869
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 250.00
	Name of Employer Occupation NOVANT HEALTH CARE PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 250.00	

C.	Full Name (Last, First, Middle Initial) GERARD M. ROY	Date of Receipt
	Mailing Address 40 HART STREET	<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 2 0 / 2 0 0 8
	City State Zip Code NEW BRITAIN CT 06052	Transaction ID: SA11AI.13870
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 250.00
	Name of Employer Occupation NEW BRITAIN OB/GYN PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 250.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1000.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 40 / 50
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
JUAN S. SANDOVAL

Mailing Address 2 BARNES LANE

City State Zip Code
GARDEN CITY NY 11530

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

Name of Employer Occupation
BROOKDALE HOSPITAL PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 22 / 2008

Transaction ID: SA11AI.13817

Amount of Each Receipt this Period
500.00

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

Mailing Address 24346 WEST WARREN STREET

City State Zip Code
DEARBORN HEIGHTS MI 48127

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
02 / 20 / 2008

Transaction ID: SA11AI.13872

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
KARL I. SCHAEFFER

Mailing Address 6372 WINDRUSH LANE

City State Zip Code
BLACKLICK OH 43004

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
02 / 21 / 2008

Transaction ID: SA11AI.13804

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 1000.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 41 / 50

(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)
BAHRAM SHAH-HOSSEINI

Mailing Address 30 BRIARWOOD ROAD

City State Zip Code
LINCOLN RI 02865

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
0 2 / 2 0 / 2 0 0 8

Transaction ID: SA11AI.13873

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)
F. MICHAEL SHAW

Mailing Address 2 CHERRY HILL COURT

City State Zip Code
BRIARCLIFF MANOR NY 10510

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
0 2 / 2 0 / 2 0 0 8

Transaction ID: SA11AI.13874

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)
LAURA L. SIROTT

Mailing Address 1312 MONTEREY PLACE

City State Zip Code
SAN MARINO CA 91108

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
0 2 / 2 0 / 2 0 0 8

Transaction ID: SA11AI.13876

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional) ▶

2000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 / 50
	<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) LORI S. SMETANA		Date of Receipt
	Mailing Address 11602 SOUTH BALTIMORE ROAD		<input type="text" value="02"/> / <input type="text" value="25"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	SPOKANE	WA	99223
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.13778
Name of Employer SELF-EMPLOYED		Occupation PHYSICIAN	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="250.00"/>	<input type="text" value="250.00"/>

B.	Full Name (Last, First, Middle Initial) SIDNEY T. SMITH		Date of Receipt
	Mailing Address 1000 COLD BRANCH DRIVE		<input type="text" value="02"/> / <input type="text" value="20"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	COLUMBIA	SC	29723
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.13878
Name of Employer SOUTH CAROLINA ONCOLOGY		Occupation PHYSICIAN	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="500.00"/>	<input type="text" value="500.00"/>

C.	Full Name (Last, First, Middle Initial) CAROL M. SOLIE		Date of Receipt
	Mailing Address 1000 MCKINLEY PARK DRIVE		<input type="text" value="02"/> / <input type="text" value="20"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	MARION	OH	43302
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.13879
Name of Employer MARION GENERAL HOSPITAL		Occupation PHYSICIAN	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="250.00"/>	<input type="text" value="250.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="1000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 43 / 50
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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) MICHELLE M. STARKE	Date of Receipt MM / DD / YYYY 02 / 20 / 2008
	Mailing Address 7300 SOUTHWEST 62ND PLACE	Transaction ID: SA11AI.13882
	City SOUTH MIAMI State FL Zip Code 33143	Amount of Each Receipt this Period 1000.00
	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) <input type="checkbox"/> Aggregate Year-to-Date 1000.00	

B.	Full Name (Last, First, Middle Initial) DIANE S. STEREN	Date of Receipt MM / DD / YYYY 02 / 25 / 2008
	Mailing Address 11425 LUXAMOR ROAD	Transaction ID: SA11AI.13780
	City ROCKVILLE State MD Zip Code 20852	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer WOMEN'S HEALTH SPECIALISTS Occupation PHYSICIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 250.00	

C.	Full Name (Last, First, Middle Initial) LAURA R. STONE	Date of Receipt MM / DD / YYYY 02 / 21 / 2008
	Mailing Address 205 SOUTH WHITING STREET	Transaction ID: SA11AI.13806
	City ALEXANDRIA State VA Zip Code 22304	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) <input type="checkbox"/> Aggregate Year-to-Date 250.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 / 50
	<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) KERI M. SWEETEN	Date of Receipt MM / DD / YYYY 02 / 21 / 2008
	Mailing Address 1008 EAST MCDOWELL ROAD	Transaction ID: SA11AI.13807
	City State Zip Code PHOENIX AZ 85006	Amount of Each Receipt this Period 1000.00
	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 ▼ 1000.00

B.	Full Name (Last, First, Middle Initial) KAREN G. SWENSON	Date of Receipt MM / DD / YYYY 02 / 21 / 2008
	Mailing Address 3407 PERRY LANE	Transaction ID: SA11AI.13808
	City State Zip Code AUSTIN TX 78705	Amount of Each Receipt this Period 1500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer PARTNERS IN WOMEN'S HEALTH Occupation PHYSICIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00

C.	Full Name (Last, First, Middle Initial) JEAN R. TALATI	Date of Receipt MM / DD / YYYY 02 / 20 / 2008
	Mailing Address 369 PINEHURST DRIVE	Transaction ID: SA11AI.13885
	City State Zip Code EAST LONGMEADOW MA 01028	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer RIVERBEND MEDICAL 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)	2750.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 45 / 50
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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 D. URNES	Date of Receipt MM / DD / YYYY 02 / 20 / 2008
	Mailing Address 880 NORTH LAKE SHORE DRIVE	Transaction ID: SA11AI.13886
	City State Zip Code CHICAGO IL 60611	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation NORTHWESTERN UNIVERSITY PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) JOSE J. VILLARREAL-GARCIA	Date of Receipt MM / DD / YYYY 02 / 21 / 2008
	Mailing Address 3100 NORTH STANTON	Transaction ID: SA11AI.13809
	City State Zip Code EL PASO TX 79902	Amount of Each Receipt this Period 250.00
	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 ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) WILLIAM C. VOGELPOHL	Date of Receipt MM / DD / YYYY 02 / 20 / 2008
	Mailing Address 337 EL DORADO STREET	Transaction ID: SA11AI.13887
	City State Zip Code MONTEREY CA 93940	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation SELF-EMPLOYED PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 46 / 50
(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)
KATHY N. WALKER

Mailing Address 207 SOUTH SANTA ANITA STREET

City State Zip Code
SAN GABRIEL CA 91776

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

Name of Employer CARE FOR WOMEN 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 2 / 2 0 / 2 0 0 8

Transaction ID: SA11AI.13888

Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
PHILIP L. WATTERSON

Mailing Address 4065 MARINER BOULEVARD

City State Zip Code
SPRING HILL FL 34609

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
0 2 / 2 0 / 2 0 0 8

Transaction ID: SA11AI.13889

Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial)
ASHLEY K. WEINERT

Mailing Address 3317 CHANATE ROAD

City State Zip Code
SANTA ROSA CA 95404

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

Name of Employer SUTTER MEDICAL 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 2 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.13810

Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ► 1500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 / 50
	<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) TANIA A. WHITE-JACKSON	Date of Receipt MM / DD / YYYY 02 / 21 / 2008
	Mailing Address 6300 WEST PARKER ROAD	Transaction ID: SA11AI.13811
	City State Zip Code PLANO TX 75092	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

B.	Full Name (Last, First, Middle Initial) WAYNE B. WILSON	Date of Receipt MM / DD / YYYY 02 / 21 / 2008
	Mailing Address 222 EAST RIDGE ROAD	Transaction ID: SA11AI.13813
	City State Zip Code MCALLEN TX 78503	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer LANDRUM-CHESTER OB/GYN Occupation PHYSICIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00

C.	Full Name (Last, First, Middle Initial) EMILY M. WOESTE	Date of Receipt MM / DD / YYYY 02 / 20 / 2008
	Mailing Address 6903 BURLINGTON	Transaction ID: SA11AI.13890
	City State Zip Code FLORENCE KY 41042	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer TRI-STATE WOMEN'S HEALTH 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)	▶	1750.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 48 / 50
	(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) ELIZABETH F. WU		Date of Receipt
	Mailing Address 18871 BELGROVE CIRCLE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 2 / 2 0 / 2 0 0 8
	City	State	Zip Code
	SARATOGA	CA	95070
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.13891
Name of Employer SAN JOSE WOMEN'S GROUP		Occupation PHYSICIAN	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 1000.00
		<input type="text"/> 1000.00	

B.	Full Name (Last, First, Middle Initial) RICHARD C. ZACHER		Date of Receipt
	Mailing Address 3033 WEST BELL ROAD		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 2 / 2 0 / 2 0 0 8
	City	State	Zip Code
	PHOENIX	AZ	85053
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.13893
Name of Employer 5TH AVENUE OB/GYN		Occupation PHYSICIAN	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00
		<input type="text"/> 500.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1500.00
TOTAL This Period (last page this line number only)	<input type="text"/> 68750.00

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 49 / 50

<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)
FIRST NATIONAL MERCHANT SOLUTIONS

Mailing Address 1620 DODGE STREET

City OMAHA State NE Zip Code 68197

Purpose of Disbursement
CREDIT CARD TRANSACTION FEES

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B.13696

Date of Disbursement

02 / 04 / 2008

Amount of Each Disbursement this Period

206.51

B. Full Name (Last, First, Middle Initial)
SUSANNE HAESSLER

Mailing Address 3700 MASSACHUSETTS AVENUE, NW

City WASHINGTON State DC Zip Code 20016

Purpose of Disbursement
ACCOUNTING

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B.13694

Date of Disbursement

02 / 01 / 2008

Amount of Each Disbursement this Period

2212.50

C. Full Name (Last, First, Middle Initial)
ODYSSEY

Mailing Address 600 WATER STREET, SW

City WASHINGTON State DC Zip Code 20024

Purpose of Disbursement
GENERIC CATERING AND SITE RENTAL

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B.13739

Date of Disbursement

02 / 18 / 2008

Amount of Each Disbursement this Period

11887.54

SUBTOTAL of Disbursements This Page (optional) ►

14306.55

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

14306.55

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor SUSANNE HAESSLER			Nature of Debt (Purpose): ACCOUNTING
Mailing Address 3700 MASSACHUSETTS AVENUE, NW			
City WASHINGTON	State DC	ZIP Code 20016	

Outstanding Balance Beginning This Period 2212.50		Transaction ID: SD10.13669	
Amount Incurred This Period 0.00	Payment This Period 2212.50	Outstanding Balance at Close of This Period 0.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor SUSANNE HAESSLER			Nature of Debt (Purpose): ACCOUNTING
Mailing Address 3700 MASSACHUSETTS AVENUE, NW			
City WASHINGTON	State DC	ZIP Code 20016	

Outstanding Balance Beginning This Period 0.00		Transaction ID: SD10.13898	
Amount Incurred This Period 1987.50	Payment This Period 0.00	Outstanding Balance at Close of This Period 1987.50	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor NATIONAL CAPITAL TELESERVICES			Nature of Debt (Purpose): GENERIC TELEPHONE SOLICITATIONS
Mailing Address 300 FIFTH STREET, NE			
City WASHINGTON	State DC	ZIP Code 20002	

Outstanding Balance Beginning This Period 0.00		Transaction ID: SD10.13900	
Amount Incurred This Period 17459.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 17459.00	

1) SUBTOTALS This Period This Page (optional).....	▶	19446.50
2) TOTALS This Period (last page this line number only).....	▶	19446.50
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	▶	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	19446.50