

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 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 01 01 2006 through 03 31 2006

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

Type or Print Name of Treasurer LUCIA DIVENERE

Signature of Treasurer Electronically Filed by LUCIA DIVENERE Date 04 08 2006

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

Office Use Only							
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**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	1

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; 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>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		78839.62
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period	78839.62									
(c) Total Receipts (from Line 19)	136370.00	136370.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	215209.62	215209.62								
7. Total Disbursements (from Line 31)	65481.29	65481.29								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	149728.33	149728.33								
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)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

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

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	127725.00	127725.00
(i) Itemized (use Schedule A)	8645.00	8645.00
(ii) Unitemized	136370.00	136370.00
(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)	136370.00	136370.00
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))	136370.00	136370.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	136370.00	136370.00

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.....	47731.29	47731.29
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	47731.29	47731.29
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	16500.00	16500.00
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	1250.00	1250.00
(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))	1250.00	1250.00
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))..	65481.29	65481.29
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	65481.29	65481.29

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)	136370.00	136370.00
34. Total Contribution Refunds (from Line 28(d))	1250.00	1250.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	135120.00	135120.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	47731.29	47731.29
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	47731.29	47731.29

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) A. LORI A. ABRAMS		Date of Receipt MM / DD / YYYY 03 / 20 / 2006
Mailing Address 1921 WALDEMERE		Transaction ID: SA11A1.9661
City SARASOTA	State FL	Zip Code 34239
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 250.00
Name of Employer ABRAMS CENTER FOR WOMEN	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. RIDDICK ACKERMAN, III		Date of Receipt MM / DD / YYYY 03 / 06 / 2006
Mailing Address 400 CONSTANCE STREET		Transaction ID: SA11A1.9558
City WALTERBORO	State SC	Zip Code 29488
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 250.00
Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. JOHN S. ADAMS		Date of Receipt MM / DD / YYYY 03 / 20 / 2006
Mailing Address 1930 AVIARA DRIVE		Transaction ID: SA11A1.9663
City CHATTANOOGA	State TN	Zip Code 37421
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 1000.00
Name of Employer WOMEN'S HEALTH SERVICES	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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 95
	<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)
TOD C. AEBY

Mailing Address 1319 PANAHEUE STREET

City State Zip Code
HONOLULU HI 96826

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

Name of Employer Occupation
UNIVERSITY OF HAWAII PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 16 / 2006

Transaction ID: SA11A1.9621

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
DARYL P. ALEXANDER

Mailing Address 18411 CLARK STREET

City State Zip Code
TARZANA CA 91356

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

Name of Employer Occupation
SELF-EMPLOYED PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
03 / 20 / 2006

Transaction ID: SA11A1.9664

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
JODY L. ALEXANDER

Mailing Address 1890 SW HEALTH PARKWAY

City State Zip Code
NAPLES FL 34109

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

Name of Employer Occupation
ESPECIALLY FOR WOMEN PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
03 / 20 / 2006

Transaction ID: SA11A1.9666

Amount of Each Receipt this Period
1000.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 95
	<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 J. ALTMAN

Mailing Address 1507 PATTERSON ROAD

City State Zip Code
MODESTO CA 95357

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

Name of Employer GOULD MEDICAL GROUP Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
01 / 30 / 2006

Transaction ID: SA11A1.9360

Amount of Each Receipt this Period
1000.00

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

Mailing Address 425 MONTAUK AVENUE

City State Zip Code
NEW LONDON CT 06320

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

Name of Employer SELF-EMPLOYED Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 16 / 2006

Transaction ID: SA11A1.9622

Amount of Each Receipt this Period
250.00

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

Mailing Address 2350 SIMPSON STREET

City State Zip Code
DUBUQUE IA 52003

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

Name of Employer DUBUQUE OB/GYN Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 22 / 2006

Transaction ID: SA11A1.9594

Amount of Each Receipt this Period
250.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 95
	<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)
JOHN T. ANSTEY

Mailing Address 15 HORTENSE PLACE

City State Zip Code
ST. LOUIS MO 63108

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

Name of Employer Occupation
ST. LOUIS OB/GYN SOCIETY PHYSICIAN

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

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 13 / 2006

Transaction ID: SA11A1.9533

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
THOMAS F. ARNOLD

Mailing Address 938 2ND AVENUE WEST

City State Zip Code
DICKINSON ND 58601

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

Name of Employer Occupation
DICKINSON CLINIC PHYSICIAN

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

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 16 / 2006

Transaction ID: SA11A1.9623

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
DIANE M. ASHTON

Mailing Address 128 ST. MARKS AVENUE

City State Zip Code
BROOKLYN NY 11217

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

Name of Employer Occupation
MARCH OF DIMES PHYSICIAN

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

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 20 / 2006

Transaction ID: SA11A1.9668

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)	▶	2500.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 95
	<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)
GUY AUDET

Mailing Address 1600 WEST WALNUT

City JACKSONVILLE State IL Zip Code 62650

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

Name of Employer SELF-EMPLOYED Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 15 / 2006

Transaction ID: SA11A1.9608

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
KATHERINE ANN AVERILL

Mailing Address 261 GLENDOBBIN ROAD

City WINCHESTER State VA Zip Code 22601

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

Name of Employer WINCHESTER WOMEN'S CARE Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 30 / 2006

Transaction ID: SA11A1.9361

Amount of Each Receipt this Period
 300.00

C. Full Name (Last, First, Middle Initial)
NORMAN A. BACK

Mailing Address 501 IRON BRIDGE ROAD

City FREEHOLD State NJ Zip Code 07728

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
 02 / 10 / 2006

Transaction ID: SA11A1.9407

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 95
	<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) DAVID A. BECK		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2006
Mailing Address 1402 WEST 4TH STREET		Transaction ID: SA11A1.9672
City State Zip Code GILLETTE WY 82716	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer WOMEN'S HEALTHCARE	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 A. BECKMAN		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2006
Mailing Address 613 DORBETT STREET		Transaction ID: SA11A1.9674
City State Zip Code JASPER IN 47546	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) MICHAEL D. BENSON		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2006
Mailing Address 720 OSTERMAN AVENUE		Transaction ID: SA11A1.9676
City State Zip Code DEERFIELD IL 60015	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer CENTER FOR 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	

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. JOSE A. BERMUDEZ-SEGARRA		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2006
Mailing Address PASEO SAN PABLO 100		Transaction ID: SA11A1.9678
City BAYAMON	State PR	Zip Code 00959
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. JANICE L. BIRD		Date of Receipt M M / D D / Y Y Y Y 02 / 22 / 2006
Mailing Address 2003 MEDICAL PARKWAY		Transaction ID: SA11A1.9497
City ANNAPOLIS	State MD	Zip Code 21401
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer WOMEN'S OB/GYN	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. DONALD BISHOP		Date of Receipt M M / D D / Y Y Y Y 02 / 27 / 2006
Mailing Address 2760 DOGWOOD ROAD		Transaction ID: SA11A1.9472
City CARBONDALE	State IL	Zip Code 62901
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer SHAWNEE 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	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 95
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. MARIA T. BITAR		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 7 / 2 0 0 6
Mailing Address 32 STIRLING TERRACE		Transaction ID: SA11A1.9474
City TOTOWA	State NJ	Zip Code 07512
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 350.00
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 ▼ 350.00	

Full Name (Last, First, Middle Initial) B. MAURICIO Y. BITRAN		Date of Receipt M M / D D / Y Y Y Y 0 3 / 0 6 / 2 0 0 6
Mailing Address 4302 ALTON ROAD		Transaction ID: SA11A1.9559
City MIAMI BEACH	State FL	Zip Code 33140
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 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	

Full Name (Last, First, Middle Initial) C. JEFFREY W. BITTNER		Date of Receipt M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 6
Mailing Address 1005 PENNSYLVANIA AVENUE		Transaction ID: SA11A1.9614
City OTTUMWA	State IA	Zip Code 52501
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer OTTUMWA 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) ▶	1600.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 95
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. RICHARD H. BLUM		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 5 / 2 0 0 6	
Mailing Address 10 AVON ROAD		Transaction ID: SA11A1.9303	
City State Zip Code SPRINGFIELD NJ 07081	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		

Full Name (Last, First, Middle Initial) B. ALLAN T. BOMBARD		Date of Receipt M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 6	
Mailing Address 2870 EVERGREEN STREET		Transaction ID: SA11A1.9534	
City State Zip Code SAN DIEGO CA 92106	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer SHARP HEALTHCARE	Occupation PHYSICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. BRANDON E. BOURGEOUS		Date of Receipt M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 6	
Mailing Address 26 SCHWARTZ DRIVE		Transaction ID: SA11A1.9615	
City State Zip Code OTTUMWA IA 52501	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer OTTUMWA REGIONAL HEALTH CENTER	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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 95
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. JAMES T. BREEDEN		Date of Receipt MM / DD / YYYY 02 / 24 / 2006
Mailing Address 1200 NORTH MOUNTAIN STREET		Transaction ID: SA11A1.9483
City State Zip Code CARSON CITY NV 89703	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00
Name of Employer CARSON MEDICAL GROUP	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. SANDIA Y. BREKKE		Date of Receipt MM / DD / YYYY 03 / 02 / 2006
Mailing Address 5601 WEST EUGIE AVENUE		Transaction ID: SA11A1.9554
City State Zip Code GLENDALE AZ 85304	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00
Name of Employer DESERT WEST 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	

Full Name (Last, First, Middle Initial) C. CATHERINE P. BROWNE		Date of Receipt MM / DD / YYYY 02 / 17 / 2006
Mailing Address 1401 SOUTH 5TH STREET		Transaction ID: SA11A1.9507
City State Zip Code TACOMA WA 98405	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1800.00
Name of Employer U.S. ARMY	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1800.00	

SUBTOTAL of Receipts This Page (optional)	▶	3800.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 95
	<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)
STEVE P. BUCHANAN

Mailing Address 1400 WALLIS ROAD

City State Zip Code
ALEDO TX 76008

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

Name of Employer Occupation
UNIVERSITY OF NORTH TEXAS PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 13 / 2006

Transaction ID: SA11A1.9536

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
MARY C. BURKE

Mailing Address 1949 LAKESHORE DRIVE

City State Zip Code
KLAMATH FALLS OR 97601

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

Name of Employer Occupation
WOMEN CARE PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
01 / 25 / 2006

Transaction ID: SA11A1.9304

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
RONALD T. BURKMAN

Mailing Address 284 ARDSLEY ROAD

City State Zip Code
LONGMEADOW MA 01106

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

Name of Employer Occupation
BAYSTATE MEDICAL CENTER PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 03 / 2006

Transaction ID: SA11A1.9425

Amount of Each Receipt this Period
500.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 95
	<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)
DAVID M. BURKONS

Mailing Address 1611 SOUTH GREEN ROAD

City State Zip Code
CLEVELAND OH 44121

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

Name of Employer Occupation
SELF-EMPLOYED PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: SA11A1.9267

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
LONNIE S. BURNETT

Mailing Address 78 CONCORD PARK WEST

City State Zip Code
NASHVILLE TN 37205

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

Name of Employer Occupation
VANDERBILT UNIVERSITY PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

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

Transaction ID: SA11A1.9408

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
MAURICE J. BUTLER

Mailing Address 4809 19TH STREET

City State Zip Code
LUBBOCK TX 79407

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

Name of Employer Occupation
RETIRED PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 3 0 / 2 0 0 6

Transaction ID: SA11A1.9364

Amount of Each Receipt this Period
250.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 95
	<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)
CYNTHIA S. CANNON

Mailing Address 832 NORTHCLIFFE DRIVE

City State Zip Code
SALT LAKE CITY UT 84103

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

Name of Employer SELF-EMPLOYED Occupation PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 2 3 / 2 0 0 6

Transaction ID: SA11A1.9494

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
DIVYA B. CANTOR

Mailing Address 309 PEPPERBUSH ROAD

City State Zip Code
LOUISVILLE KY 40207

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

Name of Employer SELF-EMPLOYED Occupation PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: SA11A1.9477

Amount of Each Receipt this Period
250.00

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

Mailing Address 125 SOUTH JEFFERSON STREET

City State Zip Code
CHICAGO IL 60661

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

Name of Employer LAKEVIEW WOMEN'S HEALTH Occupation PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

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

Transaction ID: SA11A1.9306

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)	▶	2250.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 95
	<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 M. CATES

Mailing Address 94 TWIN LAKE ROAD

City State Zip Code
ROME GA 30165

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

Name of Employer Occupation
RETIRED PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 09 / 2006

Transaction ID: SA11A1.9584

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
SAMUEL R. CHACON

Mailing Address 1200 NORTH MOUNTAIN STREET

City State Zip Code
CARSON CITY NV 89703

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

Name of Employer Occupation
CARSON MEDICAL GROUP PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 16 / 2006

Transaction ID: SA11A1.9625

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
DONALD C. CHAMBERS

Mailing Address 16 BRICKFORD LANE

City State Zip Code
PIKESVILLE MD 21208

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

Name of Employer Occupation
RETIRED PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 01 / 2006

Transaction ID: SA11A1.9432

Amount of Each Receipt this Period
250.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 95
	<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)
BEN H. CHEEK

Mailing Address 2000 HAMILTON ROAD

City State Zip Code
COLUMBUS GA 31904

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
03 / 15 / 2006

Transaction ID: SA11A1.9617

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
PETER H. CHEROUNY

Mailing Address 43 PHEASANT WAY

City State Zip Code
SOUTH BURLINGTON VT 05403

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

Name of Employer Occupation
UNIVERSITY OF VERMONT PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 22 / 2006

Transaction ID: SA11A1.9499

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
JOSE S. CISNEROS

Mailing Address 1001 CALLE MILAGROS

City State Zip Code
BROWNSVILLE TX 78526

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

Name of Employer Occupation
BROWNSVILLE CENTER OF OB/-GYN PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
01 / 25 / 2006

Transaction ID: SA11A1.9307

Amount of Each Receipt this Period
250.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 95
	<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 M. COHN

Mailing Address 6 PINE GROVE CIRCLE

City State Zip Code
EAST LONGMEADOW MA 01028

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

Name of Employer Occupation
BAYSTATE MEDICAL CENTER PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 16 / 2006

Transaction ID: SA11A1.9627

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
TERRY L. COLE

Mailing Address 168 NORTH BRENT STREET

City State Zip Code
VENTURA CA 93003

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
01 / 25 / 2006

Transaction ID: SA11A1.9308

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
MICHAEL K. CONLEY

Mailing Address 1414 WEST FAIR AVENUE

City State Zip Code
MARQUETTE MI 49855

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

Name of Employer Occupation
SELF-EMPLOYED PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
01 / 25 / 2006

Transaction ID: SA11A1.9309

Amount of Each Receipt this Period
250.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 95
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. ALICIA M. CONSTANTINO		Date of Receipt MM / DD / YYYY 02 / 07 / 2006
Mailing Address 315 EAST 1ST STREET		Transaction ID: SA11A1.9450
City TUCSON	State AZ	Zip Code 85705
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer MARINA 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	

Full Name (Last, First, Middle Initial) B. GREGORY C. COOK		Date of Receipt MM / DD / YYYY 03 / 16 / 2006
Mailing Address 736 GREENFIELD ABBEY COURT		Transaction ID: SA11A1.9629
City MARTINEZ	State GA	Zip Code 30907
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer AUGUSTA GYN, INC.	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. JOSE CORTES		Date of Receipt MM / DD / YYYY 02 / 24 / 2006
Mailing Address 2559 NORTH SCENIC DRIVE		Transaction ID: SA11A1.9484
City ALAMOGORDO	State NM	Zip Code 88310
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer WOMEN'S HEALTH CENTER	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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. LYNNE M. COSLETT-CHARLTON		Date of Receipt M M / D D / Y Y Y Y 03 / 01 / 2006	
Mailing Address 271 HARRIS HILL ROAD		Transaction ID: SA11A1.9547	
City State Zip Code SHAVERTOWN PA 18708		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer OB ASSOCIATES		Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. RAYMOND L. COX		Date of Receipt M M / D D / Y Y Y Y 02 / 17 / 2006	
Mailing Address 2111 PARKSIDE DRIVE		Transaction ID: SA11A1.9508	
City State Zip Code MITCHELLVILLE MD 20721		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			
Name of Employer PRINCE GEORGES HOSPITAL CENTER		Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. VINCENT A. CULOTTA		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2006	
Mailing Address 6301 BERTHA DRIVE		Transaction ID: SA11A1.9595	
City State Zip Code NEW ORLEANS LA 70122		Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C			
Name of Employer EAST JEFFERSON HOSPITAL		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) ▶	1050.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. LUIS B. CURET		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2006	
Mailing Address P.O. BOX 50519		Transaction ID: SA11A1.9537	
City State Zip Code ALBUQUERQUE NM 87181		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation UNIVERSITY OF NEW MEXICO PHYSICIAN			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. DIANA CURRAN		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2006	
Mailing Address 2325 SOUTH 88TH STREET		Transaction ID: SA11A1.9630	
City State Zip Code OMAHA NE 68124		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation UNIVERSITY OF NEBRASKA PHYSICIAN			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. ANNA M. D'AMICO		Date of Receipt M M / D D / Y Y Y Y 03 / 15 / 2006	
Mailing Address 7 BUCKRIDGE DRIVE		Transaction ID: SA11A1.9618	
City State Zip Code WILMINGTON DE 19807		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation CROZER KEYSTONE 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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 95
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. MONA DAVANESAN		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 7 / 2 0 0 6
Mailing Address 2151 45TH STREET		Transaction ID: SA11A1.9509
City State Zip Code WEST PALM BEACH FL 33407	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. LAURA J. DAVID		Date of Receipt M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 0 6
Mailing Address 5323 MEADOW WOOD BOULEVARD		Transaction ID: SA11A1.9578
City State Zip Code LYNDDHURST OH 44124	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer UNIVERSITY HOSPITALS	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. LEON D. DAVIS		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 5 / 2 0 0 6
Mailing Address 128 DOCKSIDE DRIVE		Transaction ID: SA11A1.9310
City State Zip Code JACKSONVILLE NC 28546	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer WOMEN'S HEALTHCARE ASSOCI- ATES	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 95
	<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)
LAURA A. DEAN

Mailing Address 14 HIGHWAY 96 EAST

City State Zip Code
DELLWOOD MN 55110

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

Name of Employer Occupation
STILLWATER MEDICAL GROUP PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 07 / 2006

Transaction ID: SA11A1.9573

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
ROBERT H. DEBBS

Mailing Address 2 SASSAFRAS COURT

City State Zip Code
VOORHEES NJ 08043

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

Name of Employer Occupation
UNIVERSITY OF PENNSYLVANIA PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 13 / 2006

Transaction ID: SA11A1.9549

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
CHARLES H. DEBROVNER

Mailing Address 338 EAST 30TH STREET

City State Zip Code
NEW YORK NY 10016

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

Name of Employer Occupation
SELF-EMPLOYED PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 17 / 2006

Transaction ID: SA11A1.9391

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 1500.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. ROBERTO M. DECASTRO		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2006
Mailing Address 2222 NORTHWEST LOVEJOY STREET		Transaction ID: SA11A1.9631
City State Zip Code PORTLAND OR 97210	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer NORTHWEST WOMEN'S CLINIC	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. MARK S. DEFRANCESCO		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2006
Mailing Address 35 TERRELL FARM ROAD		Transaction ID: SA11A1.9632
City State Zip Code CHESHIRE CT 06410	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer PHYSICIANS FOR 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	

Full Name (Last, First, Middle Initial) C. JAMES E. DELMORE		Date of Receipt M M / D D / Y Y Y Y 03 / 07 / 2006
Mailing Address 851 NORTH HILLSIDE		Transaction ID: SA11A1.9574
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 ASSOCIATES 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 ▼ 500.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 95
	<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)
GREGORY W. DEMEO

Mailing Address 1020 KENT ROAD

City State Zip Code
WILMINGTON DE 19807

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

Name of Employer Occupation
FIRST STATE WOMEN'S CARE PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 13 / 2006

Transaction ID: SA11A1.9538

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
T. CLIFFORD DEVENY

Mailing Address 525 EAST MARKET STREET

City State Zip Code
AKRON OH 44304

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

Name of Employer Occupation
SUMMA HEALTH SYSTEM PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
01 / 25 / 2006

Transaction ID: SA11A1.9311

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
PAUL M. DICKER

Mailing Address 549 ALOSIO DRIVE

City State Zip Code
RIVER VALE NJ 07675

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
02 / 22 / 2006

Transaction ID: SA11A1.9500

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► 1000.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
VIVIAN M. DICKERSON

Mailing Address 6150 EAST WEST VIEW DRIVE

City State Zip Code
ORANGE CA 92869

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

Name of Employer Occupation
UNIVERSITY OF CALIFORNIA - IRVINE PHYSICIAN

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

Date of Receipt
M M / D D / Y Y Y Y
02 / 27 / 2006

Transaction ID: SA11A1.9479

Amount of Each Receipt this Period
500.00

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

Mailing Address 4631 90TH AVENUE SE

City State Zip Code
MERCER ISLAND WA 98040

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

Name of Employer Occupation
GROUP HEALTH PERMANENTE PHYSICIAN

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

Date of Receipt
M M / D D / Y Y Y Y
03 / 16 / 2006

Transaction ID: SA11A1.9633

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
SCOTT A. DINESEN

Mailing Address 3335 BYRON DRIVE

City State Zip Code
DOYLESTOWN PA 18901

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

Name of Employer Occupation
DINESEN & ASSOCIATES PHYSICIAN

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

Date of Receipt
M M / D D / Y Y Y Y
01 / 30 / 2006

Transaction ID: SA11A1.9366

Amount of Each Receipt this Period
1000.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 30 / 95
	(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)
PATRICIA M. DIX

Mailing Address 100 EAST PRIMROSE

City State Zip Code
SPRINGFIELD MO 65807

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
03 / 08 / 2006

Transaction ID: SA11A1.9580

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
CHRISTOPHER C. DOTSON

Mailing Address 10150 NATIONAL BOULEVARD

City State Zip Code
LOS ANGELES CA 90034

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

Name of Employer Occupation
YOULOM MEDICAL CORPORATION PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
01 / 25 / 2006

Transaction ID: SA11A1.9312

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
JOSIAH O. EKUNNO

Mailing Address 11125 DUNN ROAD

City State Zip Code
ST. LOUIS MO 63136

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

Name of Employer Occupation
SELF-EMPLOYED PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
01 / 25 / 2006

Transaction ID: SA11A1.9313

Amount of Each Receipt this Period
250.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 95
	<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 F. ELDER

Mailing Address 1928 ALCOA HIGHWAY

City State Zip Code
KNOXVILLE TN 37920

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

Name of Employer Occupation
UNIVERSITY OF TENNESSEE PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: SA11A1.9451

Amount of Each Receipt this Period
500.00

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

Mailing Address 8522 JOHNSTON ROAD

City State Zip Code
BURR RIDGE IL 60527

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

Name of Employer Occupation
ILLINOIS UROGYNECOLOGY PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
0 3 / 0 8 / 2 0 0 6

Transaction ID: SA11A1.9581

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
LISA ENG

Mailing Address 8 78TH STREET

City State Zip Code
BROOKLYN NY 11209

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 ▼ 2000.00

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

Transaction ID: SA11A1.9314

Amount of Each Receipt this Period
2000.00

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 95
	<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)
STEVEN L. FARBER

Mailing Address 213 MCCLANAHAN STREET

City State Zip Code
ROANOKE VA 24014

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

Name of Employer Occupation
CARILION HEALTH SYSTEM PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
02 / 17 / 2006

Transaction ID: SA11A1.9511

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
STEVEN J. FLEISCHMAN

Mailing Address 9 CARRIAGE HILL ROAD

City State Zip Code
WOODBIDGE CT 06525

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

Name of Employer Occupation
GYNECOLOGY & INFERTILITY, PC PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
03 / 16 / 2006

Transaction ID: SA11A1.9635

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
NATHAN G. FUJITA

Mailing Address 1329 LUSITANA STREET

City State Zip Code
HONOLULU HI 96813

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 / 17 / 2006

Transaction ID: SA11A1.9512

Amount of Each Receipt this Period
250.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. LYNDON B. GAINES		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 0 6	
Mailing Address 90 JACKSON PIKE		Transaction ID: SA11A1.9496	
City State Zip Code GALLIPOLIS OH 45631	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer HOLZER CLINIC	Occupation PHYSICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) B. DEBRA S. GANTER		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 5 / 2 0 0 6	
Mailing Address 3555 LUTHERN PARKWAY		Transaction ID: SA11A1.9316	
City State Zip Code WHEAT RIDGE CO 80033	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer ASSOCIATES IN WOMEN'S HEA-LTH	Occupation PHYSICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. JOHN S. GARRA		Date of Receipt M M / D D / Y Y Y Y 0 3 / 0 7 / 2 0 0 6	
Mailing Address 234 JEFFERSON AVENUE		Transaction ID: SA11A1.9460	
City State Zip Code HADDONFIELD NJ 08033	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C			
Name of Employer OUR LADY OF LOURDES CENTER	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) ▶	1800.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. MARIA L. GASCA-HOLTZ		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 2 / 2 0 0 6	
Mailing Address 2091 CHICO LANE		Transaction ID: SA11A1.9288	
City YUMA	State AZ	Amount of Each Receipt this Period 500.00	
Zip Code 85365			
FEC ID number of contributing federal political committee. C			
Name of Employer HEALTH CONNECTIONS	Occupation PHYSICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. JOHN M. GIBBONS, JR.		Date of Receipt M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 6	
Mailing Address 1000 ASYLUM AVENUE		Transaction ID: SA11A1.9636	
City HARTFORD	State CT	Amount of Each Receipt this Period 1000.00	
Zip Code 06105			
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		

Full Name (Last, First, Middle Initial) C. JANICE A. GIVIER		Date of Receipt M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 6	
Mailing Address 2106 HILDA AVENUE		Transaction ID: SA11A1.9637	
City MISSOULA	State MT	Amount of Each Receipt this Period 250.00	
Zip Code 59801			
FEC ID number of contributing federal political committee. C			
Name of Employer WESTERN MISSOULA CLINIC	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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 95
	<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)
LARRY R. GLAZERMAN

Mailing Address 6900 HAMILTON BOULEVARD

City State Zip Code
TREXLERTOWN PA 18087

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

Name of Employer
SELF-EMPLOYED

Occupation
PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 06 / 2006

Transaction ID: SA11A1.9561

Amount of Each Receipt this Period
250.00

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

Mailing Address 8950 NORTH KENDALL DRIVE

City State Zip Code
MIAMI FL 33176

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

Name of Employer
VITAL MD

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
02 / 03 / 2006

Transaction ID: SA11A1.9426

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
GORDON M. GOLDMAN

Mailing Address 312 FALLING LEAVES COURT

City State Zip Code
ST. LOUIS MO 63141

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

Name of Employer
SELF-EMPLOYED

Occupation
PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 27 / 2006

Transaction ID: SA11A1.9480

Amount of Each Receipt this Period
250.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 95
	<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)
ALAN D. GOLDSMITH

Mailing Address 2300 HAGGERTY ROAD

City State Zip Code
WEST BLOOMFIELD MI 48323

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

Name of Employer Occupation
WALNUT LAKE OB/GYN PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: SA11A1.9502

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
LAURIE R. GOLDSTEIN

Mailing Address 134 EAST 93RD STREET

City State Zip Code
NEW YORK NY 10128

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

Name of Employer Occupation
EAST SIDE WOMEN'S OB/GYN 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 1 / 2 5 / 2 0 0 6

Transaction ID: SA11A1.9317

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
ANDREW E. GOOD

Mailing Address 933 PAXTON ROAD, SW

City State Zip Code
ROCHESTER MN 55902

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

Name of Employer Occupation
MAYO CLINIC PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 1 7 / 2 0 0 6

Transaction ID: SA11A1.9392

Amount of Each Receipt this Period
250.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 95
	<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)
SANDRA D. GOTTWALD

Mailing Address 380 EAST DAPHNE ROAD

City State Zip Code
MILWAUKEE WI 53217

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

Name of Employer Occupation
ADVANCED HEALTHCARE PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 22 / 2006

Transaction ID: SA11A1.9503

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
THEODORE V. HAAS

Mailing Address 1005 PENNSYLVANIA AVENUE

City State Zip Code
OTTUMWA IA 52501

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 20 / 2006

Transaction ID: SA11A1.9681

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
VIRGINIA M. HACKENBERG

Mailing Address 39862 MEADOWLARK DRIVE

City State Zip Code
PAEONIAN SPRINGS VA 20129

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

Name of Employer Occupation
LOUDOUN MEDICAL GROUP PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 17 / 2006

Transaction ID: SA11A1.9513

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 1000.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 95
	<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)
CHARLES B. HAMMOND

Mailing Address P.O. BOX 3853

City State Zip Code
DURHAM NC 27710

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

Name of Employer Occupation
DUKE UNIVERSITY PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
02 / 24 / 2006

Transaction ID: SA11A1.9485

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
THOMAS F. HARMAN

Mailing Address 1000 J.D. ANDERSON DRIVE

City State Zip Code
MORGANTOWN WV 26505

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
01 / 25 / 2006

Transaction ID: SA11A1.9319

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
CLAIRE E. HARRAGHY

Mailing Address 137 21ST AVENUE

City State Zip Code
HICKORY NC 28601

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

Name of Employer Occupation
THE WOMEN'S CLINIC PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
01 / 25 / 2006

Transaction ID: SA11A1.9320

Amount of Each Receipt this Period
250.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 95
	<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)
BEVERLY M. HARRIS

Mailing Address 2251 STANTONSBURG ROAD

City State Zip Code
GREENVILLE NC 27834

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

Name of Employer Occupation
GREENVILLE WOMEN'S CLINIC PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
01 / 25 / 2006

Transaction ID: SA11A1.9321

Amount of Each Receipt this Period
500.00

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

Mailing Address 8912 46TH AVENUE NORTHEAST

City State Zip Code
SEATTLE WA 98115

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

Name of Employer Occupation
SELF-EMPLOYED PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 16 / 2006

Transaction ID: SA11A1.9639

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
RUTH E. HASKINS

Mailing Address 3444 SMOKEY MOUNTAIN CIRCLE

City State Zip Code
EL DORADO HILLS CA 95762

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

Name of Employer Occupation
UNIVERSITY OF CALIFORNIA PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 22 / 2006

Transaction ID: SA11A1.9596

Amount of Each Receipt this Period
250.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 / 95
	<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)
THOMAS L. HATCHETT, JR.

Mailing Address P.O. BOX 638

City State Zip Code
DEMOREST GA 30535

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

Name of Employer Occupation
HABERSHAM OB/GYN PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 2 8 / 2 0 0 6

Transaction ID: SA11A1.9469

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
SARA M. HAVERTY

Mailing Address 1605 OLD MILL LANE

City State Zip Code
SALISBURY MD 21801

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

Name of Employer Occupation
ATLANTIC GENERAL HOSPITAL 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 3 / 0 9 / 2 0 0 6

Transaction ID: SA11A1.9585

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
RICHARD W. HENDERSON

Mailing Address 1709 CLEAVER LANE

City State Zip Code
WILMINGTON DE 19803

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

Name of Employer Occupation
ST. FRANCIS HOSPITAL PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: SA11A1.9290

Amount of Each Receipt this Period
250.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 / 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. RICHARD W. HENDERSON		Date of Receipt M M / D D / Y Y Y Y 03 / 06 / 2006	
Mailing Address 1709 CLEAVER LANE		Transaction ID: SA11A1.9563	
City State Zip Code WILMINGTON DE 19803		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation ST. FRANCIS HOSPITAL PHYSICIAN			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) B. RICHARD W. HENDERSON		Date of Receipt M M / D D / Y Y Y Y 03 / 06 / 2006	
Mailing Address 1709 CLEAVER LANE		Transaction ID: SA11A1.9605	
City State Zip Code WILMINGTON DE 19803		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation ST. FRANCIS HOSPITAL PHYSICIAN			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1250.00	

Full Name (Last, First, Middle Initial) C. SUSAN L. HENDRIX		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2006	
Mailing Address 544 GRATEN STREET		Transaction ID: SA11A1.9597	
City State Zip Code BIRMINGHAM ID 48009		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation HUTZEL WOMEN'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) ▶	1250.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 / 95
	<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)
CARMELO A. HERNANDEZ

Mailing Address 1 MEDICAL PARK AVENUE

City State Zip Code
BREVARD NC 28712

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

Name of Employer Occupation
SYLVAN VALLEY OB/GYN PHSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
02 / 07 / 2006

Transaction ID: SA11A1.9453

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
RICHARD C. HESS, JR.

Mailing Address 1001 NOBLE STREET

City State Zip Code
FAIRBANKS AK 99701

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

Name of Employer Occupation
TANANA VALLEY CLINIC PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
02 / 17 / 2006

Transaction ID: SA11A1.9514

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
JOEL E. HIGGINS

Mailing Address 1208 ALICE STREET

City State Zip Code
WAYCROSS GA 31501

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

Name of Employer Occupation
SELF-EMPLOYED PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
01 / 25 / 2006

Transaction ID: SA11A1.9322

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **850.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 / 95
	<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 E. HIGGINS

Mailing Address 1208 ALICE STREET

City State Zip Code
WAYCROSS GA 31501

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 / 1 4 / 2 0 0 6

Transaction ID: SA11A1.9400

Amount of Each Receipt this Period
250.00

B. 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 WOMEN CARE Occupation PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

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

Transaction ID: SA11A1.9323

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
LISA M. HOLLIER

Mailing Address 5656 KELLEY STREET

City State Zip Code
HOUSTON TX 77026

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

Name of Employer UNIVERSITY OF TEXAS Occupation PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 3 0 / 2 0 0 6

Transaction ID: SA11A1.9368

Amount of Each Receipt this Period
1000.00

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 / 95
	<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)
JOHN D. HOLMES

Mailing Address 1450 SOUTH DOBSON ROAD

City State Zip Code
MESA AZ 85202

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

Name of Employer Occupation
SELF-EMPLOYED PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
03 / 06 / 2006

Transaction ID: SA11A1.9564

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
SHELLY W. HOLMSTROM

Mailing Address 14705 CROYDON PLACE

City State Zip Code
TAMPA FL 33618

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

Name of Employer Occupation
UNIVERSITY OF SOUTH FLORIDA PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
03 / 22 / 2006

Transaction ID: SA11A1.9599

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
ANN L. HONEBRINK

Mailing Address 130 VALLEY ROAD

City State Zip Code
ARDMORE PA 19003

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

Name of Employer Occupation
UNIVERSITY OF PENNSYLVANIA PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
03 / 16 / 2006

Transaction ID: SA11A1.9643

Amount of Each Receipt this Period
500.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 / 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. WILLIAM J. HOSKINS		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 3 / 2 0 0 6
Mailing Address 158 GRAY'S CREEK DRIVE		Transaction ID: SA11A1.9427
City State Zip Code SAVANNAH GA 31410	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer MEMORIAL HEALTH CENTER	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. DAVID J. HUNTER		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 0 / 2 0 0 6
Mailing Address 7 GETNER TRAIL		Transaction ID: SA11A1.9276
City State Zip Code NORWALK CT 06854	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer NORWALK HOSPITAL	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. JAY D. IAMS		Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 9 / 2 0 0 6
Mailing Address 1654 UPHAM DRIVE		Transaction ID: SA11A1.9271
City State Zip Code COLUMBUS OH 43210	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer OHIO STATE UNIVERSITY	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 / 95
	<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)
HEATHER M. IRVIN

Mailing Address 600 18TH STREET

City State Zip Code
PARKERSBURG WV 26101

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

Name of Employer Occupation
HCA HEALTHCARE PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 07 / 2006

Transaction ID: SA11A1.9454

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
SUDHEER M. JAYAPRABHU

Mailing Address 2805 LANDAN LANE

City State Zip Code
TEXARKANA TX 75503

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

Name of Employer Occupation
WOMEN'S SPECIALIST PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
02 / 07 / 2006

Transaction ID: SA11A1.9418

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
MARK KALCHBRENNER

Mailing Address 3702 FAIRWAY PLACE

City State Zip Code
ROCKFORD IL 61107

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

Name of Employer Occupation
HIGH RISK OB PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 25 / 2006

Transaction ID: SA11A1.9324

Amount of Each Receipt this Period
250.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 / 95
	<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)
HAROLD A. KAMINETZKY

Mailing Address 26 YARMOUTH COURT

City State Zip Code
SCOTCH PLAINS NJ 07076

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

Name of Employer Occupation
RETIRED PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 16 / 2006

Transaction ID: SA11A1.9644

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
DANIEL J. KAMINSKY

Mailing Address 817 SOUTH PALOUSE STREET

City State Zip Code
WALLA WALLA WA 99362

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

Name of Employer Occupation
WALLA WALLA CLINIC PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
01 / 25 / 2006

Transaction ID: SA11A1.9325

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
GARY L. KAYE

Mailing Address 31 SOUTH UNION AVENUE

City State Zip Code
CRANFORD NJ 07016

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
01 / 10 / 2006

Transaction ID: SA11A1.9277

Amount of Each Receipt this Period
500.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 / 95
	<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)
THOMAS J. KENNEDY

Mailing Address 336 ROSA AVENUE

City State Zip Code
METAIRIE LA 70005

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

Name of Employer EAST JEFFERSON HOSPITAL Occupation PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 07 / 2006

Transaction ID: SA11A1.9461

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
MASOOD A. KHATAMEE

Mailing Address 875 PARK AVENUE

City State Zip Code
NEW YORK NY 10021

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

Name of Employer NYU Occupation PROFESSOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 24 / 2006

Transaction ID: SA11A1.9486

Amount of Each Receipt this Period
275.00

C. Full Name (Last, First, Middle Initial)
MASOOD A. KHATAMEE

Mailing Address 875 PARK AVENUE

City State Zip Code
NEW YORK NY 10021

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

Name of Employer NYU Occupation PROFESSOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 16 / 2006

Transaction ID: SA11A1.9645

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 775.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 / 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. PAMELA L. KIMBROUGH		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 5 / 2 0 0 6	
Mailing Address 1045 15TH		Transaction ID: SA11A1.9327	
City ARDMORE	State OK	Zip Code 73401	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer ARDMORE 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		

Full Name (Last, First, Middle Initial) B. JUDITH M. KIMELMAN		Date of Receipt M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 6	
Mailing Address 1101 MADISON		Transaction ID: SA11A1.9646	
City SEATTLE	State WA	Zip Code 98104	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer SEATTLE OB/GYN GROUP	Occupation PHYSICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. JULIE A. KING		Date of Receipt M M / D D / Y Y Y Y 0 3 / 0 9 / 2 0 0 6	
Mailing Address 555 BLACK OAK DRIVE		Transaction ID: SA11A1.9586	
City MEDFORD	State OR	Zip Code 97504	Amount of Each Receipt this Period 2000.00
FEC ID number of contributing federal political committee. C			
Name of Employer MEDFORD WOMEN'S CLINIC	Occupation 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) ▶	2500.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 / 95
	<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)
VANESSA G. KING-JOHNSON

Mailing Address 3070 5TH STREET

City State Zip Code
MARIANNA FL 32446

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

Name of Employer Occupation
JACKSON HOSPITAL PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 16 / 2006

Transaction ID: SA11A1.9647

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
RICHARD M. KISHIUE

Mailing Address 865 LINCOLN ROAD

City State Zip Code
BETTENDORF IA 52722

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

Name of Employer Occupation
GENESIS HEALTH GROUP PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 06 / 2006

Transaction ID: SA11A1.9565

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
LUELLA KLEIN

Mailing Address 2200 DEFOORS FERRY ROAD

City State Zip Code
ATLANTA GA 30318

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

Name of Employer Occupation
EMORY UNIVERSITY PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 16 / 2006

Transaction ID: SA11A1.9649

Amount of Each Receipt this Period
250.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 51 / 95
	(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)
THOMAS A. KLEIN

Mailing Address 241 SOUTH 6TH STREET

City PHILADELPHIA State PA Zip Code 19106

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

Name of Employer JEFFERSON MEDICAL COLLEGE 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 / 1 7 / 2 0 0 6

Transaction ID: SA11A1.9393

Amount of Each Receipt this Period
 500.00

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

Mailing Address 5 RED FOX LANE

City GREENWOOD VILLAGE State CO Zip Code 80111

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

Name of Employer SELF-EMPLOYED Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 1 / 3 0 / 2 0 0 6

Transaction ID: SA11A1.9369

Amount of Each Receipt this Period
 250.00

C. Full Name (Last, First, Middle Initial)
ROBERT G. KOSS

Mailing Address 1875 DEMPSTER STREET

City PARK RIDGE State IL Zip Code 60068

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

Name of Employer FOCUS ON WOMEN'S HEALTH Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

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

Transaction ID: SA11A1.9431

Amount of Each Receipt this Period
 1000.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 / 95
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. ROBERT L. KRAUSS		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2006	
Mailing Address 236 WEST NORTHVIEW		Transaction ID: SA11A1.9650	
City PHOENIX	State AZ	Zip Code 85021	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer MERCY CARE PLAN	Occupation MEDICAL DIRECTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. MICHAEL L. KUDLA		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2006	
Mailing Address 1890 WEST GAUTHIER		Transaction ID: SA11A1.9651	
City LAKE CHARLES	State LA	Zip Code 70605	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. KOTESWARA R. KUNDA		Date of Receipt M M / D D / Y Y Y Y 02 / 22 / 2006	
Mailing Address 903 BELVIN STREET		Transaction ID: SA11A1.9504	
City SAN MARCOS	State TX	Zip Code 78666	Amount of Each Receipt this Period 2000.00
FEC ID number of contributing federal political committee. C			
Name of Employer SAN MARCOS OB/GYN	Occupation 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) ▶	2750.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 / 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. JULIE H. LADOC SI		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 7 / 2 0 0 6	
Mailing Address 14521 SARUM TERRACE		Transaction ID: SA11A1.9516	
City MIDLOTHIAN	State VA	Zip Code 23113	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer RICHMOND 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		

Full Name (Last, First, Middle Initial) B. PATRICIA A. LARUE		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 5 / 2 0 0 6	
Mailing Address 221 WEST COLORADO BOULEVARD		Transaction ID: SA11A1.9328	
City DALLAS	State TX	Zip Code 75208	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer METHODIST HEALTH CENTER	Occupation PHYSICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. HAL C. LAWRENCE		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 4 / 2 0 0 6	
Mailing Address 93 VICTORIA ROAD		Transaction ID: SA11A1.9488	
City ASHEVILLE	State NC	Zip Code 28801	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer UNIVERSITY OF NORTH CAROLINA	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) ▶	1750.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 / 95
	<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)
DAVID J. LEVINE

Mailing Address 232 SOUTH WOODS MILL ROAD

City State Zip Code
CHESTERFIELD MO 63017

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

Name of Employer SELF-EMPLOYED Occupation PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: SA11A1.9329

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
SHUN H. LING

Mailing Address 945 NORTH OAK HARBOR

City State Zip Code
OAK HARBOR WA 98277

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 ▼ 300.00

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

Transaction ID: SA11A1.9265

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
CHARLES J. LOCKWOOD

Mailing Address 33 LIBERTY STREET

City State Zip Code
MADISON CT 06443

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

Name of Employer YALE UNIVESTITY Occupation PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 1 7 / 2 0 0 6

Transaction ID: SA11A1.9395

Amount of Each Receipt this Period
750.00

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 / 95
	<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)
JULIETTE LOMAX-HOMIER

Mailing Address 1304 NORTH LAWNWOOD CIRCLE

City State Zip Code
FORT PIERCE FL 34950

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

Name of Employer Occupation
JUST LADIES HEALTH CARE PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 30 / 2006

Transaction ID: SA11A1.9370

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
LAURENCE F. MACK

Mailing Address 80 ANDOVER ROAD

City State Zip Code
ROCKVILLE CENTRE NY 11570

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

Name of Employer Occupation
INFERTILITY ASSOCIATES PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
03 / 07 / 2006

Transaction ID: SA11A1.9463

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
FEDERICO G. MARIONA

Mailing Address 15801 PROVIDENCE DRIVE

City State Zip Code
SOUTHFIELD MI 48075

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 ▼ 400.00

Date of Receipt
MM / DD / YYYY
01 / 09 / 2006

Transaction ID: SA11A1.9272

Amount of Each Receipt this Period
400.00

SUBTOTAL of Receipts This Page (optional)	▶	1650.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 / 95
	<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)
SANFORD M. MARKHAM

Mailing Address 11 PARTRIDGE COURT

City State Zip Code
IOWA CITY IA 52246

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

Name of Employer Occupation
UNIVERSITY OF IOWA PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 06 / 2006

Transaction ID: SA11A1.9566

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
ROBERT J. MAROTZ

Mailing Address 4545 EAST CHANDLER BOULEVARD

City State Zip Code
PHOENIX AZ 85048

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

Name of Employer Occupation
NEW HORIZON WOMEN'S CARE PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 24 / 2006

Transaction ID: SA11A1.9489

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
CLIFFORD G. MARTIN

Mailing Address 828 WEISS DRIVE

City State Zip Code
SHEBOYGAN WI 53083

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

Name of Employer Occupation
SELF-EMPLOYED PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 02 / 2006

Transaction ID: SA11A1.9294

Amount of Each Receipt this Period
250.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 / 95
	<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)
MICHELLE MARTIN

Mailing Address 5109 MASOTA ROAD

City State Zip Code
RALEIGH NC 27612

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

Name of Employer Occupation
WILKERSON OB/GYN PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: SA11A1.9330

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
REBECCA P. MCALISTER

Mailing Address 3145 BARRETT STATION ROAD

City State Zip Code
ST. LOUIS MO 63122

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

Name of Employer Occupation
WASHINGTON UNIVERSITY PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

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

Transaction ID: SA11A1.9331

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
MARK W. MCCORMICK

Mailing Address 628 RIVER ROAD

City State Zip Code
BEAVER PA 15009

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

Name of Employer Occupation
TRI-STATE GYNECOLOGY 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 1 / 1 0 / 2 0 0 6

Transaction ID: SA11A1.9278

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)	▶	1050.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 / 95
	<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)
JOHN J. MCHUGH

Mailing Address 1829 SOUTHBAY DRIVE

City PENSACOLA State FL Zip Code 32506

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

Name of Employer U.S. NAVY Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 16 / 2006

Transaction ID: SA11A1.9652

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
GEORGE A. MCMILLAN

Mailing Address 614 EASTERN PARKWAY

City BROOKLYN State NY Zip Code 11225

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

Name of Employer MCMILLAN & ASSOCIATES Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y
01 / 09 / 2006

Transaction ID: SA11A1.9273

Amount of Each Receipt this Period
300.00

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

Mailing Address 1311 HILLSIDE ROAD

City WYNNWOOD State PA Zip Code 19096

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

Name of Employer UNIVERSITY OF PENNSYLVANIA Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 02 / 2006

Transaction ID: SA11A1.9295

Amount of Each Receipt this Period
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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 / 95
	<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) KENNETH W. MERKITCH, JR.		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 6
Mailing Address W5732 HEATHERWOOD PLACE		Transaction ID: SA11A1.9435
City State Zip Code LACROSSE WI 54601	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer GUNDERSEN LUTHERAN	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) ALFRED H. MOFFETT, JR.		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 6
Mailing Address 601 EAST DIXIE AVENUE		Transaction ID: SA11A1.9436
City State Zip Code LEESBURG FL 34748	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer OB/GYN ASSOCIATES OF MID-FLORIDA	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) VIDYA S. MORISETTY		Date of Receipt M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 6
Mailing Address 2220 NORTH MONROE		Transaction ID: SA11A1.9371
City State Zip Code DECATUR IL 62526	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 / 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
MARK E. MULHOLLAND

Mailing Address 2857 KYLE ROAD

City State Zip Code
KENNEWICK WA 99338

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

Name of Employer ASSOCIATED PHYSICIANS Occupation PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 10 / 2006

Transaction ID: SA11A1.9410

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
MICHAEL A. MURPHY

Mailing Address 4473 ORCHARD HEIGHTS ROAD, NW

City State Zip Code
SALEM OR 97304

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
03 / 06 / 2006

Transaction ID: SA11A1.9567

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
RICK D. MURRAY

Mailing Address 30682 COUNTRY ROAD

City State Zip Code
REDLANDS CA 92374

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

Name of Employer KAISER PERMANENTE Occupation PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 07 / 2006

Transaction ID: SA11A1.9420

Amount of Each Receipt this Period
250.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 / 95
	<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)
VINCENT M. NAPOLIELLO

Mailing Address 10 BROOKLAWN DRIVE

City State Zip Code
POMPTON PLAINS NJ 07444

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

Name of Employer
PHYSICIANS FOR WOMEN

Occupation
PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 06 / 2006

Transaction ID: SA11A1.9569

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
HARRY C. NELSON

Mailing Address 1021 COOLIDGE STREET

City State Zip Code
GREENEVILLE TN 37743

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

Name of Employer
WOMEN'S CENTER OF GREENVILLE

Occupation
PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 01 / 2006

Transaction ID: SA11A1.9437

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
KATHLEEN G. NELSON

Mailing Address 210 SUNNYVIEW LANE

City State Zip Code
KALISPELL MT 59901

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

Name of Employer
KALISPELL OB/GYN

Occupation
PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
01 / 30 / 2006

Transaction ID: SA11A1.9373

Amount of Each Receipt this Period
500.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 62 / 95
	(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)
PAMELA E. NETUSCHIL

Mailing Address 343 ELM STREET

City RENO State NV Zip Code 89503

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

Name of Employer SELF-EMPLOYED Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 02 / 2006

Transaction ID: SA11A1.9555

Amount of Each Receipt this Period
 250.00

B. Full Name (Last, First, Middle Initial)
J. DOUGLAS NISBET

Mailing Address 390 TOLL GATE ROAD

City WARWICK State RI Zip Code 02886

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

Name of Employer NISBET & SCOTT 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
 03 / 15 / 2006

Transaction ID: SA11A1.9619

Amount of Each Receipt this Period
 500.00

C. Full Name (Last, First, Middle Initial)
KENNETH L. NOLLER

Mailing Address 750 WASHINGTON STREET

City BOSTON State MA Zip Code 02111

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

Name of Employer TUFTS MEDICAL CENTER Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 08 / 2006

Transaction ID: SA11A1.9582

Amount of Each Receipt this Period
 250.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 / 95
	<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)
ROLAND NYEIN

Mailing Address 68 BAYARD STREET

City State Zip Code
NEW YORK NY 10013

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
03 / 06 / 2006

Transaction ID: SA11A1.9571

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
KATHLEEN D. O'CONNOR

Mailing Address 350 SOUTH BROADWAY

City State Zip Code
HICKSVILLE NY 11801

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

Name of Employer QUEENS MEDICAL GROUP Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
01 / 25 / 2006

Transaction ID: SA11A1.9333

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
JERRY M. OBRITSCH

Mailing Address 401 NORTH 9TH STREET

City State Zip Code
BISMARCK ND 58501

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

Name of Employer MID DAKOTA CENTER FOR WOMEN Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 16 / 2006

Transaction ID: SA11A1.9653

Amount of Each Receipt this Period
250.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 / 95
	<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)
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 U.S. ARMY Occupation PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
01 / 30 / 2006

Transaction ID: SA11A1.9374

Amount of Each Receipt this Period
1000.00

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

Mailing Address 855 NORTH WESTHEAVEN

City State Zip Code
OSHKOSH WI 54904

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

Name of Employer SELF-EMPLOYED Occupation PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 07 / 2006

Transaction ID: SA11A1.9575

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
ERIC M. PECK

Mailing Address 20375 WEST 151ST STREET

City State Zip Code
OLATHE KS 66061

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

Name of Employer OLATHE 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
02 / 17 / 2006

Transaction ID: SA11A1.9519

Amount of Each Receipt this Period
500.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 / 95
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. WILLIAM J. PETERS		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2006
Mailing Address 925 HIGHLAND BOULEVARD		Transaction ID: SA11A1.9654
City State Zip Code BOZEMAN MT 59715	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00
Name of Employer OB/GYN ASSOCIATES	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. SHARON T. PHELAN		Date of Receipt M M / D D / Y Y Y Y 02 / 22 / 2006
Mailing Address 13429 DESERT HILLS NE		Transaction ID: SA11A1.9506
City State Zip Code ALBUQUERQUE NM 87111	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00
Name of Employer UNIVERSITY OF NEW MEXICO	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. TIMOTHY E. PHELAN		Date of Receipt M M / D D / Y Y Y Y 02 / 14 / 2006
Mailing Address 1621 CREEKSIDE DRIVE		Transaction ID: SA11A1.9403
City State Zip Code FOLSOM CA 95630	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 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)	▶	1750.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 / 95
	<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 C. PITTARD

Mailing Address 121 NORTH 20TH STREET

City State Zip Code
OPELIKA AL 36801

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

Name of Employer Occupation
LEE OB/GYN PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 3 0 / 2 0 0 6

Transaction ID: SA11A1.9375

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
TULASI P. POLAVARAPU

Mailing Address 1 HANSON PLACE

City State Zip Code
BROOKLYN NY 11243

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

Name of Employer Occupation
SELF-EMPLOYED PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: SA11A1.9335

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
TIMOTHY A. PRESNELL

Mailing Address 171 SANDY LANE

City State Zip Code
RICHLANDS VA 24641

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

Name of Employer Occupation
CLINCH VALLEY PHYSICIANS 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 / 0 1 / 2 0 0 6

Transaction ID: SA11A1.9438

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 / 95
	<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)
JOANN A. PRICE

Mailing Address 185 HAMILTON AVENUE

City State Zip Code
WATERTOWN CT 06795

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 ▼ 350.00

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

Transaction ID: SA11A1.9337

Amount of Each Receipt this Period
350.00

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

Mailing Address 2700 EAST 29TH STREET

City State Zip Code
BRYAN TX 77802

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
0 1 / 2 5 / 2 0 0 6

Transaction ID: SA11A1.9338

Amount of Each Receipt this Period
500.00

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

Mailing Address 2700 EAST 29TH STREET

City State Zip Code
BRYAN TX 77802

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

Name of Employer SELF-EMPLOYED Occupation PHYSICIAN

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
0 3 / 0 6 / 2 0 0 6

Transaction ID: SA11A1.9572

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)	▶	1350.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 / 95
	<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)
HEIDY PUIG

Mailing Address 1628 REGAL COVE COURT

City State Zip Code
KISSIMMEE FL 34744

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

Name of Employer Occupation
RETIRED PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
01 / 30 / 2006

Transaction ID: SA11A1.9376

Amount of Each Receipt this Period
300.00

B. 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
ARIZONA HEALTH SCIENCE CENTER PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
03 / 07 / 2006

Transaction ID: SA11A1.9464

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
PATRICK S. RAMSEY

Mailing Address 400 VESCLUB LANE

City State Zip Code
VESTAVIA HILLS AL 35216

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

Name of Employer Occupation
UNIVERSITY OF ALABAMA PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 16 / 2006

Transaction ID: SA11A1.9655

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)	▶	1050.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 / 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. J. RANDALL RAUH		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2006	
Mailing Address 219 NORTH MERRIAM AVENUE		Transaction ID: SA11A1.9656	
City MILES CITY	State MT	Amount of Each Receipt this Period 500.00	
Zip Code 59301			
FEC ID number of contributing federal political committee. C			
Name of Employer DEACONESS BILLING CLINIC	Occupation PHYSICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. JAANA REHNSTROM		Date of Receipt M M / D D / Y Y Y Y 01 / 30 / 2006	
Mailing Address 103 FIFTH AVENUE		Transaction ID: SA11A1.9377	
City NEW YORK	State NY	Amount of Each Receipt this Period 300.00	
Zip Code 10003			
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 ▼ 300.00		

Full Name (Last, First, Middle Initial) C. DALE P. REISNER		Date of Receipt M M / D D / Y Y Y Y 01 / 25 / 2006	
Mailing Address 1229 MADISON STREET		Transaction ID: SA11A1.9339	
City SEATTLE	State WA	Amount of Each Receipt this Period 500.00	
Zip Code 98104			
FEC ID number of contributing federal political committee. C			
Name of Employer PEDIATRIX/OBSTETRIX	Occupation PHYSICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 70 / 95						
	(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

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

Full Name (Last, First, Middle Initial) A. SCOTT W. ROBERTS		Date of Receipt MM / DD / YYYY 01 / 26 / 2006
Mailing Address 4509 BRIAR HOLLOW DRIVE		Transaction ID: SA11A1.9357
City PLANO	State TX	Zip Code 75093
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer UNIVERSITY OF TEXAS	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. SUZANNE B. ROTHCHILD		Date of Receipt MM / DD / YYYY 02 / 14 / 2006
Mailing Address 400 WEST CUMMINGS PARK		Transaction ID: SA11A1.9404
City WOBURN	State MA	Zip Code 01801
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. TOD J. ROTHSCHILD		Date of Receipt MM / DD / YYYY 01 / 25 / 2006
Mailing Address 420 GOLF DRIVE		Transaction ID: SA11A1.9340
City OCEANSIDE	State NY	Zip Code 11572
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer MT. SINAI	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)	750.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 / 95
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. AMY H. RUGGERI		Date of Receipt MM / DD / YYYY 01 / 25 / 2006
Mailing Address 2722 NORTH GEYER ROAD		Transaction ID: SA11A1.9341
City State Zip Code ST. LOUIS MO 63131	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00
Name of Employer MERCY MEDICAL GROUP	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. LYMAN A. RUST		Date of Receipt MM / DD / YYYY 03 / 20 / 2006
Mailing Address 20 CANDLEWYCK		Transaction ID: SA11A1.9682
City State Zip Code HENDERSON NV 89052	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00
Name of Employer RETIRED	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. THOMAS F. RUZICS		Date of Receipt MM / DD / YYYY 03 / 13 / 2006
Mailing Address 22 LAKE FRONT DRIVE		Transaction ID: SA11A1.9542
City State Zip Code AKRON OH 44319	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00
Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 / 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. BENJAMIN P. SACHS		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 4 / 2 0 0 6	
Mailing Address 330 BROOKLINE AVENUE		Transaction ID: SA11A1.9490	
City BOSTON	State MA	Zip Code 02215	Amount of Each Receipt this Period 750.00
FEC ID number of contributing federal political committee. C			
Name of Employer BETH ISRAEL MEDICAL CENTER		Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) B. NANETTE F. SANTORO		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 5 / 2 0 0 6	
Mailing Address 214 BENNINGTON TERRACE		Transaction ID: SA11A1.9342	
City PARAMUS	State NJ	Zip Code 07652	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer ALBERT EINSTEIN COLLEGE		Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. LISA L. SAVAGE		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 5 / 2 0 0 6	
Mailing Address 900 EAST 30TH STREET		Transaction ID: SA11A1.9343	
City AUSTIN	State TX	Zip Code 78705	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	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 / 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. MICHAEL A. SBARRA		Date of Receipt M M / D D / Y Y Y Y 03 / 01 / 2006	
Mailing Address 20 PROSPECT AVENUE		Transaction ID: SA11A1.9550	
City State Zip Code HACKENSACK NJ 07601		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	

Full Name (Last, First, Middle Initial) B. DAPHNE B. SCHALAU		Date of Receipt M M / D D / Y Y Y Y 03 / 09 / 2006	
Mailing Address 814 BLACK OAK DRIVE		Transaction ID: SA11A1.9587	
City State Zip Code ROSEBURG OR 97470		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation HEALTHCARE FOR WOMEN PHYSICIAN			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. PETER A. SCHWARTZ		Date of Receipt M M / D D / Y Y Y Y 02 / 27 / 2006	
Mailing Address P.O. BOX 16052		Transaction ID: SA11A1.9481	
City State Zip Code WEST READING PA 19612		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation READING HOSPITAL PHYSICIAN			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional) ▶	2500.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 / 95
	<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)
LISA M. SHAKERIN

Mailing Address 3450 YATES AVENUE NORTH

City State Zip Code
CRYSTAL MN 55422

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
01 / 17 / 2006

Transaction ID: SA11A1.9260

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
ALBERT C. SIMMONDS, IV

Mailing Address 14504 POPLAR HILL ROAD

City State Zip Code
DARNESTOWN MD 20874

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

Name of Employer SIMMONDS & SIMMONDS Occupation PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
01 / 30 / 2006

Transaction ID: SA11A1.9379

Amount of Each Receipt this Period
2000.00

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

Mailing Address 5289 NORTH SUNSET SHADOWS

City State Zip Code
TUCSON AZ 85750

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 / 10 / 2006

Transaction ID: SA11A1.9413

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)	▶	3000.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 / 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. FRANCINE E. SINOFSKY		Date of Receipt M M / D D / Y Y Y Y 03 / 07 / 2006	
Mailing Address 64 CEDAR AVENUE		Transaction ID: SA11A1.9576	
City HIGHLAND PARK	State NJ	Zip Code 08904	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. SUSAN L.D. SIPES		Date of Receipt M M / D D / Y Y Y Y 01 / 17 / 2006	
Mailing Address 2540 PARKWOOD DRIVE		Transaction ID: SA11A1.9262	
City GREEN BAY	State WI	Zip Code 54304	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer MATERNAL FETAL CONSULTANTS	Occupation PHYSICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. SIDNEY T. SMITH		Date of Receipt M M / D D / Y Y Y Y 01 / 25 / 2006	
Mailing Address 1000 COLD BRANCH DRIVE		Transaction ID: SA11A1.9344	
City COLUMBIA	State SC	Zip Code 29723	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer SOUTH CAROLINA ONCOLOGY	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) ▶	1750.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 / 95
	<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)
SIDNEY T. SMITH

Mailing Address 1000 COLD BRANCH DRIVE

City State Zip Code
COLUMBIA SC 29723

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

Name of Employer Occupation
SOUTH CAROLINA ONCOLOGY PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt
MM / DD / YYYY
02 / 27 / 2006

Transaction ID: SA11A1.9482

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
DOUGLAS M. SODERBERG

Mailing Address 6424 TIMBER RIDGE

City State Zip Code
EDINA MN 55439

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

Name of Employer Occupation
MINNESOTA GYNECOLOGY & SURGERY PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
01 / 25 / 2006

Transaction ID: SA11A1.9346

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
PAMELA A. ST. AMAND

Mailing Address 2965 HARRISON STREET

City State Zip Code
BEAUMONT TX 77702

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

Name of Employer Occupation
SELF-EMPLOYED PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
03 / 09 / 2006

Transaction ID: SA11A1.9588

Amount of Each Receipt this Period
250.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 / 95
	<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)
RICK D. ST. ONGE

Mailing Address 554 JUNIPER LANE

City State Zip Code
GALLIPOLIS OH 45631

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

Name of Employer Occupation
HOLZER CLINIC PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 16 / 2006

Transaction ID: SA11A1.9659

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
RALPH M. STEIGER

Mailing Address 1150 NORTH INDIAN CANYON DRIVE

City State Zip Code
PALM SPRINGS CA 92262

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

Name of Employer Occupation
SELF-EMPLOYED PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
01 / 25 / 2006

Transaction ID: SA11A1.9347

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
J. CRAIG STRAFFORD

Mailing Address 494 BUHL MORTON ROAD

City State Zip Code
GALLIPOLIS OH 45631

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

Name of Employer Occupation
HOLZER CLINIC PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
01 / 25 / 2006

Transaction ID: SA11A1.9348

Amount of Each Receipt this Period
1000.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 / 95
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. J. CRAIG STRAFFORD		Date of Receipt M M / D D / Y Y Y Y Y 03 / 01 / 2006	
Mailing Address 494 BUHL MORTON ROAD		Transaction ID: SA11A1.9551	
City State Zip Code GALLIPOLIS OH 45631		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation HOLZER CLINIC PHYSICIAN			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1250.00	

Full Name (Last, First, Middle Initial) B. HOWARD T. STRASSNER, JR.		Date of Receipt M M / D D / Y Y Y Y Y 03 / 16 / 2006	
Mailing Address 2432 NEWPORT ROAD		Transaction ID: SA11A1.9660	
City State Zip Code NORTHBROOK IL 60062		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation RUSH UNIVERSITY MEDICAL CENTER PHYSICIAN			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. JANETTE H. STRATHY		Date of Receipt M M / D D / Y Y Y Y Y 03 / 13 / 2006	
Mailing Address 5428 WEST HIGHWOOD DRIVE		Transaction ID: SA11A1.9545	
City State Zip Code EDINA MN 55436		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation PARK NICOLET CLINIC 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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 / 95
	<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)
ALBERT L. STRUNK

Mailing Address 698 CONSTELLATION COURT

City State Zip Code
DAVIDSONVILLE MD 21035

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

Name of Employer
ACOG

Occupation
VICE PRESIDENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 07 / 2006

Transaction ID: SA11A1.9468

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
KAREN G. SWENSON

Mailing Address 1305 WEST 34TH STREET

City State Zip Code
AUSTIN TX 78705

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

Name of Employer
WOMEN PARTNERS IN HEALTH

Occupation
PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
01 / 26 / 2006

Transaction ID: SA11A1.9358

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
DIANE E. TARR

Mailing Address 83 HERRICK STREET

City State Zip Code
BEVERLY MA 01915

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

Name of Employer
ABOUT WOMEN BY WOMEN

Occupation
PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 09 / 2006

Transaction ID: SA11A1.9589

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)	▶	2250.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 / 95
	<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)
BRUCE E. TAYLOR

Mailing Address 1101 SOUTH 70TH STREET

City State Zip Code
LINCOLN NE 68510

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

Name of Employer
CONTEMPORARY HEALTH CARE

Occupation
PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 07 / 2006

Transaction ID: SA11A1.9577

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
EDWARD H. TEMPLE

Mailing Address 471 WILLIAMS BOULEVARD

City State Zip Code
RICHLAND WA 99354

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

Name of Employer
SELF-EMPLOYED

Occupation
PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
01 / 25 / 2006

Transaction ID: SA11A1.9351

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
MICHAEL R. TESORO

Mailing Address 152 EAST STREET

City State Zip Code
SHARON CT 06069

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

Name of Employer
SELF-EMPLOYED

Occupation
PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 01 / 2006

Transaction ID: SA11A1.9552

Amount of Each Receipt this Period
250.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 / 95
	<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)
YVONNE S. THORNTON

Mailing Address 8900 VAN WYCK EXPRESSWAY

City State Zip Code
NEW YORK NY 11418

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

Name of Employer Occupation
NOT EMPLOYED PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 09 / 2006

Transaction ID: SA11A1.9590

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
PAUL G. TOMICH

Mailing Address 3637 QUINCE COURT

City State Zip Code
DOWNERS GROVE IL 60515

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

Name of Employer Occupation
UNIVERSITY OF NEBRASKA PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 22 / 2006

Transaction ID: SA11A1.9602

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
BETTY K. TU

Mailing Address 5191 EAST CRESCENT DRIVE

City State Zip Code
ANAHEIM CA 92807

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

Name of Employer Occupation
SELF-EMPLOYED PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 08 / 2006

Transaction ID: SA11A1.9583

Amount of Each Receipt this Period
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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 / 95
	<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)
KEVIN C. TURNER

Mailing Address 945 GOETHALS

City RICHLAND State WA Zip Code 99352

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

Name of Employer ASSOCIATED PHYSICIANS Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

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

Transaction ID: SA11A1.9414

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
PAUL D. UMES

Mailing Address 880 NORTH LAKE SHORE DRIVE

City CHICAGO State IL Zip Code 60611

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 ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 1 / 3 0 / 2 0 0 6

Transaction ID: SA11A1.9380

Amount of Each Receipt this Period
 500.00

C. Full Name (Last, First, Middle Initial)
WILLIAM C. VOGELPOHL

Mailing Address 337 EL DORADO STREET

City MONTEREY State CA Zip Code 93940

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 1 / 2 5 / 2 0 0 6

Transaction ID: SA11A1.9352

Amount of Each Receipt this Period
 500.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 / 95
	<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)
K. WARREN VOLKER

Mailing Address 653 NORTH TOWN CENTER

City State Zip Code
LAS VEGAS NV 89144

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

Name of Employer SELF-EMPLOYED Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

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

Transaction ID: SA11A1.9353

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
KUAN-I WANG

Mailing Address 2156 EL MOLINO PLACE

City State Zip Code
SAN MARINO CA 91108

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 / 1 4 / 2 0 0 6

Transaction ID: SA11A1.9405

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
JAMES E. WATSON

Mailing Address 22 PINE RIDGE LANE

City State Zip Code
MANSFIELD CENTER CT 06250

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

Name of Employer MANSFIELD OB/GYN ASSOCIAT-ES 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 / 0 3 / 2 0 0 6

Transaction ID: SA11A1.9428

Amount of Each Receipt this Period
500.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 84 / 95
	(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)
BARBARA WEBSTER

Mailing Address 7400 JONES DRIVE

City State Zip Code
GALVESTON TX 77551

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

Name of Employer Occupation
THE WOMEN'S GROUP PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 07 / 2006

Transaction ID: SA11A1.9423

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
GERSON WEISS

Mailing Address 185 WEST END AVENUE

City State Zip Code
NEW YORK NY 10023

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

Name of Employer Occupation
NEW JERSEY MEDICAL SCHOOL PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 25 / 2006

Transaction ID: SA11A1.9354

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
HUGH D. WOLCOTT

Mailing Address 400 GRESHAM DRIVE

City State Zip Code
NORFOLK VA 23507

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 24 / 2006

Transaction ID: SA11A1.9491

Amount of Each Receipt this Period
500.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 / 95
	<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)
GAIL B. WOMACK

Mailing Address 26290 CLEAR VIEW DRIVE

City State Zip Code
GOLDEN CO 80401

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

Name of Employer Occupation
COHEN & WOMACK 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 / 1 7 / 2 0 0 6

Transaction ID: SA11A1.9399

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
STEPHEN J. WOODRUFF

Mailing Address 89 JALBERT ROAD

City State Zip Code
BARRE VT 05641

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

Name of Employer Occupation
SELF-EMPLOYED PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 3 / 0 9 / 2 0 0 6

Transaction ID: SA11A1.9591

Amount of Each Receipt this Period
250.00

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

Mailing Address 2206 LONGO DRIVE

City State Zip Code
BELLEVUE NE 68005

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

Name of Employer Occupation
BELLEVUE OB/GYN PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 3 / 2 2 / 2 0 0 6

Transaction ID: SA11A1.9603

Amount of Each Receipt this Period
1500.00

SUBTOTAL of Receipts This Page (optional)	▶	2250.00
TOTAL This Period (last page this line number only)	▶	127725.00

**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)

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

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

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

Full Name (Last, First, Middle Initial) A. AMERICAN EXPRESS		Transaction ID: SB21B.9440 Date of Disbursement																				
Mailing Address P.O. BOX 53852		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>2</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		0	6		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
0	2		0	6		2	0	0	6													
City PHOENIX	State AZ	Zip Code 85072																				
Purpose of Disbursement CREDIT CARD TRANSACTION FEES		Amount of Each Disbursement this Period <table border="1"><tr><td>311.97</td></tr></table>	311.97																			
311.97																						
Candidate Name																						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
State: District:	Category/ Type																					

Full Name (Last, First, Middle Initial) B. AMERICAN EXPRESS		Transaction ID: SB21B.9522 Date of Disbursement																				
Mailing Address P.O. BOX 53852		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	6		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		0	6		2	0	0	6													
City PHOENIX	State AZ	Zip Code 85072																				
Purpose of Disbursement CREDIT CARD TRANSACTION FEES		Amount of Each Disbursement this Period <table border="1"><tr><td>430.71</td></tr></table>	430.71																			
430.71																						
Candidate Name																						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
State: District:	Category/ Type																					

Full Name (Last, First, Middle Initial) C. CORPORATE COLOR, INC.		Transaction ID: SB21B.9525 Date of Disbursement																				
Mailing Address 500 MONOCACY BOULEVARD		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	7		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		0	7		2	0	0	6													
City FREDERICK	State MD	Zip Code 21701																				
Purpose of Disbursement GENERIC MAIL SOLICITATIONS		Amount of Each Disbursement this Period <table border="1"><tr><td>4355.40</td></tr></table>	4355.40																			
4355.40																						
Candidate Name																						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
State: District:	Category/ Type																					

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>5098.08</td></tr></table>	5098.08
5098.08		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td></td></tr></table>	

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. FIRST NATIONAL MERCHANT SOLUTIONS		Transaction ID: SB21B.9386
Mailing Address 1620 DODGE STREET		Date of Disbursement MM / DD / YYYY 02 / 02 / 2006
City OMAHA	State NE	Amount of Each Disbursement this Period 571.03
Zip Code 68197		
Purpose of Disbursement CREDIT CARD TRANSACTION FEES		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. FIRST NATIONAL MERCHANT SOLUTIONS		Transaction ID: SB21B.9523
Mailing Address 1620 DODGE STREET		Date of Disbursement MM / DD / YYYY 03 / 02 / 2006
City OMAHA	State NE	Amount of Each Disbursement this Period 656.49
Zip Code 68197		
Purpose of Disbursement CREDIT CARD TRANSACTION FEES		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. SUSANNE HAESSLER		Transaction ID: SB21B.9283
Mailing Address 4101 ALBEMARLE STREET, NW		Date of Disbursement MM / DD / YYYY 01 / 17 / 2006
City WASHINGTON	State DC	Amount of Each Disbursement this Period 1051.25
Zip Code 20016		
Purpose of Disbursement ACCOUNTING		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional)	2278.77
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

Full Name (Last, First, Middle Initial) A. SUSANNE HAESSLER		Transaction ID: SB21B.9301 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 3 / 2 0 0 6
Mailing Address 4101 ALBEMARLE STREET, NW		Amount of Each Disbursement this Period 1377.50
City WASHINGTON State DC Zip Code 20016	Purpose of Disbursement ACCOUNTING Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

Full Name (Last, First, Middle Initial) B. SUSANNE HAESSLER		Transaction ID: SB21B.9528 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 7 / 2 0 0 6
Mailing Address 4101 ALBEMARLE STREET, NW		Amount of Each Disbursement this Period 1667.50
City WASHINGTON State DC Zip Code 20016	Purpose of Disbursement ACCOUNTING Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

Full Name (Last, First, Middle Initial) C. NATIONAL CAPITAL TELESERVICES		Transaction ID: SB21B.9284 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 6
Mailing Address 300 FIFTH STREET, NE		Amount of Each Disbursement this Period 4063.14
City WASHINGTON State DC Zip Code 20002	Purpose of Disbursement GENERIC TELEPHONE SOLICITATIONS Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶	7108.14
TOTAL This Period (last page this line number only) ▶	[Empty Box]

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. NATIONAL CAPITAL TELESERVICES		Transaction ID: SB21B.9302
Mailing Address 300 FIFTH STREET, NE		Date of Disbursement MM / DD / YYYY 02 / 03 / 2006
City WASHINGTON	State DC	Amount of Each Disbursement this Period 5388.78
Zip Code 20002		
Purpose of Disbursement GENERIC TELEPHONE SOLICITATIONS		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. NATIONAL CAPITAL TELESERVICES		Transaction ID: SB21B.9441
Mailing Address 300 FIFTH STREET, NE		Date of Disbursement MM / DD / YYYY 02 / 17 / 2006
City WASHINGTON	State DC	Amount of Each Disbursement this Period 7724.38
Zip Code 20002		
Purpose of Disbursement GENERIC TELEPHONE SOLICITATIONS		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. NATIONAL CAPITAL TELESERVICES		Transaction ID: SB21B.9529
Mailing Address 300 FIFTH STREET, NE		Date of Disbursement MM / DD / YYYY 03 / 07 / 2006
City WASHINGTON	State DC	Amount of Each Disbursement this Period 6587.53
Zip Code 20002		
Purpose of Disbursement GENERIC TELEPHONE SOLICITATIONS		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional)	19700.69
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. NATIONAL CAPITAL TELESERVICES		Transaction ID: SB21B.9593
Mailing Address 300 FIFTH STREET, NE		Date of Disbursement MM / DD / YYYY 03 / 13 / 2006
City WASHINGTON	State DC	Amount of Each Disbursement this Period 6109.38
Zip Code 20002		
Purpose of Disbursement GENERIC TELEPHONE SOLICITATIONS		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. NATIONAL CAPITAL TELESERVICES		Transaction ID: SB21B.9685
Mailing Address 300 FIFTH STREET, NE		Date of Disbursement MM / DD / YYYY 03 / 23 / 2006
City WASHINGTON	State DC	Amount of Each Disbursement this Period 7214.39
Zip Code 20002		
Purpose of Disbursement GENERIC TELEPHONE SOLICITATIONS		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional) ►

13323.77

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

47509.45

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. BATTLE BORN POLITICAL ACTION COMMITTEE		Transaction ID: SB23.9456 Date of Disbursement
Mailing Address 1155 21ST STREET, NW		<input type="text" value="02"/> / <input type="text" value="17"/> / <input type="text" value="2006"/>
City WASHINGTON	State DC	Zip Code 20036
Purpose of Disbursement CONTRIBUTION	<input type="text"/>	Amount of Each Disbursement this Period
Candidate Name	Category/ Type	<input type="text" value="1000.00"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. CHARLES BOUSTANY, JR. FOR CONGRESS		Transaction ID: SB23.9689 Date of Disbursement
Mailing Address P.O. BOX 80126		<input type="text" value="03"/> / <input type="text" value="30"/> / <input type="text" value="2006"/>
City LAFAYETTE	State LA	Zip Code 70598
Purpose of Disbursement CONTRIBUTION	<input type="text"/>	Amount of Each Disbursement this Period
Candidate Name CHARLES W. BOUSTANY, JR.	Category/ Type	<input type="text" value="1000.00"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: LA District: 07		

Full Name (Last, First, Middle Initial) C. GINGREY FOR CONGRESS		Transaction ID: SB23.9530 Date of Disbursement
Mailing Address P.O. BOX U		<input type="text" value="03"/> / <input type="text" value="07"/> / <input type="text" value="2006"/>
City MARIETTA	State GA	Zip Code 30060
Purpose of Disbursement CONTRIBUTION	<input type="text"/>	Amount of Each Disbursement this Period
Candidate Name J. PHILLIP GINGREY	Category/ Type	<input type="text" value="1000.00"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: GA District: 11		

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="3000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. KAY GRANGER CAMPAIGN FUND		Transaction ID: SB23.9690 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 6
Mailing Address 715 JONES STREET		Amount of Each Disbursement this Period 1000.00
City FORT WORTH State TX Zip Code 76102	Purpose of Disbursement CONTRIBUTION Candidate Name N. KAY GRANGER Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TX District: 12	
Category/Type		
Category/Type		

Full Name (Last, First, Middle Initial) B. NATHAN DEAL FOR CONGRESS		Transaction ID: SB23.9688 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 0 6
Mailing Address P.O. BOX 902		Amount of Each Disbursement this Period 2500.00
City GAINESVILLE State GA Zip Code 30503	Purpose of Disbursement CONTRIBUTION Candidate Name NATHAN DEAL Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: GA District: 10	
Category/Type		
Category/Type		

Full Name (Last, First, Middle Initial) C. NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		Transaction ID: SB23.9531 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 9 / 2 0 0 6
Mailing Address 320 FIRST STREET, SE		Amount of Each Disbursement this Period 5000.00
City WASHINGTON State DC Zip Code 20003	Purpose of Disbursement CONTRIBUTION Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	
Category/Type		
Category/Type		

SUBTOTAL of Disbursements This Page (optional) ▶	8500.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. PRICE FOR CONGRESS		Transaction ID: SB23.9457 Date of Disbursement																					
Mailing Address P.O. BOX 425		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	2		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	2		2	2		2	0	0	6														
City ROSWELL	State GA	Zip Code 30077	Amount of Each Disbursement this Period																				
Purpose of Disbursement CONTRIBUTION		<input type="checkbox"/>	<input type="text" value="500.00"/>																				
Candidate Name THOMAS E. PRICE		Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: GA District: 06																							

Full Name (Last, First, Middle Initial) B. PRICE FOR CONGRESS		Transaction ID: SB23.9458 Date of Disbursement																					
Mailing Address P.O. BOX 425		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	2		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	2		2	2		2	0	0	6														
City ROSWELL	State GA	Zip Code 30077	Amount of Each Disbursement this Period																				
Purpose of Disbursement CONTRIBUTION		<input type="checkbox"/>	<input type="text" value="1000.00"/>																				
Candidate Name THOMAS E. PRICE		Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: GA District: 06																							

Full Name (Last, First, Middle Initial) C. SCHWARZ FOR CONGRESS		Transaction ID: SB23.9691 Date of Disbursement																					
Mailing Address P.O. BOX 2063		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	0		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		3	0		2	0	0	6														
City BATTLE CREEK	State MI	Zip Code 49016	Amount of Each Disbursement this Period																				
Purpose of Disbursement CONTRIBUTION		<input type="checkbox"/>	<input type="text" value="1000.00"/>																				
Candidate Name JOHN SCHWARZ		Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: MI District: 7																							

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="2500.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

PAGE 94 / 95

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

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)
UPTON FOR ALL OF US

Mailing Address P.O. BOX 490

City ST. JOSEPH State MI Zip Code 49085

Purpose of Disbursement CONTRIBUTION

Candidate Name FREDERICK S. UPTON

Office Sought: House Senate President
State: MI District: 06

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Transaction ID: SB23.9444

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)	2500.00
TOTAL This Period (last page this line number only)	16500.00

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)

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

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

Full Name (Last, First, Middle Initial) A. RICHARD W. HENDERSON		Transaction ID: SB28A.9532 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 0 / 2 0 0 6	
Mailing Address 1709 CLEAVER LANE		Amount of Each Disbursement this Period 500.00	
City WILMINGTON State DE Zip Code 19803	Purpose of Disbursement CONTRIBUTION REFUND	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. LORI F. JOY		Transaction ID: SB28A.9287 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 8 / 2 0 0 6	
Mailing Address 1415 NORTH HOUK STREET		Amount of Each Disbursement this Period 500.00	
City SPOKANE State WA Zip Code 99216	Purpose of Disbursement CONTRIBUTION REFUND	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. RICHARD M. KISHIUE		Transaction ID: SB28A.9686 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 0 6	
Mailing Address 865 LINCOLN ROAD		Amount of Each Disbursement this Period 250.00	
City BETTENDORF State IA Zip Code 52722	Purpose of Disbursement CONTRIBUTION REFUND	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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