01/19/2006 14 : 07

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)

CITY ▲	STATE ▲	ZIPCODE ▲
WASHINGTON	DC	20024

2. **FEC IDENTIFICATION NUMBER** ▼ C00364158

3. IS THIS REPORT — NEW (N) x **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)
- x January 31 Quarterly Report(YE)
- July 31 Mid-Year Report(Non-election Year Only) (MY)
- Termination Report (TER)

(b) Monthly Report Due On:

Feb 20 (M2)	May 20 (M5)	Aug 20 (M8)	Nov 20 (M11) (Non-Election Year Only)
Mar 20 (M3)	Jun 20 (M6)	Sep 20 (M9)	Dec 20 (M12) (Non-Election Year Only)
Apr 20 (M4)	Jul 20 (M7)	Oct 20 (M10)	Jan 31 (YE)

(c) 12-Day **Pre**-Election Report for the: Primary (12P) — General (12G) — Runoff (12R) — Convention (12C) — Special (12G)

Election on ____ in the State of ____

(d) 30-Day **Post**-Election Report for the: General (30G) — Runoff (30R) — Special (30S)

Election on ____ in the State of ____

5. Covering Period 07 01 2005 through 12 31 2005

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 SARA SLANE

Signature of Treasurer Electronically Filed by SARA SLANE Date 01 19 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							

FEC FORM 3X
(Rev. 02/2003)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

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

Report Covering the Period: From: 07 01 2005 To: 12 31 2005

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a)	Cash on Hand January 1 2005		23942.10
(b)	Cash on Hand at Begining of Reporting Period	143964.62	
(c)	Total Receipts (from Line 19)	111475.00	304285.00
(d)	Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	255459.62	328227.10
7.	Total Disbursements (from Line 31)	176620.00	249387.48
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	78839.62	78839.62
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	

X 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

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

OB-GYNS FOR WOMEN'S HEALTH PAC

Report Covering the Period: From: 07 01 2005 To: 12 31 2005

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	93000.00	264651.00
(ii) Unitemized	18475.00	39634.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)) ▶	111475.00	304285.00
(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) ▶	111475.00	304285.00
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))	111475.00	304285.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	111475.00	304285.00

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	94620.00	107187.48
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)) ▶	94620.00	107187.48
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	80500.00	136500.00
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	1500.00	5700.00
(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)) ▶	1500.00	5700.00
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))	176620.00	249387.48
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31)	176620.00	249387.48

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)	111475.00	304285.00
34. Total Contribution Refunds (from Line 28(d))	1500.00	5700.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	109975.00	298585.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	94620.00	107187.48
37. Offsets to Operating Expenditures (from Line 15. page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	94620.00	107187.48

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 93
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 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)
RIDDICK ACKERMAN, III
Mailing Address 11 DOGWOOD LANE
City: WALTERBORO | State: SC | Zip Code: 29488
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: 07 27 2005
Transaction ID: SA11A1.8463
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
CHARLES D. ADAIR
Mailing Address 22 MOUNTAIN ORCHARD PATH
City: SIGNAL MOUNTAIN | State: TN | Zip Code: 37377
FEC ID number of contributing federal political committee: C
Name of Employer: REGIONAL OBSTETRICAL
Occupation: PHYSICIAN
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 2250.00

Date of Receipt: 07 27 2005
Transaction ID: SA11A1.8465
Amount of Each Receipt this Period: 2000.00

C. Full Name (Last, First, Middle Initial)
ALFRED R. ADDINGTON
Mailing Address 502 SOUTH 8TH STREET
City: ROGERS | State: AR | Zip Code: 72756
FEC ID number of contributing federal political committee: C
Name of Employer: MERCY HEALTH SYSTEM
Occupation: PHYSICIAN
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 300.00

Date of Receipt: 10 06 2005
Transaction ID: SA11A1.8764
Amount of Each Receipt this Period: 300.00

SUBTOTAL of Receipts This Page (optional) ▶ **2550.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 93
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NAME OF COMMITTEE (In Full)
OB-GYNS FOR WOMEN'S HEALTH PAC

A. Full Name (Last, First, Middle Initial)
CHARLES A. ALFANO
Mailing Address 500 WEST THOMAS ROAD
City: PHOENIX | State: AZ | Zip Code: 85013
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: 10 25 2005
Transaction ID: SA11A1.9046
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
GARLAND D. ANDERSON
Mailing Address 12000 SPORTSMAN ROAD
City: GALVESTON | State: TX | Zip Code: 77554
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: 12 06 2005
Transaction ID: SA11A1.8060
Amount of Each Receipt this Period: 1000.00

C. Full Name (Last, First, Middle Initial)
H. FRANK ANDERSON
Mailing Address 7819 APPLECROSS LANE
City: DALLAS | State: TX | Zip Code: 75248
FEC ID number of contributing federal political committee: C
Name of Employer: PEDIATRIX, INC.
Occupation: PHYSICIAN
Receipt For: Primary General / Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 07 27 2005
Transaction ID: SA11A1.8488
Amount of Each Receipt this Period: 500.00

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

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 93
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NAME OF COMMITTEE (In Full)
OB-GYNS FOR WOMEN'S HEALTH PAC

A. Full Name (Last, First, Middle Initial)
PAUL S. ARMSTRONG
Mailing Address 1115 WOODLAND DRIVE
City: ELIZABETHTOWN | State: KY | Zip Code: 42701
FEC ID number of contributing federal political committee: C
Name of Employer: ELIZABETHTOWN PHYSICIANS
Occupation: PHYSICIAN
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 12 15 2005
Transaction ID: SA11A1.9204
Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
PATRICIA F. ARNETT
Mailing Address ONE DAVERO MANOR
City: BUTLER | State: PA | Zip Code: 16001
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: 600.00
Date of Receipt: 12 06 2005
Transaction ID: SA11A1.8062
Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial)
WILLIAM E. BARFIELD
Mailing Address 3011 LAKE FOREST DRIVE
City: AUGUSTA | State: GA | Zip Code: 30909
FEC ID number of contributing federal political committee: C
Name of Employer: AUGUSTA GYNECOLOGY
Occupation: PHYSICIAN
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 11 11 2005
Transaction ID: SA11A1.8899
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 9 / 93
(check only one)

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

A. Full Name (Last, First, Middle Initial)
JANICE L. BIRD
Mailing Address 2003 MEDICAL PARKWAY
City: ANNAPOLIS | State: MD | Zip Code: 21401
FEC ID number of contributing federal political committee: C
Name of Employer: WOMEN'S OB/GYN
Occupation: PHYSICIAN
Receipt For: Primary General / Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 10 28 2005
Transaction ID: SA11A1.9007
Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
JEFFREY M. BLAKE
Mailing Address 7115 SOUTH 600TH WEST
City: PENDLETON | State: IN | Zip Code: 46064
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: 08 11 2005
Transaction ID: SA11A1.8596
Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial)
MUSTAPHA BOURRARA
Mailing Address 3217 45TH STREET
City: LONG ISLAND CITY | State: NY | Zip Code: 11103
FEC ID number of contributing federal political committee: C
Name of Employer: JAMAICA HOSPITAL
Occupation: PHYSICIAN
Receipt For: Primary General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 10 20 2005
Transaction ID: SA11A1.8788
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 10 / 83
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NAME OF COMMITTEE (In Full)
OB-GYNS FOR WOMEN'S HEALTH PAC

A.
Full Name (Last, First, Middle Initial)
CARYN N. BRYANT
Mailing Address 409 NORTH CANAL STREET
City: CHICAGO | State: IL | Zip Code: 60610
FEC ID number of contributing federal political committee: C
Name of Employer: WOMEN'S HEALTH CARE AFFILIATES
Occupation: PHYSICIAN
Receipt For: Primary General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 10 11 2005
Transaction ID: SA11A1.8872
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial)
ROBERT J. BURNETT
Mailing Address 3524 TONGASS AVENUE
City: KETCHIKAN | State: AK | Zip Code: 99901
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: 750.00

Date of Receipt: 07 07 2005
Transaction ID: SA11A1.8502
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
FRANK C. CAILLET
Mailing Address 4540 AMBASSADOR CAFFERY
City: LAFAYETTE | State: LA | Zip Code: 70508
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: 08 24 2005
Transaction ID: SA11A1.8681
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: PAGE 11 / 83
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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: SALT LAKE CITY | State: UT | Zip Code: 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: 10 13 2005
Transaction ID: SA11A1.8840
Amount of Each Receipt this Period: 1000.00

B. Full Name (Last, First, Middle Initial)
STEPHEN M. CHATELAIN
Mailing Address 15 GERMAY
City: LITTLE ROCK | State: AR | Zip Code: 72223
FEC ID number of contributing federal political committee: C
Name of Employer: ARKANSAS PERINATAL SERVICES
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 07 27 2005
Transaction ID: SA11A1.8472
Amount of Each Receipt this Period: 1000.00

C. Full Name (Last, First, Middle Initial)
PETER H. CHEROUNY
Mailing Address BURGESS 223
City: BURLINGTON | State: VT | Zip Code: 05401
FEC ID number of contributing federal political committee: C
Name of Employer: UNIVERSITY OF VERMONT
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 10 26 2005
Transaction ID: SA11A1.8013
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: PAGE 12 / 83
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X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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

A. Full Name (Last, First, Middle Initial)
NANCY C. CHESCHEIR
Mailing Address 1217 MEDICAL CENTER
City: NASHVILLE | State: TN | Zip Code: 37232
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: 08 25 2005
Transaction ID: SA11A1.8688
Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
ROY R. CLARK
Mailing Address 530 SOUTH STREET
City: GREENSBURG | State: PA | Zip Code: 15601
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: 07 06 2005
Transaction ID: SA11A1.8487
Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial)
ALICIA M. CONSTANTINO
Mailing Address 315 EAST 1ST STREET
City: TUCSON | State: AZ | Zip Code: 85705
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: 07 26 2005
Transaction ID: SA11A1.8551
Amount of Each Receipt this Period: 1000.00

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

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 83
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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

A. Full Name (Last, First, Middle Initial)
CYNTHIA S. COOPER
Mailing Address 15 OLD ROLLINSFORD ROAD
City: DOVER | State: NH | Zip Code: 03820
FEC ID number of contributing federal political committee: C
Name of Employer: INFERTILITY ASSOCIATES
Occupation: PHYSICIAN
Receipt For: Primary General; Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 12 22 2005
Transaction ID: SA11A1.9233
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
JASON E. COOPER
Mailing Address 7550 FANNIN
City: HOUSTON | State: TX | Zip Code: 77054
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: 08 25 2005
Transaction ID: SA11A1.8690
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
MARGARET E. CRAIG
Mailing Address 2123 YGNACIO VALLEY ROAD
City: WALNUT CREEK | State: CA | Zip Code: 94598
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: 09 21 2005
Transaction ID: SA11A1.8736
Amount of Each Receipt this Period: 250.00

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

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 83
(check only one)

X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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

A. Full Name (Last, First, Middle Initial)
DAVID I. CRAMER
Mailing Address 119 FIRE ROAD
City: LANCASTER | State: MA | Zip Code: 01523
FEC ID number of contributing federal political committee: C
Name of Employer: BASSETT
Occupation: PHYSICIAN
Receipt For: Primary General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 10 20 2005
Transaction ID: SA11A1.8796
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
BLANE M. CRANDALL
Mailing Address 1660 MEDICAL PARK DRIVE
City: NAPLES | State: FL | Zip Code: 34110
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: 1000.00

Date of Receipt: 07 06 2005
Transaction ID: SA11A1.8489
Amount of Each Receipt this Period: 1000.00

C. Full Name (Last, First, Middle Initial)
WILLIAM R. CROMBLEHOLME
Mailing Address 30 SHELBURNE ROAD
City: STAMFORD | State: CT | Zip Code: 06904
FEC ID number of contributing federal political committee: C
Name of Employer: STAMFORD HOSPITAL
Occupation: PHYSICIAN
Receipt For: Primary General / Other (specify)
Aggregate Year-to-Date: 750.00

Date of Receipt: 08 01 2005
Transaction ID: SA11A1.8576
Amount of Each Receipt this Period: 750.00

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

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

A. Full Name (Last, First, Middle Initial)
LUIS B. CURET
Mailing Address P.O. BOX 50519
City: ALBUQUERQUE | State: NM | Zip Code: 87181
FEC ID number of contributing federal political committee: C
Name of Employer: UNIVERSITY OF NEW MEXICO
Occupation: PHYSICIAN
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 11 11 2005
Transaction ID: SA11A1.8911
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
MARY E. D'ALTON
Mailing Address 1075 PARK AVENUE
City: NEW YORK | State: NY | Zip Code: 10128
FEC ID number of contributing federal political committee: C
Name of Employer: COLUMBIA UNIVERSITY
Occupation: PHYSICIAN
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 11 11 2005
Transaction ID: SA11A1.8912
Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial)
ANNA M. D'AMICO
Mailing Address 7 BUCKRIDGE DRIVE
City: WILMINGTON | State: DE | Zip Code: 19807
FEC ID number of contributing federal political committee: C
Name of Employer: CROZER KEYSTONE
Occupation: PHYSICIAN
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 09 12 2005
Transaction ID: SA11A1.8742
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

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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)
JACOB DAGANI
Mailing Address 559 HARMON ROAD
City: BLUFFTON | State: OH | Zip Code: 45817
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: 08 10 2005
Transaction ID: SA11A1.8588
Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
LAURA J. DALTON
Mailing Address 329 NEWTON COURT
City: OAKLYN | State: NJ | Zip Code: 08107
FEC ID number of contributing federal political committee: C
Name of Employer: METHODIST HOSPITAL
Occupation: PHYSICIAN
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 12 06 2005
Transaction ID: SA11A1.8063
Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial)
PATRICK A. DAWKINS
Mailing Address 5401 NORRIS CANYON ROAD
City: SAN RAMON | State: CA | Zip Code: 94583
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: 09 13 2005
Transaction ID: SA11A1.8638
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

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

A. Full Name (Last, First, Middle Initial)
CHRISTINA T. DEANGELIS
Mailing Address 3006 ARGENTINA PLACE
City: BOWIE | State: MD | Zip Code: 20716
FEC ID number of contributing federal political committee: C
Name of Employer: U.S. AIR FORCE
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 08 10 2005
Transaction ID: SA11A1.8590
Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
ROBERT H. DEBBS
Mailing Address 2 SASSAFRAS COURT
City: VOORHEES | State: NJ | Zip Code: 08043
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: 2500.00

Date of Receipt: 12 06 2005
Transaction ID: SA11A1.8064
Amount of Each Receipt this Period: 1000.00

C. Full Name (Last, First, Middle Initial)
CARL R. DELLA BADIA
Mailing Address 30 ASHTON DRIVE
City: VOORHEES | State: NJ | Zip Code: 08043
FEC ID number of contributing federal political committee: C
Name of Employer: DREXEL UNIVERSITY
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 11 03 2005
Transaction ID: SA11A1.8093
Amount of Each Receipt this Period: 500.00

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

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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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)
JAMES E. DELMORE
Mailing Address 12711 BIRCHWOOD
City: WICHITA | State: KS | Zip Code: 67206
FEC ID number of contributing federal political committee: C
Name of Employer: ASSOCIATES IN WOMEN'S HEALTH
Occupation: PHYSICIAN
Receipt For: Primary General; Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 12 06 2005
Transaction ID: SA11A1.9065
Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
ALLAN J. DINNERSTEIN
Mailing Address 17659 TIFFANY TRACE DRIVE
City: BOCA RATON | State: FL | Zip Code: 33487
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: 07 11 2005
Transaction ID: SA11A1.8517
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
MARK A. ELIAS
Mailing Address 2115 FREMONT AVENUE
City: MINNEAPOLIS | State: MN | Zip Code: 55405
FEC ID number of contributing federal political committee: C
Name of Employer: COON RAPIDS WOMEN'S HEALTH
Occupation: PHYSICIAN
Receipt For: Primary General; Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 08 02 2005
Transaction ID: SA11A1.8584
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

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

A.
Full Name (Last, First, Middle Initial)
KAY E. ELLEDGE
Mailing Address 28809 CEDARBLUFF DRIVE
City: RANCHO PALOS VERDE | State: CA | Zip Code: 90275
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: 08 22 2005
Transaction ID: SA11A1.8645
Amount of Each Receipt this Period: 1000.00

B.
Full Name (Last, First, Middle Initial)
MARYGRACE ELSON
Mailing Address 3661 FOXANA DRIVE
City: IOWA CITY | State: IA | Zip Code: 52246
FEC ID number of contributing federal political committee: C
Name of Employer: UNIVERSITY OF IOWA HEALTH CARE
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 12 06 2005
Transaction ID: SA11A1.8066
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial)
LISA ENG
Mailing Address 8 78TH STREET
City: BROOKLYN | State: NY | Zip Code: 11209
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: 11 11 2005
Transaction ID: SA11A1.8916
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: PAGE 20 / 83
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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)
JAY R. ERICKSON
Mailing Address 1029A EDGEFIELD STREET
City: GREENWOOD | State: SC | Zip Code: 29646
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: 08 24 2005
Transaction ID: SA11A1.8663
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
RICHARD V. ERKENBECK
Mailing Address 4928 SENTINEL DRIVE
City: BETHESDA | State: MD | Zip Code: 20816
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: 300.00

Date of Receipt: 08 25 2005
Transaction ID: SA11A1.8694
Amount of Each Receipt this Period: 300.00

C. Full Name (Last, First, Middle Initial)
SEBASTIAN FARO
Mailing Address 7400 FANNIN
City: HOUSTON | State: TX | Zip Code: 77054
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: 08 02 2005
Transaction ID: SA11A1.8586
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

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

A. Full Name (Last, First, Middle Initial)
JANIS D. FEE
Mailing Address 500 SOUTH ANAHEIM HILLS ROAD
City: ANAHEIM | State: CA | Zip Code: 92807
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: 10 / 19 / 2005
Transaction ID: SA11A1.8971
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
RINA S. FERN
Mailing Address 15960 BARNSTORMER COURT
City: WELLINGTON | State: FL | Zip Code: 33414
FEC ID number of contributing federal political committee: C
Name of Employer: OB/GYN SPECIALISTS
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 11 / 11 / 2005
Transaction ID: SA11A1.8917
Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial)
OSBERT FERNANDEZ
Mailing Address 122 CLINTON STREET
City: HOBOKEN | State: NJ | Zip Code: 07030
FEC ID number of contributing federal political committee: C
Name of Employer: CENTER FOR FAMILY HEALTH
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 400.00

Date of Receipt: 08 / 11 / 2005
Transaction ID: SA11A1.8598
Amount of Each Receipt this Period: 400.00

SUBTOTAL of Receipts This Page (optional) ▶ **1150.00**

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

SCHEDULE A (FEC Form 3X)
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Use separate schedule(s) or each category of the Detailed Summary Page

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

A. Full Name (Last, First, Middle Initial)
LYNN A. FESENMYER
Mailing Address 325 SOUTH 6TH STREET
City: ST. CHARLES | State: IL | Zip Code: 60174
FEC ID number of contributing federal political committee: C
Name of Employer: DUPAGE OB/GYN
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 10 11 2005
Transaction ID: SA11A1.8874
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
REINALDO FIGUEROA
Mailing Address 37 CLINTON ROAD
City: GARDEN CITY | State: NY | Zip Code: 11530
FEC ID number of contributing federal political committee: C
Name of Employer: WINTHROP UNIVERSITY HOSPITAL
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 08 25 2005
Transaction ID: SA11A1.8696
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
KIMBERLEY E. FILLMORE
Mailing Address 2299 BACON STREET
City: CONCORD | State: CA | Zip Code: 94521
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: 08 15 2005
Transaction ID: SA11A1.8613
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

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

A. Full Name (Last, First, Middle Initial)
BRIGITTE D. FINK
Mailing Address 55 TWIN OAKS
City: LEBANON | State: OR | Zip Code: 97355
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: 08 12 2005
Transaction ID: SA11A1.8605
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
YVONNE FRIED
Mailing Address 1320 PROSPECT STREET
City: ASHLAND | State: OR | Zip Code: 97520
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: 300.00

Date of Receipt: 09 21 2005
Transaction ID: SA11A1.8738
Amount of Each Receipt this Period: 300.00

C. Full Name (Last, First, Middle Initial)
ELEANOR L. FRIELE
Mailing Address 4283 SHORECLUB DRIVE
City: MERCER ISLAND | State: WA | Zip Code: 98040
FEC ID number of contributing federal political committee: C
Name of Employer: SWEDISH PHYSICIANS
Occupation: PHYSICIAN
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 750.00

Date of Receipt: 10 19 2005
Transaction ID: SA11A1.8973
Amount of Each Receipt this Period: 750.00

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

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

A. Full Name (Last, First, Middle Initial)
CYNTHIA G. FLINCKES
Mailing Address 302 EL CAMINO REAL
City: SIERRA VISTA | State: AZ | Zip Code: 85635
FEC ID number of contributing federal political committee: C
Name of Employer: ARIZONA FAMILY CARE
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 10 05 2005
Transaction ID: SA11A1.8859
Amount of Each Receipt this Period: 1000.00

B. Full Name (Last, First, Middle Initial)
MAURIZIO GALASSO
Mailing Address 13622 NORTH 12TH PLACE
City: PHOENIX | State: AZ | Zip Code: 85022
FEC ID number of contributing federal political committee: C
Name of Employer: LINCOLN OB/GYN
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 300.00

Date of Receipt: 12 12 2005
Transaction ID: SA11A1.8215
Amount of Each Receipt this Period: 200.00

C. Full Name (Last, First, Middle Initial)
ALVIN R. GEBERT
Mailing Address 1800 COIT ROAD
City: PLANO | State: TX | Zip Code: 75075
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: 08 25 2005
Transaction ID: SA11A1.8698
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ▶ **1700.00**

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

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

A. Full Name (Last, First, Middle Initial)
MICHAEL GERIA
Mailing Address 180 KMD
City: WATERVILLE | State: ME | Zip Code: 04901
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: 11 04 2005
Transaction ID: SA11A1.9165
Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
THOMAS J. GETTA
Mailing Address 1260 3RD AVENUE, SE
City: CEDAR RAPIDS | State: IA | Zip Code: 52403
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: 07 08 2005
Transaction ID: SA11A1.8513
Amount of Each Receipt this Period: 1000.00

C. Full Name (Last, First, Middle Initial)
ILENE S. GEWIRTZ
Mailing Address 389 EAST MAIN STREET
City: EAST ISLIP | State: NY | Zip Code: 11748
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: 09 06 2005
Transaction ID: SA11A1.8753
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

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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)
D. BRUCE GLOVER
Mailing Address 7303 ROGERS AVENUE
City: FORT SMITH | State: AR | Zip Code: 72903
FEC ID number of contributing federal political committee: C
Name of Employer: OB/GYN WOMEN'S GROUP
Occupation: PHYSICIAN
Receipt For: Primary General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 10 20 2005
Transaction ID: SA11A1.8801
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
PAUL A. GLUCK
Mailing Address 10165 SOUTHWEST 84TH COURT
City: MIAMI | State: FL | Zip Code: 33156
FEC ID number of contributing federal political committee: C
Name of Employer: VITAL MD, LLC
Occupation: PHYSICIAN
Receipt For: Primary General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 10 20 2005
Transaction ID: SA11A1.8803
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
GORDON M. GOLDMAN
Mailing Address 312 FALLING LEAVES COURT
City: ST. LOUIS | State: MO | Zip Code: 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: 10 11 2005
Transaction ID: SA11A1.8876
Amount of Each Receipt this Period: 250.00

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

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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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: WEST BLOOMFIELD | State: MI | Zip Code: 48323
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: 300.00

Date of Receipt: 07 / 19 / 2005
Transaction ID: SA11A1.8557
Amount of Each Receipt this Period: 300.00

B. Full Name (Last, First, Middle Initial)
MICHAEL C. GOOD
Mailing Address 1589 SPARTA STREET
City: MCMINNVILLE | State: TN | Zip Code: 37110
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: 07 / 12 / 2005
Transaction ID: SA11A1.8523
Amount of Each Receipt this Period: 1000.00

C. Full Name (Last, First, Middle Initial)
CECILIA GRANDE
Mailing Address 3859 SOUTH MIAMI AVENUE
City: MIAMI | State: FL | Zip Code: 33133
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: 07 / 12 / 2005
Transaction ID: SA11A1.8525
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

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

A. Full Name (Last, First, Middle Initial)
MARK S. GRENITZ
Mailing Address 11041 NORTHWEST 7TH STREET
City: PLANTATION | State: FL | Zip Code: 33324
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: 08 25 2005
Transaction ID: SA11A1.8702
Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
LOUIS GUTIERREZ
Mailing Address 16799 NORTHEAST 1ST AVENUE
City: NORTH MIAMI BEACH | State: FL | Zip Code: 33162
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: 10 20 2005
Transaction ID: SA11A1.8805
Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial)
THOMAS E. HACKETT
Mailing Address 406 LAUREL AVENUE
City: BRIELLE | State: NJ | Zip Code: 08730
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: 07 15 2005
Transaction ID: SA11A1.8533
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)
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Use separate schedule(s) or each category of the Detailed Summary Page

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

A. Full Name (Last, First, Middle Initial)
GENEVIEVE B. HAGERTY
Mailing Address 5687 WILCOX ROAD
City: DUBLIN | State: OH | Zip Code: 43016
FEC ID number of contributing federal political committee: C
Name of Employer: SOUTHWESTERN OB/GYN
Occupation: PHYSICIAN
Receipt For: Primary General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 12 06 2005
Transaction ID: SA11A1.9067
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
RALPH W. HALE
Mailing Address 2808 WHIRLAWAY CIRCLE
City: OAK HILL | State: VA | Zip Code: 20171
FEC ID number of contributing federal political committee: C
Name of Employer: ACOG
Occupation: EXECUTIVE VICE PRESIDENT
Receipt For: Primary General / Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 07 27 2005
Transaction ID: SA11A1.8478
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
KELLY C. HAMMOND
Mailing Address 31 ALWIN TERRACE
City: LITTLE SILVER | State: NJ | Zip Code: 07739
FEC ID number of contributing federal political committee: C
Name of Employer: KAROLY, KASKIN, HAMMOND
Occupation: PHYSICIAN
Receipt For: Primary General / Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 10 21 2005
Transaction ID: SA11A1.8036
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

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

A. Full Name (Last, First, Middle Initial)
LEWIS H. HAMNER
Mailing Address 20 GLENLAKE PARKWAY
City: ATLANTA | State: GA | Zip Code: 30328
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: 07 22 2005
Transaction ID: SA11A1.8559
Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
E. KEITH HANSEN
Mailing Address 9800 SOUTH 1300
City: SANDY | State: UT | Zip Code: 84094
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: 750.00

Date of Receipt: 08 30 2005
Transaction ID: SA11A1.8678
Amount of Each Receipt this Period: 750.00

C. Full Name (Last, First, Middle Initial)
SCOTT R. HARRIAGE
Mailing Address 4533 FOXTRAIL DRIVE
City: OLYMPIA | State: WA | Zip Code: 98508
FEC ID number of contributing federal political committee: C
Name of Employer: GROUP HEALTH PERMANENTE
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 10 24 2005
Transaction ID: SA11A1.8034
Amount of Each Receipt this Period: 500.00

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

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 / 83
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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: DEMOREST | State: GA | Zip Code: 30535
FEC ID number of contributing federal political committee: C
Name of Employer: HABERSHAM OB/GYN
Occupation: PHYSICIAN
Receipt For: Primary General; Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 11 02 2005
Transaction ID: SA11A1.9085
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: SALISBURY | State: MD | Zip Code: 21801
FEC ID number of contributing federal political committee: C
Name of Employer: ATLANTIC GENERAL HOSPITAL
Occupation: PHYSICIAN
Receipt For: Primary General; Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 08 23 2005
Transaction ID: SA11A1.8653
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
CHRISTINE M. HERDE
Mailing Address 28 SPRINGBROOK
City: RHINEBECK | State: NY | Zip Code: 12572
FEC ID number of contributing federal political committee: C
Name of Employer: NORTHERN DUCHESS OB-GYN
Occupation: PHYSICIAN
Receipt For: Primary General; Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 08 11 2005
Transaction ID: SA11A1.8603
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)
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Use separate schedule(s) or each category of the Detailed Summary Page

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

A. Full Name (Last, First, Middle Initial)
EDWARD R. HILLS
Mailing Address 156 LELAWOOD CIRCLE
City: NASHVILLE | State: TN | Zip Code: 37209
FEC ID number of contributing federal political committee: C
Name of Employer: MEHARRY MEDICAL COLLEGE
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 08 12 2005
Transaction ID: SA11A1.8611
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
NATHANA L. HORN
Mailing Address 10602 YOUNGWORTH ROAD
City: CULVER CITY | State: CA | Zip Code: 90230
FEC ID number of contributing federal political committee: C
Name of Employer: CALIFORNIA OB/GYN SERVICES
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 12 26 2005
Transaction ID: SA11A1.8248
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
WILLIAM J. HOSKINS
Mailing Address 158 GRAY'S CREEK DRIVE
City: SAVANNAH | State: GA | Zip Code: 31410
FEC ID number of contributing federal political committee: C
Name of Employer: MEMORIAL HEALTH CENTER
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 09 13 2005
Transaction ID: SA11A1.8740
Amount of Each Receipt this Period: 250.00

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

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
OB-GYNS FOR WOMEN'S HEALTH PAC

A. Full Name (Last, First, Middle Initial)
DIANNE HOTMER
Mailing Address 817 KIMBERLY LANE
City: WEST CHESTER | State: PA | Zip Code: 19382
FEC ID number of contributing federal political committee: C
Name of Employer: CHESTER COUNTY OB-GYN
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 09 12 2005
Transaction ID: SA11A1.8747
Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
DAVID S. HULBERT
Mailing Address 28 AUSTIN COURT
City: MOUNT LAUREL | State: NJ | Zip Code: 08054
FEC ID number of contributing federal political committee: C
Name of Employer: BURLINGTON COUNTY OB/GYN
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 12 06 2005
Transaction ID: SA11A1.8070
Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial)
JAMES E. HUNTER
Mailing Address 900 WEST FARIS ROAD
City: GREENVILLE | State: SC | Zip Code: 29605
FEC ID number of contributing federal political committee: C
Name of Employer: GYNECOLOGIC ASSOCIATES
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 12 15 2005
Transaction ID: SA11A1.8206
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)
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NAME OF COMMITTEE (In Full)
OB-GYNS FOR WOMEN'S HEALTH PAC

A. Full Name (Last, First, Middle Initial)
SUSAN K. HUNTER
Mailing Address 3205 NORTH KNOLL TERRACE
City: WAUWATOSA | State: WI | Zip Code: 53222
FEC ID number of contributing federal political committee: C
Name of Employer: MORELAND OB/GYN ASSOCIATES
Occupation: PHYSICIAN
Receipt For: Primary General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 08 22 2005
Transaction ID: SA11A1.8647
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
SUSAN K. HUNTER
Mailing Address 3205 NORTH KNOLL TERRACE
City: WAUWATOSA | State: WI | Zip Code: 53222
FEC ID number of contributing federal political committee: C
Name of Employer: MORELAND OB/GYN ASSOCIATES
Occupation: PHYSICIAN
Receipt For: Primary General / Other (specify)
Aggregate Year-to-Date: 300.00

Date of Receipt: 11 11 2005
Transaction ID: SA11A1.8927
Amount of Each Receipt this Period: 50.00

C. Full Name (Last, First, Middle Initial)
HEATHER M. IRVIN
Mailing Address 600 16TH STREET
City: PARKERSBURG | State: WV | Zip Code: 26101
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: 08 16 2005
Transaction ID: SA11A1.8643
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ▶ 800.00

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

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

A. Full Name (Last, First, Middle Initial)
KURT JAENICKE
Mailing Address 1330 KENTUCKY AVENUE
City: ASHLAND | State: KY | Zip Code: 41102
FEC ID number of contributing federal political committee: C
Name of Employer: ASHLAND HEALTH ALLIANCE
Occupation: PHYSICIAN
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 11 11 2005
Transaction ID: SA11A1.8928
Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
TODD R. JENKINS
Mailing Address 7103 SUMMERHILL RIDGE DRIVE
City: CHARLOTTE | State: NC | Zip Code: 28226
FEC ID number of contributing federal political committee: C
Name of Employer: CAROLINAS MEDICAL CENTER
Occupation: PHYSICIAN
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 11 11 2005
Transaction ID: SA11A1.8931
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
DAPHNE L. JONES
Mailing Address 102 HUNDLEY PARK COURT
City: GOLDSBORO | State: NC | Zip Code: 27534
FEC ID number of contributing federal political committee: C
Name of Employer: WAYNE WOMEN'S CLINIC
Occupation: PHYSICIAN
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 11 11 2005
Transaction ID: SA11A1.8933
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)
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NAME OF COMMITTEE (In Full)
OB-GYNS FOR WOMEN'S HEALTH PAC

A.
Full Name (Last, First, Middle Initial)
THEODORE B. JONES
Mailing Address 3990 JOHN R. BRUSH NORTH
City: DETROIT | State: MI | Zip Code: 48201
FEC ID number of contributing federal political committee: C
Name of Employer: WAYNE STATE UNIVERSITY
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 09 28 2005
Transaction ID: SA11A1.8768
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial)
GERALD F. JOSEPH, JR.
Mailing Address 3430 EAST HUNTER LANE
City: OZARK | State: MO | Zip Code: 65721
FEC ID number of contributing federal political committee: C
Name of Employer: ST. JOHN'S CLINIC
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 10 20 2005
Transaction ID: SA11A1.8807
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial)
LORI F. JOY
Mailing Address 1415 NORTH HOUK STREET
City: SPOKANE | State: WA | Zip Code: 99218
FEC ID number of contributing federal political committee: C
Name of Employer: BALLEY OB/GYN
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 12 15 2005
Transaction ID: SA11A1.8208
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

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

A.
Full Name (Last, First, Middle Initial)
ELANA S. KASTNER
Mailing Address 751 GILBERT PLACE
City: VALLEY STREAM | State: NY | Zip Code: 11581
FEC ID number of contributing federal political committee: C
Name of Employer: UNIVERSITY HOSPITAL
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 08 25 2005
Transaction ID: SA11A1.8708
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial)
THOMAS R. KAY
Mailing Address 255 HARTFORD ROAD
City: MEDFORD | State: NJ | Zip Code: 08055
FEC ID number of contributing federal political committee: C
Name of Employer: REGIONAL WOMEN'S HEALTH GROUP
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 11 11 2005
Transaction ID: SA11A1.8934
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial)
GEORGE M. KAZZI
Mailing Address 587 LAKESHORE DRIVE
City: GROSSE POINTE | State: MI | Zip Code: 48236
FEC ID number of contributing federal political committee: C
Name of Employer: ST. JOSEPH MERCY HOSPITAL
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 10 20 2005
Transaction ID: SA11A1.8808
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)
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NAME OF COMMITTEE (In Full)
OB-GYNS FOR WOMEN'S HEALTH PAC

A. Full Name (Last, First, Middle Initial)
BRIDGET B. KELLER
Mailing Address 4248 LINDEN HILLS BOULEVARD
City: MINNEAPOLIS | State: MN | Zip Code: 55410
FEC ID number of contributing federal political committee: C
Name of Employer: PARK NICOLLET CLINIC
Occupation: PHYSICIAN
Receipt For: Primary General; Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 10 25 2005
Transaction ID: SA11A1.9047
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
JAMES D. KELLER
Mailing Address 1875 DEMPSTER
City: PARK RIDGE | State: IL | Zip Code: 60068
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: 07 22 2005
Transaction ID: SA11A1.8561
Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial)
PAUL A. KELLY
Mailing Address 1570 AGNES GLEN CIRCLE
City: DEWITT | State: MI | Zip Code: 48820
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: 07 07 2005
Transaction ID: SA11A1.8505
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)
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(check only one)

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

A. Full Name (Last, First, Middle Initial)
J. CARL KENEL-PIERRE
Mailing Address 8539 CHEVY CHASE STREET
City: JAMAICA | State: NY | Zip Code: 11432
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: 750.00

Date of Receipt: 07 06 2005
Transaction ID: SA11A1.8498
Amount of Each Receipt this Period: 750.00

B. Full Name (Last, First, Middle Initial)
JULIE A. KING
Mailing Address 555 BLACK OAK DRIVE
City: MEDFORD | State: OR | Zip Code: 97504
FEC ID number of contributing federal political committee: C
Name of Employer: MEDFORD WOMEN'S CLINIC
Occupation: PHYSICIAN
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 08 23 2005
Transaction ID: SA11A1.8655
Amount of Each Receipt this Period: 1000.00

C. Full Name (Last, First, Middle Initial)
MICHAEL M. KLOTZ
Mailing Address 5555 ELAN YOUNG PARKWAY
City: HILLSBORO | State: OR | Zip Code: 97124
FEC ID number of contributing federal political committee: C
Name of Employer: MULTI-SPECIAL GROUP
Occupation: PHYSICIAN
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 07 22 2005
Transaction ID: SA11A1.8583
Amount of Each Receipt this Period: 500.00

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

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

A. Full Name (Last, First, Middle Initial)
PAMELA B. KOPELOVE
Mailing Address 3213 HAVENWOOD COURT
City: EDGEWATER | State: MD | Zip Code: 21037
FEC ID number of contributing federal political committee: C
Name of Employer: SANAI HOSPITAL
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 07 22 2005
Transaction ID: SA11A1.8565
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
MARK E. KOSANOVICH
Mailing Address 1232 BOSWELL LANE
City: NAPERVILLE | State: IL | Zip Code: 60564
FEC ID number of contributing federal political committee: C
Name of Employer: ALIVIO MEDICAL CENTER
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 10 06 2005
Transaction ID: SA11A1.8762
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
PAMELA KRAHL
Mailing Address 8281 SASSAFRAS COURT
City: PLEASANTON | State: CA | Zip Code: 94588
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: 600.00

Date of Receipt: 07 22 2005
Transaction ID: SA11A1.8587
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ▶ **1000.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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(check only one)

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

A.
Full Name (Last, First, Middle Initial)
JULIE H. LADOCSI
Mailing Address 5000 JOHNSTON WILLIS DRIVE
City: RICHMOND | State: VA | Zip Code: 23235
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: 07 22 2005
Transaction ID: SA11A1.8568
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial)
HYE C. LAMBERT
Mailing Address 2101 HUNTER'S RIDGE COURT
City: MANITOWOC | State: WI | Zip Code: 54220
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: 07 26 2005
Transaction ID: SA11A1.8555
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
MICHAEL M. LAWLER
Mailing Address 1800 116TH AVENUE NORTHEAST
City: BELLEVUE | State: WA | Zip Code: 98004
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: 09 06 2005
Transaction ID: SA11A1.8757
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

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(check only one)

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

A. Full Name (Last, First, Middle Initial)
GENE C. LAWRENCE
Mailing Address 355 PLACENTIA AVENUE
City: NEWPORT BEACH | State: CA | Zip Code: 92663
FEC ID number of contributing federal political committee: C
Name of Employer: SELF-EMPLOYED
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 08 15 2005
Transaction ID: SA11A1.8619
Amount of Each Receipt this Period: 1000.00

B. Full Name (Last, First, Middle Initial)
AMOL S. LELE
Mailing Address 219 BRYANT STREET
City: BUFFALO | State: NY | Zip Code: 14222
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: 08 25 2005
Transaction ID: SA11A1.8707
Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial)
STEVEN Z. LENOWITZ
Mailing Address 620 WEST MACPHAIL ROAD
City: BEL AIR | State: MD | Zip Code: 21014
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: 07 12 2005
Transaction ID: SA11A1.8529
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)
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Use separate schedule(s) or each category of the Detailed Summary Page

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

A. Full Name (Last, First, Middle Initial)
HELENE B. LEONETTI
Mailing Address 190 BRODHEAD ROSS
City: BETHLEHEM | State: PA | Zip Code: 18017
FEC ID number of contributing federal political committee: C
Name of Employer: LEHIGH VALLEY PHYSICIANS
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 07 22 2005
Transaction ID: SA11A1.8570
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
BARBARA S. LEVY
Mailing Address 34503 NINTH AVENUE SOUTH
City: FEDERAL WAY | State: WA | Zip Code: 98003
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: 10 26 2005
Transaction ID: SA11A1.8023
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
MICHAEL L. LEWIS
Mailing Address 2813 WEST TERRACE DRIVE
City: TAMPA | State: FL | Zip Code: 33609
FEC ID number of contributing federal political committee: C
Name of Employer: ST. JOSEPH SPECIALTY SERVICES
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 12 05 2005
Transaction ID: SA11A1.8221
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

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

A. Full Name (Last, First, Middle Initial)
DANNY L. LICKNESS
Mailing Address 100 CASA STREET
City: SAN LUIS OBISPO | State: CA | Zip Code: 93405
FEC ID number of contributing federal political committee: C
Name of Employer: CENTRAL COAST OB/GYN
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 10 14 2005
Transaction ID: SA11A1.8890
Amount of Each Receipt this Period: 1000.00

B. Full Name (Last, First, Middle Initial)
YVETTE MARTAS
Mailing Address 5700 ARLINGTON AVENUE
City: RIVERDALE | State: NY | Zip Code: 10471
FEC ID number of contributing federal political committee: C
Name of Employer: NYU MEDICAL SCHOOL
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 11 28 2005
Transaction ID: SA11A1.9143
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
JAMES N. MARTIN, JR.
Mailing Address 2101 EASTOVER DRIVE
City: JACKSON | State: MS | Zip Code: 39211
FEC ID number of contributing federal political committee: C
Name of Employer: UNIVERSITY OF MISSISSIPPI
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 10 11 2005
Transaction ID: SA11A1.8880
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

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

A. Full Name (Last, First, Middle Initial)
WENDY MARTINEZ
Mailing Address 404 POND VIEW DRIVE
City: MOORESTOWN | State: NJ | Zip Code: 08057
FEC ID number of contributing federal political committee: C
Name of Employer: SELF-EMPLOYED
Occupation: PHYSICIAN
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 11 02 2005
Transaction ID: SA11A1.9086
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
G. SEALY MASSENGILL
Mailing Address 3867 SOUTH HILLS CIRCLE
City: FORT WORTH | State: TX | Zip Code: 76109
FEC ID number of contributing federal political committee: C
Name of Employer: NORTH TEXAS MEDICAL GROUP
Occupation: PHYSICIAN
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 11 11 2005
Transaction ID: SA11A1.8938
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
MARILYN D. MCARTHUR
Mailing Address 349 EATH NORTHFIELD ROAD
City: LIVINGSTON | State: NJ | Zip Code: 07039
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: 11 14 2005
Transaction ID: SA11A1.8108
Amount of Each Receipt this Period: 250.00

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

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
OB-GYNS FOR WOMEN'S HEALTH PAC

A. Full Name (Last, First, Middle Initial)
MARYANNE MCDONNELL
Mailing Address 19 MAPLE VALLEY ROAD
City: BOLTON | State: CT | Zip Code: 06043
FEC ID number of contributing federal political committee: C
Name of Employer: OB/GYN GROUP OF MANCHESTER
Occupation: PHYSICIAN
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 11 21 2005
Transaction ID: SA11A1.9134
Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
PRASANNA MENON
Mailing Address 2204 GRANT ROAD
City: MOUNTAIN VIEW | State: CA | Zip Code: 94040
FEC ID number of contributing federal political committee: C
Name of Employer: SELF-EMPLOYED
Occupation: PHYSICIAN
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 08 29 2005
Transaction ID: SA11A1.8675
Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial)
TANYA M. MERO
Mailing Address 111B HAMPSHIRE STREET
City: QUINCY | State: IL | Zip Code: 62301
FEC ID number of contributing federal political committee: C
Name of Employer: QUINCY MEDICAL GROUP
Occupation: PHYSICIAN
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 11 28 2005
Transaction ID: SA11A1.8145
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

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

A. Full Name (Last, First, Middle Initial)
EVELYN MINAYA
Mailing Address 122 RUMSON ROAD
City: RUMSON | State: NJ | Zip Code: 07760
FEC ID number of contributing federal political committee: C
Name of Employer: WOMEN CARING FOR WOMEN
Occupation: PHYSICIAN
Receipt For: Primary General; Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 12 26 2005
Transaction ID: SA11A1.9251
Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
CASEY A. MOAURO
Mailing Address 201 NORTH HAMMES AVENUE
City: JOLIET | State: IL | Zip Code: 60435
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: 11 10 2005
Transaction ID: SA11A1.9100
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
MARGARET M. MOORE
Mailing Address 380 LAGUNITA DRIVE
City: SOQUEL | State: CA | Zip Code: 95073
FEC ID number of contributing federal political committee: C
Name of Employer: WOMEN'S GROUP OF SANTA CRUZ
Occupation: PHYSICIAN
Receipt For: Primary General; Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 10 26 2005
Transaction ID: SA11A1.8024
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

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

A. Full Name (Last, First, Middle Initial)
MARGARET M. MOORE
Mailing Address 380 LAGUNITA DRIVE
City: SOQUEL | State: CA | Zip Code: 95073
FEC ID number of contributing federal political committee: C
Name of Employer: WOMEN'S GROUP OF SANTA CRUZ
Occupation: PHYSICIAN
Receipt For: Primary General / Other (specify)
Aggregate Year-to-Date: 1500.00

Date of Receipt: 12 15 2005
Transaction ID: SA11A1.9210
Amount of Each Receipt this Period: 1000.00

B. Full Name (Last, First, Middle Initial)
CARL K. MOY
Mailing Address 500 NORTH GARFIELD AVENUE
City: MONTEREY PARK | State: CA | Zip Code: 91754
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: 08 29 2005
Transaction ID: SA11A1.8677
Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial)
LAURENCE H. NAGE
Mailing Address 2108 9TH PLACE SOUTHWEST
City: AUSTIN | State: MN | Zip Code: 55912
FEC ID number of contributing federal political committee: C
Name of Employer: AUSTIN MEDICAL CENTER
Occupation: PHYSICIAN
Receipt For: Primary General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 11 11 2005
Transaction ID: SA11A1.8940
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

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

A. Full Name (Last, First, Middle Initial)
BARBARA J. NEWMAN
Mailing Address 3830 EAST REDFIELD COURT
City: GILBERT | State: AZ | Zip Code: 85234
FEC ID number of contributing federal political committee: C
Name of Employer: SOUTHEAST VALLEY OB/GYN
Occupation: PHYSICIAN
Receipt For: Primary General / Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 11 30 2005
Transaction ID: SA11A1.9158
Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
HOA N. NGUYEN
Mailing Address 369 NORTH HIBISCUS DRIVE
City: MIAMI BEACH | State: FL | Zip Code: 33139
FEC ID number of contributing federal political committee: C
Name of Employer: SHERIDAN HEALTHCARE
Occupation: PHYSICIAN
Receipt For: Primary General / Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 12 06 2005
Transaction ID: SA11A1.8074
Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial)
MARK D. NICHOLS
Mailing Address 3181 SOUTHWEST SAMUEL JACKSON
City: PORTLAND | State: OR | Zip Code: 97201
FEC ID number of contributing federal political committee: C
Name of Employer: OREGON HEALTH UNIVERSITY
Occupation: PHYSICIAN
Receipt For: Primary General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 10 21 2005
Transaction ID: SA11A1.8038
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

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

A.
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: SELF-EMPLOYED
Occupation: PHYSICIAN
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 10 13 2005
Transaction ID: SA11A1.8851
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial)
MARK NISHIYAMA
Mailing Address 1000 SOUTH SCHEUBER ROAD
City: CENTRALIA | State: WA | Zip Code: 98531
FEC ID number of contributing federal political committee: C
Name of Employer: PROVIDENCE HEALTH CARE
Occupation: PHYSICIAN
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 1500.00

Date of Receipt: 10 11 2005
Transaction ID: SA11A1.8882
Amount of Each Receipt this Period: 1500.00

C.
Full Name (Last, First, Middle Initial)
ALEXANDER NORTON, JR.
Mailing Address 9280 WEST SUNSET ROAD
City: LAS VEGAS | State: NV | Zip Code: 89148
FEC ID number of contributing federal political committee: C
Name of Employer: SPRING MOUNTAIN WOMEN'S HEALTH
Occupation: PHYSICIAN
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 10 11 2005
Transaction ID: SA11A1.8884
Amount of Each Receipt this Period: 500.00

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

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

SCHEDULE A (FEC Form 3X)
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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 88 BAYARD STREET
City: NEW YORK | State: NY | Zip Code: 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: 250.00

Date of Receipt: 10 20 2005
Transaction ID: SA11A1.8814
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
KELLY R. ONEAL, JR.
Mailing Address 56 J.C. BRYANT ROAD
City: HATTIESBURG | State: MS | Zip Code: 39401
FEC ID number of contributing federal political committee: C
Name of Employer: HATTIESBURG CLINIC
Occupation: PHYSICIAN
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 07 27 2005
Transaction ID: SA11A1.8481
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
JERRY M. OBRITSCH
Mailing Address 401 NORTH 9TH STREET
City: BISMARCK | State: ND | Zip Code: 58501
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: 08 25 2005
Transaction ID: SA11A1.8709
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

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(check only one)

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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. ORRIS
Mailing Address 1705 CHANTILLY LANE
City: CHESTER SPRINGS | State: PA | Zip Code: 19425
FEC ID number of contributing federal political committee: C
Name of Employer: MAIN LINE FERTILITY
Occupation: PHYSICIAN
Receipt For: Primary General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 11 15 2005
Transaction ID: SA11A1.9116
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
RUTH Y. PANG
Mailing Address 646 HILLCREST
City: ELMHURST | State: IL | Zip Code: 60126
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: 11 28 2005
Transaction ID: SA11A1.9147
Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial)
LEE W. PARSONS
Mailing Address 590 WEST TWO RIVERS DRIVE
City: EAGLE | State: ID | Zip Code: 83616
FEC ID number of contributing federal political committee: C
Name of Employer: OB/GYN ASSOCIATES
Occupation: PHYSICIAN
Receipt For: Primary General / Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 10 11 2005
Transaction ID: SA11A1.8886
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

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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)
MICHAEL L. PECH
Mailing Address 855 NORTH WESTHEAVEN
City: OSHKOSH | State: WI | Zip Code: 54904
FEC ID number of contributing federal political committee: C
Name of Employer: AURORA MEDICAL GROUP
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 10 25 2005
Transaction ID: SA11A1.9051
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
ERIC M. PECK
Mailing Address 20375 WEST 151ST STREET
City: OLATHE | State: KS | Zip Code: 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: 08 24 2005
Transaction ID: SA11A1.8667
Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial)
RICHARD P. PERKINS
Mailing Address 10622 NORTHWEST 6TH STREET
City: CORAL SPRINGS | State: FL | Zip Code: 33071
FEC ID number of contributing federal political committee: C
Name of Employer: SUNLIFE PERINATAL
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 11 30 2005
Transaction ID: SA11A1.8180
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: PAGE 54 / 83
(check only one)

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

A. Full Name (Last, First, Middle Initial)
JOHN C. PFEFFER
Mailing Address 1444 FLORIDA AVENUE
City: MODESTO | State: CA | Zip Code: 95350
FEC ID number of contributing federal political committee: C
Name of Employer: MODESTO ARTS MEDICAL GROUP
Occupation: PHYSICIAN
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 10 19 2005
Transaction ID: SA11A1.8979
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
TIMOTHY E. PHELAN
Mailing Address 1621 CREEKSIDE DRIVE
City: FOLSOM | State: CA | Zip Code: 95630
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: 10 26 2005
Transaction ID: SA11A1.8026
Amount of Each Receipt this Period: 1000.00

C. Full Name (Last, First, Middle Initial)
MONICA A. PHILIPKOSKY
Mailing Address 107 HUNTER'S POINT
City: GREENSBURG | State: PA | Zip Code: 15601
FEC ID number of contributing federal political committee: C
Name of Employer: WESTMORELAND OB/GYN
Occupation: PHYSICIAN
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 11 14 2005
Transaction ID: SA11A1.8114
Amount of Each Receipt this Period: 500.00

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

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 55 / 83
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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)
ROBERT W. PHILLIPS
Mailing Address 501 WEST EUGIE AVENUE
City: GLENDALE | State: AZ | Zip Code: 85304
FEC ID number of contributing federal political committee: C
Name of Employer: DESERT WEST OB/GYN
Occupation: PHYSICIAN
Receipt For: Primary General / Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 10 26 2005
Transaction ID: SA11A1.9027
Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
WENDY D. PHIPPS
Mailing Address 125 WEST HAGUE
City: EL PASO | State: TX | Zip Code: 79902
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: 08 24 2005
Transaction ID: SA11A1.8669
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
DEBRA S. PIKE
Mailing Address 820 PUZZLETOWN ROAD
City: DUNCANSVILLE | State: PA | Zip Code: 16635
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: 11 28 2005
Transaction ID: SA11A1.8149
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: PAGE 56 / 83
(check only one)

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

A.
Full Name (Last, First, Middle Initial)
MICHELE POLIDORO
Mailing Address ONE GRANT AVENUE
City: ISLIP | State: NY | Zip Code: 11751
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: 12 15 2005
Transaction ID: SA11A1.9211
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial)
SCOTT G. POSTELL
Mailing Address 75 86TH STREET
City: BROOKLYN | State: NY | Zip Code: 11209
FEC ID number of contributing federal political committee: C
Name of Employer: LONG ISLAND COLLEGE HOSPITAL
Occupation: PHYSICIAN
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 10 26 2005
Transaction ID: SA11A1.8028
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial)
JEFFREY D. POSTLEWAITE
Mailing Address 302 RANDALL ROAD
City: GENEVA | State: IL | Zip Code: 60134
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: 11 03 2005
Transaction ID: SA11A1.8094
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)
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NAME OF COMMITTEE (In Full)
OB-GYNS FOR WOMEN'S HEALTH PAC

A.
Full Name (Last, First, Middle Initial)
JEFFREY D. POSTLEWAITE
Mailing Address 302 RANDALL ROAD
City: GENEVA | State: IL | Zip Code: 60134
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: 11 03 2005
Transaction ID: SA11A1.9095
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial)
VIJAYA L.K. RAJU
Mailing Address 15 GREEN MOUNTAIN DRIVE
City: BASKING RIDGE | State: NJ | Zip Code: 07920
FEC ID number of contributing federal political committee: C
Name of Employer: NEW JERSEY MEDICAL SCHOOL
Occupation: PHYSICIAN
Receipt For: Primary General / Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 11 11 2005
Transaction ID: SA11A1.8943
Amount of Each Receipt this Period: 1000.00

C.
Full Name (Last, First, Middle Initial)
VERONICA A. RAVNIKAR
Mailing Address 94 OLD SHORT HILLS ROAD
City: LIVINGSTON | State: NJ | Zip Code: 07039
FEC ID number of contributing federal political committee: C
Name of Employer: SOUTH SHORE HOSPITAL
Occupation: PHYSICIAN
Receipt For: Primary General / Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 11 03 2005
Transaction ID: SA11A1.8096
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

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

A. Full Name (Last, First, Middle Initial)
NEIL W. RAWLINS
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: 500.00

Date of Receipt: 09 30 2005
Transaction ID: SA11A1.8772
Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
GARY L. REEDY
Mailing Address 401 ADAMS AVENUE
City: SCRANTON | State: PA | Zip Code: 18510
FEC ID number of contributing federal political committee: C
Name of Employer: PHYSICIAN'S HEALTH ALLIANCE
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 10 25 2005
Transaction ID: SA11A1.8053
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
KAREN S. REISIG
Mailing Address 9009 LAKEHURST DRIVE
City: OKLAHOMA CITY | State: OK | Zip Code: 73120
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: 12 26 2005
Transaction ID: SA11A1.8253
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)
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Use separate schedule(s) or each category of the Detailed Summary Page

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

A. Full Name (Last, First, Middle Initial)
JEFFREY R. RICHARDSON, JR.
Mailing Address 3555 LOMA VISTA ROAD
City: VENTURA | State: CA | Zip Code: 93003
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: 10 04 2005
Transaction ID: SA11A1.8862
Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
JENNIFER M. RISINGER
Mailing Address 9 RICHLAND MEDICAL PARK
City: COLUMBIA | State: SC | Zip Code: 29203
FEC ID number of contributing federal political committee: C
Name of Employer: WOMEN'S PHYSICIAN ASSOCIATES
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 10 14 2005
Transaction ID: SA11A1.8834
Amount of Each Receipt this Period: 1000.00

C. Full Name (Last, First, Middle Initial)
ERIC R. RITTENHOUSE
Mailing Address 440 SOUTH 15TH STREET
City: ALLENTOWN | State: PA | Zip Code: 18102
FEC ID number of contributing federal political committee: C
Name of Employer: LEHIGH VALLEY WOMEN'S MEDICAL
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 09 30 2005
Transaction ID: SA11A1.8775
Amount of Each Receipt this Period: 1000.00

SUBTOTAL of Receipts This Page (optional) ▶ 2500.00

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
OB-GYNS FOR WOMEN'S HEALTH PAC

A. Full Name (Last, First, Middle Initial)
SANDRA A. RIVARD
Mailing Address 2510 BRANDT FOREST COURT
City: GREENSBORO | State: NC | Zip Code: 27455
FEC ID number of contributing federal political committee: C
Name of Employer: CENTRAL CAROLINA OB/GYN
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 10 28 2005
Transaction ID: SA11A1.9009
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
GAE M. RODKE
Mailing Address 146 CENTRAL PARK WEST
City: NEW YORK | State: NY | Zip Code: 10023
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: 09 29 2005
Transaction ID: SA11A1.8770
Amount of Each Receipt this Period: 1000.00

C. Full Name (Last, First, Middle Initial)
FLORENCE R. ROLSTON
Mailing Address 20 MEADOWGRASS LANE
City: SOUTHAMPTON | State: NY | Zip Code: 11968
FEC ID number of contributing federal political committee: C
Name of Employer: HAMPTON'S OB/GYN
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 10 04 2005
Transaction ID: SA11A1.8883
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: PAGE 61 / 83
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NAME OF COMMITTEE (In Full)
OB-GYNS FOR WOMEN'S HEALTH PAC

A. Full Name (Last, First, Middle Initial)
ALLAN RUBY
Mailing Address 7261 WEST SOUTHWICK DRIVE
City: FRANKFORT | State: KY | Zip Code: 60423
FEC ID number of contributing federal political committee: C
Name of Employer: WELL GROUP HEALTH PARTNERS
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 09 30 2005
Transaction ID: SA11A1.8777
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
THOMAS F. RUZICS
Mailing Address 22 LAKE FRONT DRIVE
City: AKRON | State: OH | Zip Code: 44319
FEC ID number of contributing federal political committee: C
Name of Employer: AKRON GENERAL MEDICAL CENTER
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 10 20 2005
Transaction ID: SA11A1.8816
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
MILDRED R. SANTA CRUZ
Mailing Address 34 INNISFREE DRIVE
City: DURHAM | State: NC | Zip Code: 27707
FEC ID number of contributing federal political committee: C
Name of Employer: JACKSON GYNOCOLOGY
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 10 11 2005
Transaction ID: SA11A1.8887
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 / 83
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NAME OF COMMITTEE (In Full)
OB-GYNS FOR WOMEN'S HEALTH PAC

A. Full Name (Last, First, Middle Initial)
SAM T. SCALING
Mailing Address 1125 EAST SECOND STREET
City: CASPER | State: WY | Zip Code: 82601
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: 11 02 2005
Transaction ID: SA11A1.9088
Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
PETER A. SCHWARTZ
Mailing Address P.O. BOX 16052
City: WEST READING | State: PA | Zip Code: 19612
FEC ID number of contributing federal political committee: C
Name of Employer: READING HOSPITAL
Occupation: PHYSICIAN
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 600.00

Date of Receipt: 09 12 2005
Transaction ID: SA11A1.8748
Amount of Each Receipt this Period: 350.00

C. Full Name (Last, First, Middle Initial)
EUGENE A. SCIOSCIA
Mailing Address 320 EAST NORTH AVENUE
City: PITTSBURGH | State: PA | Zip Code: 15212
FEC ID number of contributing federal political committee: C
Name of Employer: ALLEGHENY GENERAL HOSPITAL
Occupation: PHYSICIAN
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 10 19 2005
Transaction ID: SA11A1.8982
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ▶ **1100.00**

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 63 / 83
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X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 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)
DAVID R. SCOTT
Mailing Address P.O. BOX 493
City: NASSAWADOX | State: VA | Zip Code: 23413
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: 08 25 2005
Transaction ID: SA11A1.8711
Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
MATTIE M. SCOTT
Mailing Address 8220 SOUTH SAGINAW STREET
City: GRAND BLANC | State: MI | Zip Code: 48439
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: 11 10 2005
Transaction ID: SA11A1.9102
Amount of Each Receipt this Period: 1000.00

C. Full Name (Last, First, Middle Initial)
LEMUEL J. SHAFFER
Mailing Address 811 WEST COLLEGE PARKWAY
City: CHICAGO | State: IL | Zip Code: 60607
FEC ID number of contributing federal political committee: C
Name of Employer: ACCESS HEALTH NETWORK
Occupation: PHYSICIAN
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 12 21 2005
Transaction ID: SA11A1.9194
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: PAGE 64 / 83
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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

A. Full Name (Last, First, Middle Initial)
FRANCINE M. SIEGEL
Mailing Address 113 BENTLEY DRIVE
City: MOUNT LAUREL | State: NJ | Zip Code: 08054
FEC ID number of contributing federal political committee: C
Name of Employer: BURLINGTON COUNTY OB/GYN
Occupation: PHYSICIAN
Receipt For: Primary General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 11 21 2005
Transaction ID: SA11A1.9139
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
FREDERICK R. SILFEN
Mailing Address 8647 BRISTOL LAKE SOUTH
City: DELRAY BEACH | State: FL | Zip Code: 33446
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: 10 13 2005
Transaction ID: SA11A1.8853
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
ELIZABETH A. SIMONEAU
Mailing Address 5289 NORTH SUNSET SHADOWS
City: TUCSON | State: AZ | Zip Code: 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: 250.00

Date of Receipt: 10 19 2005
Transaction ID: SA11A1.8984
Amount of Each Receipt this Period: 250.00

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

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 65 / 83
(check only one)

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

A.
Full Name (Last, First, Middle Initial)
BARRY D. SMITH
Mailing Address P.O. BOX 238
City: NORWICH | State: VT | Zip Code: 05055
FEC ID number of contributing federal political committee: C
Name of Employer: DARTMOUTH HITCHCOCK CLINIC
Occupation: PHYSICIAN
Receipt For: Primary General; Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 11 11 2005
Transaction ID: SA11A1.8951
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial)
E. LAWRENCE SPENCER-SMITH
Mailing Address 1701 EAST CESAR E. CHAVEZ AVENUE
City: LOS ANGELES | State: CA | Zip Code: 90033
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: 11 22 2005
Transaction ID: SA11A1.9141
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial)
VASANTHI SRINIVAS
Mailing Address 1311 COLUMBUS STREET
City: BAKERSFIELD | State: CA | Zip Code: 93305
FEC ID number of contributing federal political committee: C
Name of Employer: KERN MEDICAL CENTER
Occupation: PHYSICIAN
Receipt For: Primary General; Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 09 13 2005
Transaction ID: SA11A1.8641
Amount of Each Receipt this Period: 250.00

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

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 66 / 83
(check only one)

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

A.
Full Name (Last, First, Middle Initial)
KIMBERLY A. SURIANO
Mailing Address 501 NORTH GRAHAM STREET
City: PORTLAND | State: OR | Zip Code: 97227
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: 08 30 2005
Transaction ID: SA11A1.8680
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial)
KATHLEEN E. SZWALEK
Mailing Address 1920 NORTH FARWELL AVENUE
City: MILWAUKEE | State: WI | Zip Code: 53202
FEC ID number of contributing federal political committee: C
Name of Employer: ADVANCED HEALTHCARE
Occupation: PHYSICIAN
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 11 11 2005
Transaction ID: SA11A1.8955
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial)
EARLANDO O. THOMAS
Mailing Address 300 WOODSIDE PLACE
City: ROCHESTER | State: NY | Zip Code: 14609
FEC ID number of contributing federal political committee: C
Name of Employer: ROCHESTER GENERAL HOSPITAL
Occupation: PHYSICIAN
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 12 05 2005
Transaction ID: SA11A1.8227
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: PAGE 67 / 83
(check only one)

X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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

A. Full Name (Last, First, Middle Initial)
JANICE E. TILDON-BURTON
Mailing Address 2600 GLASGOW AVENUE
City: NEWARK | State: DE | Zip Code: 19702
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: 09 30 2005
Transaction ID: SA11A1.8779
Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
CHARLES P. VAN DUYNE
Mailing Address 440 WEST LBJ FREEWAY
City: IRVING | State: TX | Zip Code: 75063
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: 08 23 2005
Transaction ID: SA11A1.8658
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
CHARLES P. VAN DUYNE
Mailing Address 440 WEST LBJ FREEWAY
City: IRVING | State: TX | Zip Code: 75063
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: 08 25 2005
Transaction ID: SA11A1.8715
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: PAGE 68 / 83
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NAME OF COMMITTEE (In Full)
OB-GYNS FOR WOMEN'S HEALTH PAC

A. Full Name (Last, First, Middle Initial)
EFRAIM VELA
Mailing Address 100 EAST RIDGE ROAD
City: MCALLEN | State: TX | Zip Code: 78503
FEC ID number of contributing federal political committee: C
Name of Employer: VALLEY OB/GYN
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 11 18 2005
Transaction ID: SA11A1.9131
Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
KATHY N. WALKER
Mailing Address 3012 NORTH SAN GABRIEL BOULEVARD
City: ROSEMEAD | State: CA | Zip Code: 91770
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: 11 17 2005
Transaction ID: SA11A1.9126
Amount of Each Receipt this Period: 300.00

C. Full Name (Last, First, Middle Initial)
ROBERT E. WALL
Mailing Address 142 SOUTH JACKSON STREET
City: DENVER | State: CO | Zip Code: 80209
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: 11 11 2005
Transaction ID: SA11A1.8959
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: PAGE 69 / 83
(check only one)
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NAME OF COMMITTEE (In Full)
OB-GYNS FOR WOMEN'S HEALTH PAC

A. Full Name (Last, First, Middle Initial)
BELLE WANG
Mailing Address 21 PHILIPS PARKWAY
City: MONTVALE | State: NJ | Zip Code: 07645
FEC ID number of contributing federal political committee: C
Name of Employer: OB/GYN ASSOCIATES
Occupation: PHYSICIAN
Receipt For: Primary General / Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 10 19 2005
Transaction ID: SA11A1.8987
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: SAN MARINO | State: CA | Zip Code: 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: 1000.00

Date of Receipt: 10 21 2005
Transaction ID: SA11A1.9044
Amount of Each Receipt this Period: 1000.00

C. Full Name (Last, First, Middle Initial)
BERNARD WEISS
Mailing Address 11 BUGGY WHIP DRIVE
City: ROLLING HILLS | State: CA | Zip Code: 90274
FEC ID number of contributing federal political committee: C
Name of Employer: HARBOR UCLA MEDICAL CENTER
Occupation: PHYSICIAN
Receipt For: Primary General / Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 10 04 2005
Transaction ID: SA11A1.8870
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: PAGE 70 / 83
(check only one)

X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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

A.
Full Name (Last, First, Middle Initial)
JOHANNA B. WHALEN
Mailing Address 405 OAKWOOD CIRCLE
City: COAL VALLEY | State: IL | Zip Code: 61240
FEC ID number of contributing federal political committee: C
Name of Employer: GENESIS HEALTH GROUP
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 11 11 2005
Transaction ID: SA11A1.8964
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial)
NANCY Q. WINDHAM
Mailing Address 509 SOUTH COIT STREET
City: FLORENCE | State: SC | Zip Code: 29501
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: 11 30 2005
Transaction ID: SA11A1.9162
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
ANTIGONI K. WOODLAND
Mailing Address 5 WALKER LANE
City: BOXFORD | State: MA | Zip Code: 01921
FEC ID number of contributing federal political committee: C
Name of Employer: NORTH SHORE MEDICAL CENTER
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 10 19 2005
Transaction ID: SA11A1.8990
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) for each category of the Detailed Summary Page

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(check only one)

X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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

A.
Full Name (Last, First, Middle Initial)
JAMES C. XENOPHON
Mailing Address P.O. BOX 2388
City: ELKINS | State: WV | Zip Code: 26241
FEC ID number of contributing federal political committee: C
Name of Employer: DAVIS MEMORIAL HOSPITAL
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 450.00

Date of Receipt: 11 02 2005
Transaction ID: SA11A1.9092
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial)
CAREY M. YORK-BEST
Mailing Address 88 ROCKPORT ROAD
City: WESTON | State: MA | Zip Code: 02493
FEC ID number of contributing federal political committee: C
Name of Employer: BEST GENERAL HOSPITAL
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 12 12 2005
Transaction ID: SA11A1.8217
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ▶	750.00
TOTAL This Period (last page this line number only) ▶	93000.00

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)

[X] 21b	[ ] 22	[ ] 23	[ ] 24	[ ] 25	[ ] 26	
[ ] 27	[ ] 28a	[ ] 28b	[ ] 28c	[ ] 29	[ ] 30b	

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

A.
Full Name (Last, First, Middle Initial)
COATES & HUTCHINSON, PC

Mailing Address P.O. BOX 561

City: ODENTON | State: MD | Zip Code: 21113

Purpose of Disbursement: ACCOUNTING

Candidate Name

Category/ Type

Office Sought: House / Senate / President — State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: SB21B.8632
Date of Disbursement: 09 / 14 / 2005

Amount of Each Disbursement this Period: 935.50

B.
Full Name (Last, First, Middle Initial)
FIRST NATIONAL MERCHANT SOLUTIONS

Mailing Address 1620 DODGE STREET

City: OMAHA | State: NE | Zip Code: 68197

Purpose of Disbursement: CREDIT CARD TRANSACTION FEES

Candidate Name

Category/ Type

Office Sought: House / Senate / President — State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: SB21B.9059
Date of Disbursement: 11 / 02 / 2005

Amount of Each Disbursement this Period: 521.39

C.
Full Name (Last, First, Middle Initial)
FIRST NATIONAL MERCHANT SOLUTIONS

Mailing Address 1620 DODGE STREET

City: OMAHA | State: NE | Zip Code: 68197

Purpose of Disbursement: CREDIT CARD TRANSACTION FEES

Candidate Name

Category/ Type

Office Sought: House / Senate / President — State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: SB21B.9203
Date of Disbursement: 12 / 02 / 2005

Amount of Each Disbursement this Period: 205.32

SUBTOTAL of Disbursements This Page (optional) ▶ **1662.21**

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)

[X] 21b	[ ] 22	[ ] 23	[ ] 24	[ ] 25	[ ] 26	
[ ] 27	[ ] 28a	[ ] 28b	[ ] 28c	[ ] 29	[ ] 30b	

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

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

Mailing Address 4101 ALBEMARLE STREET, NW

City: WASHINGTON | State: DC | Zip Code: 20016

Purpose of Disbursement: ACCOUNTING

Candidate Name

Category/ Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: SB21B.8462
Date of Disbursement: 07 / 22 / 2005

Amount of Each Disbursement this Period: 1812.50

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

Mailing Address 4101 ALBEMARLE STREET, NW

City: WASHINGTON | State: DC | Zip Code: 20016

Purpose of Disbursement: ACCOUNTING

Candidate Name

Category/ Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: SB21B.8628
Date of Disbursement: 08 / 04 / 2005

Amount of Each Disbursement this Period: 1921.25

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

Mailing Address 4101 ALBEMARLE STREET, NW

City: WASHINGTON | State: DC | Zip Code: 20016

Purpose of Disbursement: POSTAGE & DELIVERY

Candidate Name

Category/ Type

Office Sought: [ ] House [ ] Senate [ ] President
State: District

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: SB21B.8629
Date of Disbursement: 08 / 04 / 2005

Amount of Each Disbursement this Period: 138.19

SUBTOTAL of Disbursements This Page (optional) ▶ **3871.94**

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)

[X] 21b	[ ] 22	[ ] 23	[ ] 24	[ ] 25	[ ] 26	
[ ] 27	[ ] 28a	[ ] 28b	[ ] 28c	[ ] 29	[ ] 30b	

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

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

Mailing Address 4101 ALBEMARLE STREET, NW

City: WASHINGTON | State: DC | Zip Code: 20016

Purpose of Disbursement: POSTAGE & DELIVERY

Candidate Name

Category/ Type

Office Sought: House / Senate / President — State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: SB21B.6633
Date of Disbursement: 09 / 14 / 2005

Amount of Each Disbursement this Period: 69.31

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

Mailing Address 4101 ALBEMARLE STREET, NW

City: WASHINGTON | State: DC | Zip Code: 20016

Purpose of Disbursement: ACCOUNTING

Candidate Name

Category/ Type

Office Sought: House / Senate / President — State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: SB21B.6634
Date of Disbursement: 09 / 14 / 2005

Amount of Each Disbursement this Period: 1087.50

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

Mailing Address 4101 ALBEMARLE STREET, NW

City: WASHINGTON | State: DC | Zip Code: 20016

Purpose of Disbursement: ACCOUNTING

Candidate Name

Category/ Type

Office Sought: House / Senate / President — State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: SB21B.6781
Date of Disbursement: 10 / 06 / 2005

Amount of Each Disbursement this Period: 1558.75

SUBTOTAL of Disbursements This Page (optional) ▶ **2715.56**

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)

[X] 21b	[ ] 22	[ ] 23	[ ] 24	[ ] 25	[ ] 26	
[ ] 27	[ ] 28a	[ ] 28b	[ ] 28c	[ ] 29	[ ] 30b	

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

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

Mailing Address 4101 ALBEMARLE STREET, NW

City: WASHINGTON | State: DC | Zip Code: 20016

Purpose of Disbursement: POSTAGE & DELIVERY

Candidate Name

Category/ Type

Office Sought: House / Senate / President

State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: SB21B.8992
Date of Disbursement: 11 / 11 / 2005

Amount of Each Disbursement this Period: 85.24

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

Mailing Address 4101 ALBEMARLE STREET, NW

City: WASHINGTON | State: DC | Zip Code: 20016

Purpose of Disbursement: ACCOUNTING

Candidate Name

Category/ Type

Office Sought: House / Senate / President

State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: SB21B.8993
Date of Disbursement: 11 / 11 / 2005

Amount of Each Disbursement this Period: 1268.75

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

Mailing Address 4101 ALBEMARLE STREET, NW

City: WASHINGTON | State: DC | Zip Code: 20016

Purpose of Disbursement: ACCOUNTING

Candidate Name

Category/ Type

Office Sought: House / Senate / President

State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: SB21B.9081
Date of Disbursement: 12 / 06 / 2005

Amount of Each Disbursement this Period: 1087.50

SUBTOTAL of Disbursements This Page (optional) ▶ **2441.49**

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)

[X] 21b	[ ] 22	[ ] 23	[ ] 24	[ ] 25	[ ] 26	[ ] 27
[ ] 28a	[ ] 28b	[ ] 28c	[ ] 29	[ ] 30b		

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

A. Full Name (Last, First, Middle Initial)
JENNER & BLOCK

Mailing Address ONE IBM PLAZA

City: CHICAGO | State: IL | Zip Code: 60611

Purpose of Disbursement: LEGAL FEES

Candidate Name

Category/ Type

Office Sought: House / Senate / President — State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: SB21B.8636
Date of Disbursement: 09 / 14 / 2005

Amount of Each Disbursement this Period: 425.15

B. Full Name (Last, First, Middle Initial)
MAC SYSTEMS

Mailing Address 5215 LAWRENCE PLACE

City: HYATTSVILLE | State: MD | Zip Code: 20781

Purpose of Disbursement: GENERIC MAIL SOLICITATIONS

Candidate Name

Category/ Type

Office Sought: House / Senate / President — State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: SB21B.8825
Date of Disbursement: 10 / 20 / 2005

Amount of Each Disbursement this Period: 3577.85

C. Full Name (Last, First, Middle Initial)
NATIONAL CAPITAL TELESERVICES

Mailing Address 300 FIFTH STREET, NE

City: WASHINGTON | State: DC | Zip Code: 20002

Purpose of Disbursement: GENERIC TELEPHONE SOLICITATIONS

Candidate Name

Category/ Type

Office Sought: House / Senate / President — State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: SB21B.8461
Date of Disbursement: 07 / 22 / 2005

Amount of Each Disbursement this Period: 31140.09

SUBTOTAL of Disbursements This Page (optional) ▶ **35143.09**

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)

[X] 21b	[ ] 22	[ ] 23	[ ] 24	[ ] 25	[ ] 26	
[ ] 27	[ ] 28a	[ ] 28b	[ ] 28c	[ ] 29	[ ] 30b	

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

A. Full Name (Last, First, Middle Initial)
NATIONAL CAPITAL TELESERVICES

Mailing Address 300 FIFTH STREET, NE

City: WASHINGTON | State: DC | Zip Code: 20002

Purpose of Disbursement: GENERIC TELEPHONE SOLICITATIONS

Candidate Name

Category/ Type

Office Sought: House / Senate / President — State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: SB21B.8627
Date of Disbursement: 08 / 04 / 2005

Amount of Each Disbursement this Period: 3570.01

B. Full Name (Last, First, Middle Initial)
NATIONAL CAPITAL TELESERVICES

Mailing Address 300 FIFTH STREET, NE

City: WASHINGTON | State: DC | Zip Code: 20002

Purpose of Disbursement: GENERIC TELEPHONE SOLICITATIONS

Candidate Name

Category/ Type

Office Sought: House / Senate / President — State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: SB21B.8625
Date of Disbursement: 08 / 19 / 2005

Amount of Each Disbursement this Period: 4706.90

C. Full Name (Last, First, Middle Initial)
NATIONAL CAPITAL TELESERVICES

Mailing Address 300 FIFTH STREET, NE

City: WASHINGTON | State: DC | Zip Code: 20002

Purpose of Disbursement: GENERIC TELEPHONE SOLICITATIONS

Candidate Name

Category/ Type

Office Sought: House / Senate / President — State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: SB21B.8635
Date of Disbursement: 09 / 14 / 2005

Amount of Each Disbursement this Period: 2305.63

SUBTOTAL of Disbursements This Page (optional) ▶ **10582.54**

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)

[X] 21b	[ ] 22	[ ] 23	[ ] 24	[ ] 25	[ ] 26	
[ ] 27	[ ] 28a	[ ] 28b	[ ] 28c	[ ] 29	[ ] 30b	

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

A. Full Name (Last, First, Middle Initial)
NATIONAL CAPITAL TELESERVICES

Mailing Address 300 FIFTH STREET, NE

City: WASHINGTON | State: DC | Zip Code: 20002

Purpose of Disbursement: GENERIC TELEPHONE SOLICITATIONS

Candidate Name

Category/ Type

Office Sought: House / Senate / President — State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: SB21B.6726
Date of Disbursement: 09 / 21 / 2005

Amount of Each Disbursement this Period: 1285.64

B. Full Name (Last, First, Middle Initial)
NATIONAL CAPITAL TELESERVICES

Mailing Address 300 FIFTH STREET, NE

City: WASHINGTON | State: DC | Zip Code: 20002

Purpose of Disbursement: GENERIC TELEPHONE SOLICITATIONS

Candidate Name

Category/ Type

Office Sought: House / Senate / President — State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: SB21B.6760
Date of Disbursement: 10 / 06 / 2005

Amount of Each Disbursement this Period: 1360.01

C. Full Name (Last, First, Middle Initial)
NATIONAL CAPITAL TELESERVICES

Mailing Address 300 FIFTH STREET, NE

City: WASHINGTON | State: DC | Zip Code: 20002

Purpose of Disbursement: GENERIC TELEPHONE SOLICITATIONS

Candidate Name

Category/ Type

Office Sought: House / Senate / President — State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: SB21B.6824
Date of Disbursement: 10 / 20 / 2005

Amount of Each Disbursement this Period: 3623.14

SUBTOTAL of Disbursements This Page (optional) ▶ **6268.79**

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)

[X] 21b	[ ] 22	[ ] 23	[ ] 24	[ ] 25	[ ] 26	
[ ] 27	[ ] 28a	[ ] 28b	[ ] 28c	[ ] 29	[ ] 30b	

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

A. Full Name (Last, First, Middle Initial)
NATIONAL CAPITAL TELESERVICES

Mailing Address 900 FIFTH STREET, NE

City: WASHINGTON | State: DC | Zip Code: 20002

Purpose of Disbursement: GENERIC TELEPHONE SOLICITATIONS

Candidate Name

Category/ Type

Office Sought: House / Senate / President

State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: SB21B.8994
Date of Disbursement: 11 / 11 / 2005

Amount of Each Disbursement this Period: 6916.90

B. Full Name (Last, First, Middle Initial)
NATIONAL CAPITAL TELESERVICES

Mailing Address 900 FIFTH STREET, NE

City: WASHINGTON | State: DC | Zip Code: 20002

Purpose of Disbursement: GENERIC TELEPHONE SOLICITATIONS

Candidate Name

Category/ Type

Office Sought: House / Senate / President

State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: SB21B.9052
Date of Disbursement: 12 / 06 / 2005

Amount of Each Disbursement this Period: 2029.39

C. Full Name (Last, First, Middle Initial)
NATIONAL CAPITAL TELESERVICES

Mailing Address 900 FIFTH STREET, NE

City: WASHINGTON | State: DC | Zip Code: 20002

Purpose of Disbursement: GENERIC TELEPHONE SOLICITATIONS

Candidate Name

Category/ Type

Office Sought: House / Senate / President

State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: SB21B.9201
Date of Disbursement: 12 / 21 / 2005

Amount of Each Disbursement this Period: 4983.16

SUBTOTAL of Disbursements This Page (optional) ▶ **13929.45**

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)

[X] 21b	[ ] 22	[ ] 23	[ ] 24	[ ] 25	[ ] 26	
[ ] 27	[ ] 28a	[ ] 28b	[ ] 28c	[ ] 29	[ ] 30b	

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

A. Full Name (Last, First, Middle Initial)
U.S. POSTMASTER

Mailing Address 437 L'ENFANT PLAZA, SW

City: WASHINGTON | State: DC | Zip Code: 20024

Purpose of Disbursement: POSTAGE FOR GENERIC MAIL SOLICITATIONS

Candidate Name

Category/ Type

Office Sought: House / Senate / President — State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: SB21B.8724
Date of Disbursement: 09 / 19 / 2005

Amount of Each Disbursement this Period: 6437.99

B. Full Name (Last, First, Middle Initial)
VOCUS, INC.

Mailing Address P.O. BOX 827180

City: PHILADELPHIA | State: PA | Zip Code: 19182

Purpose of Disbursement: DATA PROCESSING

Candidate Name

Category/ Type

Office Sought: House / Senate / President — State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: SB21B.8626
Date of Disbursement: 08 / 19 / 2005

Amount of Each Disbursement this Period: 8755.18

C. Full Name (Last, First, Middle Initial)
VOCUS, INC.

Mailing Address P.O. BOX 827180

City: PHILADELPHIA | State: PA | Zip Code: 19182

Purpose of Disbursement: DATA PROCESSING

Candidate Name

Category/ Type

Office Sought: House / Senate / President — State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: SB21B.8761
Date of Disbursement: 10 / 06 / 2005

Amount of Each Disbursement this Period: 2643.60

SUBTOTAL of Disbursements This Page (optional) ▶ **17836.77**

TOTAL This Period (last page this line number only) ▶ **94451.84**

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)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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

A. Full Name (Last, First, Middle Initial)
A LOT OF PEOPLE WHO SUPPORT JEFF BINGAMAN

Mailing Address P.O. BOX 16210

City: ALBUQUERQUE | State: NM | Zip Code: 87191

Purpose of Disbursement: CONTRIBUTION

Candidate Name: JEFF BINGAMAN

Category/ Type

Office Sought: House / X Senate / President — State: NM District: 00

Disbursement For: 2006 — X Primary / General / Other (specify)

Transaction ID: SB23.9167
Date of Disbursement: 12 / 08 / 2005

Amount of Each Disbursement this Period: 2000.00

B. Full Name (Last, First, Middle Initial)
BILL THOMAS CAMPAIGN COMMITTEE

Mailing Address P.O. BOX 395

City: BAKERSFIELD | State: CA | Zip Code: 93302

Purpose of Disbursement: CONTRIBUTION

Candidate Name: WILLIAM M. THOMAS

Category/ Type

Office Sought: X House / Senate / President — State: CA District: 22

Disbursement For: 2006 — X Primary / General / Other (specify)

Transaction ID: SB23.8005
Date of Disbursement: 11 / 11 / 2005

Amount of Each Disbursement this Period: 5000.00

C. Full Name (Last, First, Middle Initial)
CHARLES BOUSTANY, JR. FOR CONGRESS

Mailing Address P.O. BOX 80128

City: LAFAYETTE | State: LA | Zip Code: 70598

Purpose of Disbursement: CONTRIBUTION

Candidate Name: CHARLES W. BOUSTANY, JR.

Category/ Type

Office Sought: X House / Senate / President — State: LA District: 07

Disbursement For: 2006 — X Primary / General / Other (specify)

Transaction ID: SB23.8829
Date of Disbursement: 10 / 20 / 2005

Amount of Each Disbursement this Period: 1000.00

SUBTOTAL of Disbursements This Page (optional) ▶ **8000.00**

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)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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

A. Full Name (Last, First, Middle Initial)
CHRISTOPHER SHAYS FOR CONGRESS

Mailing Address 98 EAST AVENUE

City: NORWALK | State: CT | Zip Code: 06851

Purpose of Disbursement: CONTRIBUTION

Candidate Name: CHRISTOPHER SHAYS

Category/ Type

Office Sought: X House / Senate / President
State: CT District: 04

Disbursement For: 2006
X Primary / General / Other (specify)

Transaction ID: SB23.9180
Date of Disbursement: 12 / 08 / 2005

Amount of Each Disbursement this Period: 1000.00

B. Full Name (Last, First, Middle Initial)
CONGRESSMAN JOE BARTON COMMITTEE

Mailing Address P.O. BOX 1444

City: ENNIS | State: TX | Zip Code: 75120

Purpose of Disbursement: CONTRIBUTION

Candidate Name: JOE L. BARTON

Category/ Type

Office Sought: X House / Senate / President
State: TX District: 06

Disbursement For: 2006
X Primary / General / Other (specify)

Transaction ID: SB23.8995
Date of Disbursement: 11 / 11 / 2005

Amount of Each Disbursement this Period: 5000.00

C. Full Name (Last, First, Middle Initial)
EARL POMEROY FOR CONGRESS

Mailing Address P.O. BOX 746

City: BISMARCK | State: ND | Zip Code: 58502

Purpose of Disbursement: CONTRIBUTION

Candidate Name: EARL R. POMEROY

Category/ Type

Office Sought: X House / Senate / President
State: ND District: 00

Disbursement For: 2006
X Primary / General / Other (specify)

Transaction ID: SB23.9179
Date of Disbursement: 12 / 08 / 2005

Amount of Each Disbursement this Period: 1500.00

SUBTOTAL of Disbursements This Page (optional) ▶ **7500.00**

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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

A.
Full Name (Last, First, Middle Initial)
ENSIGN FOR SENATE

Mailing Address P.O. BOX 26568

City: LAS VEGAS | State: NV | Zip Code: 89126

Purpose of Disbursement: CONTRIBUTION

Candidate Name: JOHN ERIC ENSIGN

Category/ Type

Office Sought: House / X Senate / President — State: NV District: 00

Disbursement For: 2006 — Primary / X General / Other (specify)

Transaction ID: SB23.8454
Date of Disbursement: 07 / 22 / 2005

Amount of Each Disbursement this Period: 2500.00

B.
Full Name (Last, First, Middle Initial)
ENZI FOR U.S. SENATE

Mailing Address P.O. BOX 2775

City: CODY | State: WY | Zip Code: 82414

Purpose of Disbursement: CONTRIBUTION

Candidate Name: MICHAEL ENZI

Category/ Type

Office Sought: House / X Senate / President — State: WY District: 00

Disbursement For: 2006 — X Primary / General / Other (specify)

Transaction ID: SB23.8455
Date of Disbursement: 07 / 22 / 2005

Amount of Each Disbursement this Period: 2500.00

C.
Full Name (Last, First, Middle Initial)
EVERY REPUBLICAN IS CRUCIAL (ERICPAC)

Mailing Address 25 EAST MAIN STREET

City: RICHMOND | State: VA | Zip Code: 23219

Purpose of Disbursement: CONTRIBUTION

Candidate Name:

Category/ Type

Office Sought: House / Senate / President — State: District:

Disbursement For: Primary / General / Other (specify)

Transaction ID: SB23.8459
Date of Disbursement: 07 / 22 / 2005

Amount of Each Disbursement this Period: 1500.00

SUBTOTAL of Disbursements This Page (optional) ▶ **6500.00**

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)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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

A. Full Name (Last, First, Middle Initial)
EVERY REPUBLICAN IS CRUCIAL (ERICPAC)

Mailing Address 25 EAST MAIN STREET

City: RICHMOND | State: VA | Zip Code: 23219

Purpose of Disbursement: CONTRIBUTION

Candidate Name:

Category/ Type:

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: ☐ Primary ☐ General ☐ Other (specify)

Transaction ID: SB23.8732
Date of Disbursement: 09 / 27 / 2005

Amount of Each Disbursement this Period: 1500.00

B. Full Name (Last, First, Middle Initial)
FRIENDS OF CONGRESSMAN TIM HOLDEN

Mailing Address 18 NORTH SECOND STREET

City: SAINT CLAIR | State: PA | Zip Code: 17970

Purpose of Disbursement: CONTRIBUTION

Candidate Name: T. TIMOTHY HOLDEN

Category/ Type:

Office Sought: ☒ House ☐ Senate ☐ President
State: PA District: 17

Disbursement For: 2006 ☒ Primary ☐ General ☐ Other (specify)

Transaction ID: SB23.8171
Date of Disbursement: 12 / 08 / 2005

Amount of Each Disbursement this Period: 1000.00

C. Full Name (Last, First, Middle Initial)
FRIENDS OF MAX BAUCUS

Mailing Address BOX 588

City: HELENA | State: MT | Zip Code: 59624

Purpose of Disbursement: CONTRIBUTION

Candidate Name: MAX S. BAUCUS

Category/ Type:

Office Sought: ☐ House ☒ Senate ☐ President
State: MT District: 00

Disbursement For: 2006 ☒ Primary ☐ General ☐ Other (specify)

Transaction ID: SB23.8998
Date of Disbursement: 11 / 11 / 2005

Amount of Each Disbursement this Period: 1000.00

SUBTOTAL of Disbursements This Page (optional) ▶ **3500.00**

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)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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

A. Full Name (Last, First, Middle Initial)
FRIENDS OF ROY BLUNT

Mailing Address P.O. BOX 50100

City: SPRINGFIELD | State: MO | Zip Code: 65805

Purpose of Disbursement: CONTRIBUTION

Candidate Name: ROY BLUNT

Category/ Type

Office Sought: X House / Senate / President
State: MO District: 07

Disbursement For: 2006
X Primary / General / Other (specify)

Transaction ID: SB23.8453
Date of Disbursement: 07 / 22 / 2005

Amount of Each Disbursement this Period: 2500.00

B. Full Name (Last, First, Middle Initial)
FRIENDS OF SAM JOHNSON

Mailing Address 1611 AVENUE K

City: PLANO | State: TX | Zip Code: 75074

Purpose of Disbursement: CONTRIBUTION

Candidate Name: SAMUEL R. JOHNSON

Category/ Type

Office Sought: X House / Senate / President
State: TX District: 03

Disbursement For: 2006
X Primary / General / Other (specify)

Transaction ID: SB23.8174
Date of Disbursement: 12 / 08 / 2005

Amount of Each Disbursement this Period: 1000.00

C. Full Name (Last, First, Middle Initial)
FRIENDS OF SHERROD BROWN

Mailing Address 807 14TH STREET, NW

City: WASHINGTON | State: DC | Zip Code: 20005

Purpose of Disbursement: CONTRIBUTION

Candidate Name: SHERROD BROWN

Category/ Type

Office Sought: X House / Senate / President
State: OH District: 13

Disbursement For: 2006
X Primary / General / Other (specify)

Transaction ID: SB23.8716
Date of Disbursement: 09 / 15 / 2005

Amount of Each Disbursement this Period: 2500.00

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

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

☐ 21b	☐ 22	☒ 23	☐ 24	☐ 25	☐ 26
☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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

A. Full Name (Last, First, Middle Initial)
HEATHER WILSON FOR CONGRESS

Mailing Address P.O. BOX 14070

City: ALBUQUERQUE | State: NM | Zip Code: 87191

Purpose of Disbursement: CONTRIBUTION

Candidate Name: HEATHER A. WILSON

Category/ Type

Office Sought: X House / Senate / President
State: NM District: 01

Disbursement For: 2006
X Primary / General / Other (specify)

Transaction ID: SB23.9190
Date of Disbursement: 12 / 08 / 2005

Amount of Each Disbursement this Period: 1000.00

B. Full Name (Last, First, Middle Initial)
J.D. HAYWORTH FOR CONGRESS

Mailing Address 14300 NORTH NORTHSIGHT BOULEVARD

City: SCOTTSDALE | State: AZ | Zip Code: 85260

Purpose of Disbursement: CONTRIBUTION

Candidate Name: J.D. HAYWORTH

Category/ Type

Office Sought: X House / Senate / President
State: AZ District: 05

Disbursement For: 2006
X Primary / General / Other (specify)

Transaction ID: SB23.8999
Date of Disbursement: 11 / 11 / 2005

Amount of Each Disbursement this Period: 1500.00

C. Full Name (Last, First, Middle Initial)
JERRY WELLER FOR CONGRESS INC.

Mailing Address P.O. BOX 15283

City: WASHINGTON | State: DC | Zip Code: 20003

Purpose of Disbursement: CONTRIBUTION

Candidate Name: GERALD C. WELLER

Category/ Type

Office Sought: X House / Senate / President
State: IL District: 11

Disbursement For: 2006
Primary / X General / Other (specify)

Transaction ID: SB23.8729
Date of Disbursement: 09 / 27 / 2005

Amount of Each Disbursement this Period: 1000.00

SUBTOTAL of Disbursements This Page (optional) ▶ **3500.00**

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)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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

A. Full Name (Last, First, Middle Initial)
JIM GERLACH FOR CONGRESS COMMITTEE

Mailing Address 911 WELSH AYRES WAY

City: DOWNINGTOWN | State: PA | Zip Code: 19335

Purpose of Disbursement: CONTRIBUTION

Candidate Name: JIM GERLACH

Category/ Type:

Office Sought: X House / Senate / President
State: PA District: 06

Disbursement For: 2006
X Primary / General / Other (specify)

Transaction ID: SB23.8458
Date of Disbursement: 07 / 22 / 2005

Amount of Each Disbursement this Period: 2500.00

B. Full Name (Last, First, Middle Initial)
JON KYL FOR U.S. SENATE

Mailing Address P.O. BOX 10246

City: PHOENIX | State: AZ | Zip Code: 85064

Purpose of Disbursement: CONTRIBUTION

Candidate Name: JON KYL

Category/ Type:

Office Sought: House / X Senate / President
State: AZ District: 00

Disbursement For: 2006
X Primary / General / Other (specify)

Transaction ID: SB23.8721
Date of Disbursement: 09 / 15 / 2005

Amount of Each Disbursement this Period: 5000.00

C. Full Name (Last, First, Middle Initial)
KEEP OUR MAJORITY PAC

Mailing Address P.O. BOX 20209

City: ALEXANDRIA | State: VA | Zip Code: 22320

Purpose of Disbursement: CONTRIBUTION

Candidate Name:

Category/ Type:

Office Sought: House / Senate / President
State: District:

Disbursement For: Primary / General / Other (specify)

Transaction ID: SB23.8733
Date of Disbursement: 09 / 27 / 2005

Amount of Each Disbursement this Period: 5000.00

SUBTOTAL of Disbursements This Page (optional) ▶ **12500.00**

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)

☐ 21b	☐ 22	☒ 23	☐ 24	☐ 25	☐ 26
☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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

A.
Full Name (Last, First, Middle Initial)
KIRK FOR CONGRESS

Mailing Address P.O. BOX 8

City: WINNETKA | State: IL | Zip Code: 60093

Purpose of Disbursement: CONTRIBUTION

Candidate Name: MARK S. KIRK

Category/ Type

Office Sought: X House / Senate / President
State: IL District: 10

Disbursement For: 2006
X Primary / General / Other (specify)

Transaction ID: SB23.8720
Date of Disbursement: 09 / 15 / 2005

Amount of Each Disbursement this Period: 1500.00

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

Mailing Address P.O. BOX 8

City: WINNETKA | State: IL | Zip Code: 60093

Purpose of Disbursement: CONTRIBUTION

Candidate Name: MARK S. KIRK

Category/ Type

Office Sought: X House / Senate / President
State: IL District: 10

Disbursement For: 2006
X Primary / General / Other (specify)

Transaction ID: SB23.8177
Date of Disbursement: 12 / 08 / 2005

Amount of Each Disbursement this Period: 1000.00

C.
Full Name (Last, First, Middle Initial)
MARK KENNEDY 08

Mailing Address P.O. BOX 49333

City: BLAINE | State: MN | Zip Code: 55449

Purpose of Disbursement: CONTRIBUTION

Candidate Name: MARK R. KENNEDY

Category/ Type

Office Sought: House / X Senate / President
State: MN District: 00

Disbursement For: 2006
X Primary / General / Other (specify)

Transaction ID: SB23.8717
Date of Disbursement: 09 / 15 / 2005

Amount of Each Disbursement this Period: 5000.00

SUBTOTAL of Disbursements This Page (optional) ▶ **7500.00**

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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

A.
Full Name (Last, First, Middle Initial)
MCCRERY FOR CONGRESS COMMITTEE

Mailing Address P.O. BOX 52956

City: SHREVEPORT | State: LA | Zip Code: 71135

Purpose of Disbursement: CONTRIBUTION

Candidate Name: JAMES O. MCCRERY

Category/ Type

Office Sought: X House / Senate / President
State: LA District: 04

Disbursement For: 2006
X Primary / General / Other (specify)

Transaction ID: SB23.9002
Date of Disbursement: 11 / 11 / 2005

Amount of Each Disbursement this Period: 1500.00

B.
Full Name (Last, First, Middle Initial)
MIKE THOMPSON FOR CONGRESS

Mailing Address 5429 MADISON AVENUE

City: SACRAMENTO | State: CA | Zip Code: 95841

Purpose of Disbursement: CONTRIBUTION

Candidate Name: MIKE THOMPSON

Category/ Type

Office Sought: X House / Senate / President
State: CA District: 01

Disbursement For: 2006
X Primary / General / Other (specify)

Transaction ID: SB23.9186
Date of Disbursement: 12 / 08 / 2005

Amount of Each Disbursement this Period: 1000.00

C.
Full Name (Last, First, Middle Initial)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

Mailing Address 425 SECOND STREET, NE

City: WASHINGTON | State: DC | Zip Code: 20002

Purpose of Disbursement: CONTRIBUTION

Candidate Name:

Category/ Type

Office Sought: House / Senate / President
State: District:

Disbursement For: Primary / General / Other (specify)

Transaction ID: SB23.8823
Date of Disbursement: 09 / 27 / 2005

Amount of Each Disbursement this Period: 5000.00

SUBTOTAL of Disbursements This Page (optional) ▶ **7500.00**

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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

A.
Full Name (Last, First, Middle Initial)
NORWOOD FOR CONGRESS

Mailing Address P.O. BOX 499

City: EVANS | State: GA | Zip Code: 30809

Purpose of Disbursement: CONTRIBUTION

Candidate Name: CHARLES W. NORWOOD

Category/ Type

Office Sought: X House / Senate / President
State: GA District: 09

Disbursement For: 2006
Primary X General
Other (specify)

Transaction ID: SB23.8727
Date of Disbursement: 09 / 27 / 2005

Amount of Each Disbursement this Period: 1500.00

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

Mailing Address P.O. BOX 4297

City: BRANDON | State: MS | Zip Code: 39047

Purpose of Disbursement: CONTRIBUTION

Candidate Name: CHARLES W. PICKERING

Category/ Type

Office Sought: X House / Senate / President
State: MS District: 03

Disbursement For: 2006
X Primary General
Other (specify)

Transaction ID: SB23.9178
Date of Disbursement: 12 / 08 / 2005

Amount of Each Disbursement this Period: 1500.00

C.
Full Name (Last, First, Middle Initial)
PRICE FOR CONGRESS

Mailing Address P.O. BOX 425

City: ROSWELL | State: GA | Zip Code: 30077

Purpose of Disbursement: CONTRIBUTION

Candidate Name: THOMAS E. PRICE

Category/ Type

Office Sought: X House / Senate / President
State: GA District: 06

Disbursement For: 2006
X Primary General
Other (specify)

Transaction ID: SB23.9200
Date of Disbursement: 12 / 21 / 2005

Amount of Each Disbursement this Period: 1000.00

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

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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

A. Full Name (Last, First, Middle Initial)
PROMOTING REPUBLICANS YOU CAN ELECT PROJECT (PRYCE PROJECT)
Mailing Address 1155 21ST STREET, NW
City WASHINGTON State DC Zip Code 20036
Purpose of Disbursement: CONTRIBUTION
Candidate Name
Category/ Type
Office Sought: House / Senate / President — State: District
Disbursement For: Primary / General / Other (specify)
Transaction ID: SB23.8828
Date of Disbursement: 10 / 20 / 2005
Amount of Each Disbursement this Period: 2000.00

B. Full Name (Last, First, Middle Initial)
SANTORUM 2006
Mailing Address ONE TOWER BRIDGE
City WEST CONSHOHOCKEN State PA Zip Code 19428
Purpose of Disbursement: CONTRIBUTION
Candidate Name: RICHARD J. SANTORUM
Category/ Type
Office Sought: X Senate — State: PA District: 00
Disbursement For: 2006 — X General
Transaction ID: SB23.8728
Date of Disbursement: 09 / 27 / 2005
Amount of Each Disbursement this Period: 1000.00

C. Full Name (Last, First, Middle Initial)
SHELLEY MOORE CAPITO FOR CONGRESS
Mailing Address P.O. BOX 11519
City CHARLESTON State WV Zip Code 25339
Purpose of Disbursement: CONTRIBUTION
Candidate Name: SHELLEY MOORE CAPITO
Category/ Type
Office Sought: X House — State: WV District: 02
Disbursement For: 2006 — X Primary
Transaction ID: SB23.9168
Date of Disbursement: 12 / 08 / 2005
Amount of Each Disbursement this Period: 1000.00

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

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

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

A.
Full Name (Last, First, Middle Initial)
STEELE FOR MARYLAND

Mailing Address 150 SOUTH STREET

City: ANNAPOLIS | State: MD | Zip Code: 21401

Purpose of Disbursement: CONTRIBUTION

Candidate Name: MICHAEL STEELE

Category/ Type

Office Sought: House / X Senate / President — State: MD District: 03

Disbursement For: 2006 — X Primary / General / Other (specify)

Transaction ID: SB23.9183
Date of Disbursement: 12 / 08 / 2005

Amount of Each Disbursement this Period: 2500.00

B.
Full Name (Last, First, Middle Initial)
TIM MURPHY FOR CONGRESS

Mailing Address P.O. BOX 24551

City: PITTSBURGH | State: PA | Zip Code: 15234

Purpose of Disbursement: CONTRIBUTION

Candidate Name: TIM MURPHY

Category/ Type

Office Sought: X House / Senate / President — State: PA District: 18

Disbursement For: 2006 — X Primary / General / Other (specify)

Transaction ID: SB23.8622
Date of Disbursement: 08 / 19 / 2005

Amount of Each Disbursement this Period: 5000.00

C.
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

Category/ Type

Office Sought: X House / Senate / President — State: MI District: 06

Disbursement For: 2006 — X Primary / General / Other (specify)

Transaction ID: SB23.9189
Date of Disbursement: 12 / 08 / 2005

Amount of Each Disbursement this Period: 2500.00

SUBTOTAL of Disbursements This Page (optional) ▶	**10000.00**
TOTAL This Period (last page this line number only) ▶	**80500.00**

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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☐ 27	☒ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b	

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

A.
Full Name (Last, First, Middle Initial)
ALVIN R. GEBERT
Mailing Address 1600 COIT ROAD
City: PLANO | State: TX | Zip Code: 75075
Purpose of Disbursement: CONTRIBUTION REFUND
Candidate Name
Category/ Type
Office Sought: ☐ House ☐ Senate ☐ President — State: District
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)

Transaction ID: SB28A.8630
Date of Disbursement: 08 / 26 / 2005
Amount of Each Disbursement this Period: 500.00

B.
Full Name (Last, First, Middle Initial)
MICHAEL GERIA
Mailing Address 180 KMD
City: WATERVILLE | State: ME | Zip Code: 04901
Purpose of Disbursement: CONTRIBUTION REFUND
Candidate Name
Category/ Type
Office Sought: ☐ House ☐ Senate ☐ President — State: District
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)

Transaction ID: SB28A.9193
Date of Disbursement: 12 / 08 / 2005
Amount of Each Disbursement this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
JEFFREY D. POSTLEWAITE
Mailing Address 302 RANDALL ROAD
City: GENEVA | State: IL | Zip Code: 60134
Purpose of Disbursement: CONTRIBUTION REFUND
Candidate Name
Category/ Type
Office Sought: ☐ House ☐ Senate ☐ President — State: District
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)

Transaction ID: SB28A.9083
Date of Disbursement: 12 / 06 / 2005
Amount of Each Disbursement this Period: 500.00

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