

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

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

FOR LINE NUMBER: PAGE 34 / 83

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial) A. SUSAN K. HUNTER		Date of Receipt M / D / Y 08 / 22 / 2005
Mailing Address 3205 NORTH KNOLL TERRACE		Transaction ID: SA11A1.8647
City WAUWATOSA	State WI	Zip Code 53222
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer MORELAND OB/GYN ASSOCIATES	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. SUSAN K. HUNTER		Date of Receipt M / D / Y 11 / 11 / 2005
Mailing Address 3205 NORTH KNOLL TERRACE		Transaction ID: SA11A1.8627
City WAUWATOSA	State WI	Zip Code 53222
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer MORELAND OB/GYN ASSOCIATES	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. HEATHER M. IRVIN		Date of Receipt M / D / Y 08 / 16 / 2005
Mailing Address 600 18TH STREET		Transaction ID: SA11A1.8643
City PARKERSBURG	State WV	Zip Code 26101
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional) ► **800.00**

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