

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 AND THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

ADDRESS (number and street) 409 12TH STREET, SW WASHINGTON DC 20024 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C00364158 3. IS THIS REPORT NEW (N) OR AMENDED (A) X

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day Report for the: Post-Election, General, Runoff, Special

5. Covering Period 11 01 2009 through 11 30 2009

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

Type or Print Name of Treasurer STACIE MISCIKOWSKI

Signature of Treasurer Electronically Filed by STACIE MISCIKOWSKI Date 12 09 2009

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

Table with 7 columns and 1 row. Column 1: Office Use Only. Column 7: FEC FORM 3X (Rev. 12/2004)

**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name

OB-GYNS FOR WOMEN'S HEALTH AND THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

Report Covering the Period: From: 

M	M
1	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
1	1

D	D
3	0

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		19853.06
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period .....	64253.05									
(c) Total Receipts (from Line 19) .....	10800.00	318519.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	75053.05	338372.06								
7. Total Disbursements (from Line 31) .....	18362.62	281681.63								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	56690.43	56690.43								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	9214.25									

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. 06/2004)

Write or Type Committee Name

OB-GYNS FOR WOMEN'S HEALTH AND THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

Report Covering the Period: From:    To:

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) .....	8300.00	260950.00
(ii) Unitemized .....	2500.00	57569.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	10800.00	318519.00
(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) .....	10800.00	318519.00
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)) .....	10800.00	318519.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	10800.00	318519.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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.....	7862.62	99931.63
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	7862.62	99931.63
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	10000.00	178500.00
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 .....	500.00	2250.00
(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)) .....	500.00	2250.00
29. Other Disbursements.....	0.00	1000.00
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))..	18362.62	281681.63
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	18362.62	281681.63

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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) .....	10800.00	318519.00
34. Total Contribution Refunds (from Line 28(d)) .....	500.00	2250.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	10300.00	316269.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	7862.62	99931.63
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	7862.62	99931.63

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 18  
(check only one)  
 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 AND THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

**A.** Full Name (Last, First, Middle Initial)  
LAWRENCE S. AMESSE

Mailing Address 128 APPLE STREET

City State Zip Code  
DAYTON OH 45409

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
WRIGHT STATE UNIVERSITY PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt MM / DD / YYYY  
11 / 06 / 2009

**Transaction ID:** SA11AI.17581

Amount of Each Receipt this Period 250.00

**B.** Full Name (Last, First, Middle Initial)  
INGRID A. BALCOMB

Mailing Address 131 OLD ROAD TO 9 ACRE CORNER

City State Zip Code  
CONCORD MA 01742

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
ALL FEMALE ASSOCIATES OB-GYN PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt MM / DD / YYYY  
11 / 06 / 2009

**Transaction ID:** SA11AI.17583

Amount of Each Receipt this Period 500.00

**C.** Full Name (Last, First, Middle Initial)  
MICHELE R. BECK-TORRES

Mailing Address 584 GLENFIELD WAY

City State Zip Code  
WEST PALM BEACH FL 33411

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
SELF-EMPLOYED PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt MM / DD / YYYY  
11 / 04 / 2009

**Transaction ID:** SA11AI.17560

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

FOR LINE NUMBER: PAGE 7 / 18  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
OB-GYNS FOR WOMEN'S HEALTH AND THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

<p><b>A.</b> Full Name (Last, First, Middle Initial) CRAIG L. BISSINGER</p> <p>Mailing Address 50 CHERRY HILL ROAD</p> <p>City State Zip Code PARSIPPANY NJ 07054</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer LIFELINE MEDICAL ASSOCIAT-ES</p> <p>Occupation PHYSICIAN</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">250.00</span></p>	<p>Date of Receipt  <table border="0"> <tr> <td style="border: 1px solid black; padding: 2px;">M M</td> <td style="border: 1px solid black; padding: 2px;">/</td> <td style="border: 1px solid black; padding: 2px;">D D</td> <td style="border: 1px solid black; padding: 2px;">/</td> <td style="border: 1px solid black; padding: 2px;">Y Y Y Y</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">1 1</td> <td></td> <td style="border: 1px solid black; padding: 2px;">2 3</td> <td></td> <td style="border: 1px solid black; padding: 2px;">2 0 0 9</td> </tr> </table> <p><b>Transaction ID:</b> SA11AI.17623</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">250.00</span></p> </p>	M M	/	D D	/	Y Y Y Y	1 1		2 3		2 0 0 9
M M	/	D D	/	Y Y Y Y							
1 1		2 3		2 0 0 9							

<p><b>B.</b> Full Name (Last, First, Middle Initial) ANNE B. BROWN</p> <p>Mailing Address 43555 BARLEY COURT</p> <p>City State Zip Code ASHBURN VA 20147</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer LOUDON PHYSICIANS FOR WOM-EN</p> <p>Occupation PHYSICIAN</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">500.00</span></p>	<p>Date of Receipt  <table border="0"> <tr> <td style="border: 1px solid black; padding: 2px;">M M</td> <td style="border: 1px solid black; padding: 2px;">/</td> <td style="border: 1px solid black; padding: 2px;">D D</td> <td style="border: 1px solid black; padding: 2px;">/</td> <td style="border: 1px solid black; padding: 2px;">Y Y Y Y</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">1 1</td> <td></td> <td style="border: 1px solid black; padding: 2px;">1 2</td> <td></td> <td style="border: 1px solid black; padding: 2px;">2 0 0 9</td> </tr> </table> <p><b>Transaction ID:</b> SA11AI.17587</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">500.00</span></p> </p>	M M	/	D D	/	Y Y Y Y	1 1		1 2		2 0 0 9
M M	/	D D	/	Y Y Y Y							
1 1		1 2		2 0 0 9							

<p><b>C.</b> Full Name (Last, First, Middle Initial) LOUISE GARCIA</p> <p>Mailing Address 415 ROLLING OAKS DRIVE</p> <p>City State Zip Code THOUSAND OAKS CA 91361</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer SELF-EMPLOYED</p> <p>Occupation PHYSICIAN</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">250.00</span></p>	<p>Date of Receipt  <table border="0"> <tr> <td style="border: 1px solid black; padding: 2px;">M M</td> <td style="border: 1px solid black; padding: 2px;">/</td> <td style="border: 1px solid black; padding: 2px;">D D</td> <td style="border: 1px solid black; padding: 2px;">/</td> <td style="border: 1px solid black; padding: 2px;">Y Y Y Y</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">1 1</td> <td></td> <td style="border: 1px solid black; padding: 2px;">0 9</td> <td></td> <td style="border: 1px solid black; padding: 2px;">2 0 0 9</td> </tr> </table> <p><b>Transaction ID:</b> SA11AI.17593</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">250.00</span></p> </p>	M M	/	D D	/	Y Y Y Y	1 1		0 9		2 0 0 9
M M	/	D D	/	Y Y Y Y							
1 1		0 9		2 0 0 9							

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">1000.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 18
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
OB-GYNS FOR WOMEN'S HEALTH AND THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

<b>A.</b>	Full Name (Last, First, Middle Initial) PATRICIA A. GRAHAM		Date of Receipt MM / DD / YYYY 11 / 16 / 2009		
	Mailing Address 3731 EAST HATCHER ROAD		<b>Transaction ID:</b> SA11AI.17579		
	City PHOENIX	State AZ	Zip Code 85038	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer COMPREHENSIVE HEALTHCARE	Occupation PHYSICIAN	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>B.</b>	Full Name (Last, First, Middle Initial) ELWYN M. GRIMES		Date of Receipt MM / DD / YYYY 11 / 09 / 2009		
	Mailing Address 1500 SOUTH MAIN STREET		<b>Transaction ID:</b> SA11AI.17594		
	City FORT WORTH	State TX	Zip Code 76104	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer UNIVERSITY OF NORTH TEXAS	Occupation PHYSICIAN	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>C.</b>	Full Name (Last, First, Middle Initial) CATHERINE A. GRUCHACZ		Date of Receipt MM / DD / YYYY 11 / 19 / 2009		
	Mailing Address 833 ANDERSON AVENUE		<b>Transaction ID:</b> SA11AI.17614		
	City COOS BAY	State OR	Zip Code 97420	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1750.00
<b>TOTAL</b> 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 9 / 18  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
OB-GYNS FOR WOMEN'S HEALTH AND THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

**A.** Full Name (Last, First, Middle Initial)  
JEFFREY A. HATCHER

Mailing Address 718 NORTH LINCOLN STREET

City Greensburg State IN Zip Code 47240

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 / 04 / 2009  
**Transaction ID:** SA11AI.17566  
 Amount of Each Receipt this Period 250.00

**B.** Full Name (Last, First, Middle Initial)  
CHARLES H. HEFFRON, JR.

Mailing Address 12303 NORTHEAST 130TH LANE

City Kirkland State WA Zip Code 98034

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

Name of Employer EVERGREEN WOMEN'S CARE Occupation PHYSICIAN

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 19 / 2009  
**Transaction ID:** SA11AI.17616  
 Amount of Each Receipt this Period 250.00

**C.** Full Name (Last, First, Middle Initial)  
CHRISTIE A. IVERSON

Mailing Address 5956 LARIAT LOOP

City Bismarck State ND Zip Code 58503

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

Name of Employer WOMEN'S MEDICAL CENTER Occupation PHYSICIAN

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 09 / 2009  
**Transaction ID:** SA11AI.17597  
 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

FOR LINE NUMBER: PAGE 10 / 18  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
OB-GYNS FOR WOMEN'S HEALTH AND THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

**A.**

Full Name (Last, First, Middle Initial)  
DANA B. JACOBY

Mailing Address 766 SHREWSBURY AVENUE

City State Zip Code  
TINTON FALLS NJ 07724

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

Name of Employer  
SELF-EMPLOYED

Occupation  
PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
11 / 09 / 2009

**Transaction ID:** SA11AI.17599

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
CHOONG W. KIM

Mailing Address 623 EAST 233RD STREET

City State Zip Code  
BRONX NY 10466

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

Name of Employer  
NORTHEAST BRONX OB/GYN

Occupation  
PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
11 / 19 / 2009

**Transaction ID:** SA11AI.17617

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
ALEJANDRO G. PAVES

Mailing Address 16259 SYLVESTER ROAD

City State Zip Code  
SEATTLE WA 98166

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

Name of Employer  
THREE TREE WOMEN'S CLINIC

Occupation  
PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
11 / 06 / 2009

**Transaction ID:** SA11AI.17585

Amount of Each Receipt this Period  
1000.00

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

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

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

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

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NAME OF COMMITTEE (In Full)  
OB-GYNS FOR WOMEN'S HEALTH AND THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

<b>A.</b>	Full Name (Last, First, Middle Initial) JAMES A. SEBASTIAN		Date of Receipt
	Mailing Address 1000 EAST 1ST STREET		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 1 / 2 3 / 2 0 0 9
	City	State	Zip Code
	DULUTH	MN	55805
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.17624
Name of Employer NORTHLAND OB/GYN		Occupation PHYSICIAN	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 1000.00

<b>B.</b>	Full Name (Last, First, Middle Initial) DOUGLAS J. THOMPSON		Date of Receipt
	Mailing Address 201 CEDAR STREET		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 1 / 1 6 / 2 0 0 9
	City	State	Zip Code
	ALBUQUERQUE	NM	87106
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.17628
Name of Employer CENTER FOR REPRO MEDICINE		Occupation PHYSICIAN	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00

<b>C.</b>	Full Name (Last, First, Middle Initial) CARMEN D. ZORRILLA		Date of Receipt
	Mailing Address 592 CALLE CESAR GONZALEZ		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 1 / 1 6 / 2 0 0 9
	City	State	Zip Code
	SAN JUAN	PR	00918
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.17629
Name of Employer UNIVERSITY OF PUERTO RICO		Occupation PHYSICIAN	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 300.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 1550.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/> 8300.00



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 13 / 18

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

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NAME OF COMMITTEE (In Full)

OB-GYNS FOR WOMEN'S HEALTH AND THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN 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

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21B.17555

Date of Disbursement

<sup>M</sup>	<sup>M</sup>	/	<sup>D</sup>	<sup>D</sup>	/	<sup>Y</sup>	<sup>Y</sup>	<sup>Y</sup>	<sup>Y</sup>
1	1		0	9		2	0	0	9

Amount of Each Disbursement this Period

5643.75
---------

SUBTOTAL of Disbursements This Page (optional) ..... ▶

5643.75
---------

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

7862.62
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

OB-GYNS FOR WOMEN'S HEALTH AND THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

<p><b>A.</b> Full Name (Last, First, Middle Initial) BEN GRABER FOR CONGRESS</p> <p>Mailing Address 2929 UNIVERSITY DRIVE</p> <p>City CORAL SPRINGS State FL Zip Code 33065</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name BENJAMIN GRABER</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 19</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.17605 <b>Date of Disbursement</b> 11 / 16 / 2009</p> <p>Amount of Each Disbursement this Period 2000.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) DEDE FOR CONGRESS</p> <p>Mailing Address 63 GLEASON STREET</p> <p>City GOUVERNEUR State NY Zip Code 13642</p> <p>Purpose of Disbursement VOID 10/30/2009 CONTRIBUTION</p> <p>Candidate Name DIERDRE K. SCOZZAFAVA</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 23</p> <p>Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-General</p>	<p><b>Transaction ID:</b> SB23.17554 <b>Date of Disbursement</b> 11 / 02 / 2009</p> <p>Amount of Each Disbursement this Period -1000.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) EARL POMEROY FOR CONGRESS</p> <p>Mailing Address P.O. BOX 9336</p> <p>City FARGO State ND Zip Code 58106</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name EARL R. POMEROY</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: 00</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.17607 <b>Date of Disbursement</b> 11 / 19 / 2009</p> <p>Amount of Each Disbursement this Period 2000.00</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

3000.00

**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)

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

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NAME OF COMMITTEE (In Full)

OB-GYNS FOR WOMEN'S HEALTH AND THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

A.

Full Name (Last, First, Middle Initial)  
ENGEL FOR CONGRESS

Mailing Address 462 CALIFORNIA ROAD

City BRONXVILLE State NY Zip Code 10708

Purpose of Disbursement

CONTRIBUTION

Candidate Name  
ELIOT ENGEL

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: NY District: 17

Transaction ID: SB23.17602

Date of Disbursement

11 / 16 / 2009

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)  
FRIENDS OF ERIK PAULSEN

Mailing Address P.O. BOX 44369

City EDEN PRAIRIE State MN Zip Code 55344

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
ERIK P. PAULSEN

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: MN District: 03

Transaction ID: SB23.17606

Date of Disbursement

11 / 16 / 2009

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)  
MICHAEL BURGESS FOR CONGRESS

Mailing Address P.O. BOX 2334

City DENTON State TX Zip Code 76202

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
DR. MICHAEL C. BURGESS

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: TX District: 26

Transaction ID: SB23.17557

Date of Disbursement

11 / 09 / 2009

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶

7000.00

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

1000.00

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 16 / 18

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

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NAME OF COMMITTEE (In Full)

OB-GYNS FOR WOMEN'S HEALTH AND THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

A.

Full Name (Last, First, Middle Initial)

ELWYN M. GRIMES

Transaction ID: SB28A.17608

Date of Disbursement

Mailing Address 1500 SOUTH MAIN STREET

<sup>M</sup> 1	<sup>M</sup> 1	/	<sup>D</sup> 1	<sup>D</sup> 8	/	<sup>Y</sup> 2	<sup>Y</sup> 0	<sup>Y</sup> 0	<sup>Y</sup> 9
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City	State	Zip Code
FORT WORTH	TX	76104

Amount of Each Disbursement this Period

500.00
--------

Purpose of Disbursement  
CONTRIBUTION REFUND

--

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

SUBTOTAL of Disbursements This Page (optional) ..... ▶

500.00
--------

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

500.00
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**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

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

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)  
OB-GYNS FOR WOMEN'S HEALTH AND THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

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

Outstanding Balance Beginning This Period 1740.00		<b>Transaction ID:</b> SD10.17551	
Amount Incurred This Period 0.00	Payment This Period 1740.00	Outstanding Balance at Close of This Period 0.00	

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

Outstanding Balance Beginning This Period 0.00		<b>Transaction ID:</b> SD10.17631	
Amount Incurred This Period 1377.50	Payment This Period 0.00	Outstanding Balance at Close of This Period 1377.50	

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

Outstanding Balance Beginning This Period 5643.75		<b>Transaction ID:</b> SD10.17550	
Amount Incurred This Period 0.00	Payment This Period 5643.75	Outstanding Balance at Close of This Period 0.00	

<b>1) SUBTOTALS</b> This Period This Page (optional).....	▶	1377.50
<b>2) TOTALS</b> This Period (last page this line number only).....	▶	
<b>3) TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	▶	
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	▶	

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 18 / 18
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
OB-GYNS FOR WOMEN'S HEALTH AND THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

<b>A. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> NATIONAL CAPITAL TELESERVICES	Nature of Debt (Purpose): GENERIC TELEPHONE SOLICITATIONS					
Mailing Address 300 FIFTH STREET, NE						
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">City</td> <td style="width: 33%;">State</td> <td style="width: 33%;">ZIP Code</td> </tr> <tr> <td>WASHINGTON</td> <td>DC</td> <td>20002</td> </tr> </table>		City	State	ZIP Code	WASHINGTON	DC
City	State	ZIP Code				
WASHINGTON	DC	20002				

Outstanding Balance Beginning This Period <div style="border: 1px solid black; padding: 2px; width: 200px; margin: 0 auto; text-align: center;">0.00</div>	<b>Transaction ID: SD10.17632</b>
Amount Incurred This Period <div style="border: 1px solid black; padding: 2px; width: 200px; margin: 0 auto; text-align: center;">7836.75</div>	Payment This Period <div style="border: 1px solid black; padding: 2px; width: 200px; margin: 0 auto; text-align: center;">0.00</div>
Outstanding Balance at Close of This Period <div style="border: 1px solid black; padding: 2px; width: 200px; margin: 0 auto; text-align: center;">7836.75</div>	

<b>1) SUBTOTALS</b> This Period This Page (optional).....	▶	<div style="border: 1px solid black; padding: 2px; width: 150px; margin: 0 auto; text-align: center;">7836.75</div>
<b>2) TOTALS</b> This Period (last page this line number only).....	▶	<div style="border: 1px solid black; padding: 2px; width: 150px; margin: 0 auto; text-align: center;">9214.25</div>
<b>3) TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	▶	<div style="border: 1px solid black; padding: 2px; width: 150px; margin: 0 auto; text-align: center;">0.00</div>
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	▶	<div style="border: 1px solid black; padding: 2px; width: 150px; margin: 0 auto; text-align: center;">9214.25</div>