07/19/2005 09 : 55

# 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 — x NEW (N) **OR** AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report(Q1)
- July 15 Quarterly Report(Q2)
- October 15 Quarterly Report(Q3)
- January 31 Quarterly Report(YE)
- x 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 01 01 2005 through 06 30 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 07 19 2005

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

FEC Form 3X (Rev. 02/2003) 

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

Report Covering the Period: From: 01 01 2005 To: 06 30 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 ..... | 23942.10 | |
| (c) Total Receipts (from Line 19) ..... | 192810.00 | 192810.00 |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) ..... | 216752.10 | 216752.10 |
| 7. Total Disbursements (from Line 31) ..... | 72767.48 | 72767.48 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) ..... | 143984.62 | 143984.62 |
| 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: 01 01 2005 To: 06 30 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) | 171651.00 | 171651.00 |
| (ii) Unitemized | 21159.00 | 21159.00 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)) ▶ | 192810.00 | 192810.00 |
| (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) ▶ | 192810.00 | 192810.00 |
| 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)) | 192810.00 | 192810.00 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 192810.00 | 192810.00 |

# 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 | 12567.48 | 12567.48 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)) ▶ | 12567.48 | 12567.48 |
| 22. Transfers to Affiliated/Other Party Committees | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees | 56000.00 | 56000.00 |
| 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 | 4200.00 | 4200.00 |
| (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)) ▶ | 4200.00 | 4200.00 |
| 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)) | 72767.48 | 72767.48 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31) | 72767.48 | 72767.48 |

# 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) | 192810.00 | 192810.00 |
| 34. Total Contribution Refunds (from Line 28(d)) | 4200.00 | 4200.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 188610.00 | 188610.00 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 12567.48 | 12567.48 |
| 37. Offsets to Operating Expenditures (from Line 15. page 3) | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 12567.48 | 12567.48 |

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

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

FOR LINE NUMBER: PAGE 6 / 140
(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)
JOHANNA J. ABERNATHY
Mailing Address P.O. BOX 3080
City: CEDAR RAPIDS | State: IA | Zip Code: 52406
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: 500.00

Date of Receipt: 03 31 2005
Transaction ID: SA11A1.7792
Amount of Each Receipt this Period: 500.00

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

Date of Receipt: 03 24 2005
Transaction ID: SA11A1.7611
Amount of Each Receipt this Period: 250.00

**C.** Full Name (Last, First, Middle Initial)
GEORGE M. ADAM
Mailing Address 4900 OSBORNE DRIVE EAST
City: HASTINGS | State: NE | Zip Code: 68501
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: 02 09 2005
Transaction ID: SA11A1.7410
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 7 / 140
(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)
JOHN S. ADAMS
Mailing Address 1930 AVIARA DRIVE
City: CHATTANOOGA | State: TN | Zip Code: 37421
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: 06 29 2005
Transaction ID: SA11A1.8332
Amount of Each Receipt this Period: 1000.00

**B.** Full Name (Last, First, Middle Initial)
TOD C. AEBY
Mailing Address 44-139 KAHINANI WAY
City: KANEOHE | State: HI | Zip Code: 96744
FEC ID number of contributing federal political committee: C
Name of Employer: UNIVERSITY OF HAWAII
Occupation: PHYSICIAN
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 04 09 2005
Transaction ID: SA11A1.7737
Amount of Each Receipt this Period: 250.00

**C.** Full Name (Last, First, Middle Initial)
LAILA A. AL-MARAYATI
Mailing Address 10311 MCBROOM STREET
City: SHADOW HILLS | State: CA | Zip Code: 91040
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: 06 21 2005
Transaction ID: SA11A1.8290
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 / 140
(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)
VITO ALAMIA
Mailing Address 14 LARBOARD DRIVE
City: SOUTHAMPTON | State: NY | Zip Code: 11968
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: 06 21 2005
Transaction ID: SA11A1.8286
Amount of Each Receipt this Period: 500.00

**B.** Full Name (Last, First, Middle Initial)
JANDEL T. ALLEN-DAVIS
Mailing Address 4803 WARD ROAD
City: WHEAT RIDGE | State: CO | Zip Code: 80033
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: 06 22 2005
Transaction ID: SA11A1.8276
Amount of Each Receipt this Period: 500.00

**C.** Full Name (Last, First, Middle Initial)
HENRY S. AMDUR
Mailing Address 425 MONTAUK AVENUE
City: NEW LONDON | State: CT | Zip Code: 06320
FEC ID number of contributing federal political committee: C
Name of Employer: SELF-EMPLOYED
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 350.00

Date of Receipt: 03 22 2005
Transaction ID: SA11A1.7572
Amount of Each Receipt this Period: 350.00

SUBTOTAL of Receipts This Page (optional) ▶ **1350.00**

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

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

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

FOR LINE NUMBER: PAGE 9 / 140
(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)
UMA ANANTH
Mailing Address 3545 OLENTANGY RIVER ROAD
City: COLUMBUS | State: OH | Zip Code: 43214
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: 06 21 2005
Transaction ID: SA11A1.8292
Amount of Each Receipt this Period: 1000.00

**B.** Full Name (Last, First, Middle Initial)
ANGELA K. ANDERSON
Mailing Address 710 SPRUCE HILL
City: DECATUR | State: IL | Zip Code: 62521
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: 06 13 2005
Transaction ID: SA11A1.8208
Amount of Each Receipt this Period: 1000.00

**C.** Full Name (Last, First, Middle Initial)
MERVAN O. ANDERSON
Mailing Address 400 GRESHAM DRIVE
City: NORFOLK | State: VA | Zip Code: 23507
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: 04 06 2005
Transaction ID: SA11A1.7882
Amount of Each Receipt this Period: 1000.00

SUBTOTAL of Receipts This Page (optional) ▶ **3000.00**

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

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

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

FOR LINE NUMBER: PAGE 10 / 140
(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)
TED L. ANDERSON
Mailing Address 2201 MURPHY AVENUE
City: NASHVILLE | State: TN | Zip Code: 37203
FEC ID number of contributing federal political committee: C
Name of Employer: VANDERBILT UNIVERSITY
Occupation: PHYSICIAN
Receipt For: Primary General / Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 06 13 2005
Transaction ID: SA11A1.8209
Amount of Each Receipt this Period: 1000.00

B. Full Name (Last, First, Middle Initial)
THADDEUS L. ANDERSON
Mailing Address 2350 SIMPSON STREET
City: DUBUQUE | State: IA | Zip Code: 52003
FEC ID number of contributing federal political committee: C
Name of Employer: DUBUQUE OB/GYN
Occupation: PHYSICIAN
Receipt For: Primary General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 03 18 2005
Transaction ID: SA11A1.7701
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
MARGARET ANDRIN
Mailing Address 2103 SOUTH BRANCH DRIVE
City: WHITEHOUSE STATION | State: NJ | Zip Code: 08889
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: 05 04 2005
Transaction ID: SA11A1.8024
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 11 / 140
(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)
MARJORIE A. ANGERT
Mailing Address 717 SOUTH COLUMBUS BOULEVARD
City: PHILADELPHIA | State: PA | Zip Code: 19147
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: 06 21 2005
Transaction ID: SA11A1.8294
Amount of Each Receipt this Period: 900.00

**B.** Full Name (Last, First, Middle Initial)
JOHN T. ANSTEY
Mailing Address 3009 NORTH BALLAS ROAD
City: ST. LOUIS | State: MO | Zip Code: 63131
FEC ID number of contributing federal political committee: C
Name of Employer: AWLD
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 06 21 2005
Transaction ID: SA11A1.8296
Amount of Each Receipt this Period: 500.00

**C.** Full Name (Last, First, Middle Initial)
ELISABETH S. ANTON-MCINTYRE
Mailing Address 18505 NORTHEAST 44TH WAY
City: REDMOND | State: WA | Zip Code: 98052
FEC ID number of contributing federal political committee: C
Name of Employer: BELLEGROVE OB/GYN
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 06 17 2005
Transaction ID: SA11A1.8189
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 12 / 140
(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)
CATALINA T. ARANAS
Mailing Address 959 17TH STREET
City: COLUMBUS | State: GA | Zip Code: 31901
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: 05 03 2005
Transaction ID: SA11A1.8028
Amount of Each Receipt this Period: 1000.00

**B.** Full Name (Last, First, Middle Initial)
FRANK J. ARCHBALD
Mailing Address 912 DENTON BOULEVARD
City: FORT WALTON BEACH | State: FL | Zip Code: 32547
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: 06 21 2005
Transaction ID: SA11A1.8300
Amount of Each Receipt this Period: 500.00

**C.** Full Name (Last, First, Middle Initial)
ARTHUR A. ARENA
Mailing Address 3535 WEST OKLAHOMA AVENUE
City: MILWAUKEE | State: WI | Zip Code: 53215
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: 06 21 2005
Transaction ID: SA11A1.8302
Amount of Each Receipt this Period: 500.00

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

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

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

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

FOR LINE NUMBER: PAGE 13 / 140
(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)
THOMAS F. ARNOLD
Mailing Address 938 2ND AVENUE WEST
City: DICKINSON | State: ND | Zip Code: 58601
FEC ID number of contributing federal political committee: C
Name of Employer: MEDCENTER ONE
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 03 10 2005
Transaction ID: SA11A1.7725
Amount of Each Receipt this Period: 1000.00

B. Full Name (Last, First, Middle Initial)
DONALD G. AULDS
Mailing Address 401 LOWELL DRIVE
City: HUNTSVILLE | State: AL | Zip Code: 35801
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: 06 13 2005
Transaction ID: SA11A1.8211
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
DAMIAN BADEAUX
Mailing Address 1270 ATTAKAPAS DRIVE
City: OPELOUSAS | State: LA | Zip Code: 70570
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: 06 29 2005
Transaction ID: SA11A1.8340
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 14 / 140
(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)
RAY O. BAHADO-SINGH
Mailing Address 231 ALBERT SABIN WAY
City: CINCINNATI | State: OH | Zip Code: 45267
FEC ID number of contributing federal political committee: C
Name of Employer: UNIVERSITY OF CINCINNATI
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 05 03 2005
Transaction ID: SA11A1.7951
Amount of Each Receipt this Period: 500.00

**B.** Full Name (Last, First, Middle Initial)
EDWIN L. BAKER
Mailing Address 205 LONDONDERRY DRIVE
City: LUMBERTON | State: NC | Zip Code: 28358
FEC ID number of contributing federal political committee: C
Name of Employer: WOMEN'S LIFE CENTER OF LUMBERTON
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 06 29 2005
Transaction ID: SA11A1.8342
Amount of Each Receipt this Period: 1000.00

**C.** Full Name (Last, First, Middle Initial)
INES O. BAQUERO
Mailing Address 2306 NAPLES COURT
City: CHAMPAIGN | State: IL | Zip Code: 61822
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: 06 22 2005
Transaction ID: SA11A1.8278
Amount of Each Receipt this Period: 500.00

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

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

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

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

FOR LINE NUMBER: PAGE 15 / 140
(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)
GEORGE T. BARKER
Mailing Address 320 SOUTHEAST BAKER
City: MCMINNVILLE | State: OR | Zip Code: 97128
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: 02 / 09 / 2005
Transaction ID: SA11A1.7414
Amount of Each Receipt this Period: 1000.00

**B.** Full Name (Last, First, Middle Initial)
GEORGE T. BARKER
Mailing Address 320 SOUTHEAST BAKER
City: MCMINNVILLE | State: OR | Zip Code: 97128
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: 1250.00

Date of Receipt: 04 / 08 / 2005
Transaction ID: SA11A1.7738
Amount of Each Receipt this Period: 250.00

**C.** Full Name (Last, First, Middle Initial)
BRENT F. BARTHOLOMEW
Mailing Address 10400 MANSION AVENUE
City: LAS VEGAS | State: NV | Zip Code: 89144
FEC ID number of contributing federal political committee: C
Name of Employer: SELF-EMPLOYED
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 05 / 04 / 2005
Transaction ID: SA11A1.8028
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 16 / 140
(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)
DEBORAH A. BARTHOLOMEW
Mailing Address 801D BALMORAL COURT
City: DUBLIN | State: OH | Zip Code: 43017
FEC ID number of contributing federal political committee: C
Name of Employer: OHIO STATE UNIVERSITY
Occupation: PHYSICIAN
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 03 10 2005
Transaction ID: SA11A1.7729
Amount of Each Receipt this Period: 250.00

**B.** Full Name (Last, First, Middle Initial)
MARGUERITE L. BARTHOLOMEW
Mailing Address 8635 WEST THIRD
City: LOS ANGELES | State: CA | Zip Code: 90048
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: 06 29 2005
Transaction ID: SA11A1.8343
Amount of Each Receipt this Period: 500.00

**C.** Full Name (Last, First, Middle Initial)
MICHAEL T. BASS
Mailing Address 1720 HIGHWAY 59 SOUTHEAST
City: THIEF RIVER FALLS | State: MN | Zip Code: 56701
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: 06 21 2005
Transaction ID: SA11A1.8306
Amount of Each Receipt this Period: 1000.00

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

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

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

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

FOR LINE NUMBER: PAGE 17 / 140
(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)
BARBARA A. BEATTY
Mailing Address 13850 LAKESHORE DRIVE
City: DES MOINES | State: IA | Zip Code: 50325
FEC ID number of contributing federal political committee: C
Name of Employer: IOWA HEALTH PHYSICIANS
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 03 03 2005
Transaction ID: SA11A1.7509
Amount of Each Receipt this Period: 1000.00

**B.** Full Name (Last, First, Middle Initial)
ENRIQUE R. BEDIA
Mailing Address 6000 UNIVERSITY AVENUE
City: WEST DES MOINES | State: IA | Zip Code: 50266
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: 06 21 2005
Transaction ID: SA11A1.6308
Amount of Each Receipt this Period: 250.00

**C.** Full Name (Last, First, Middle Initial)
OWEN R. BELL
Mailing Address 2501 EAST 42ND STREET
City: ANCHORAGE | State: AK | Zip Code: 99508
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: 04 08 2005
Transaction ID: SA11A1.7739
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 18 / 140
(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)
PETER J. BELLER
Mailing Address 85 SEYMOUR STREET
City: HARTFORD | State: CT | Zip Code: 06106
FEC ID number of contributing federal political committee: C
Name of Employer: CONNECTICUT MULTISPECIALTY
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 03 10 2005
Transaction ID: SA11A1.7727
Amount of Each Receipt this Period: 100.00

B. Full Name (Last, First, Middle Initial)
SANDRA E. BERG
Mailing Address 1472 WEST BELLE PLAINE AVENUE
City: CHICAGO | State: IL | Zip Code: 60613
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: 06 21 2005
Transaction ID: SA11A1.8310
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
YAMILEE O. BERMINGHAM
Mailing Address 630 29TH STREET
City: SAN FRANCISCO | State: CA | Zip Code: 94131
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: 06 29 2005
Transaction ID: SA11A1.8347
Amount of Each Receipt this Period: 500.00

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

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

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

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

FOR LINE NUMBER: PAGE 19 / 140
(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)
RANDY A. BIRKIN
Mailing Address 15510 BEECHAM DRIVE
City: HOUSTON | State: TX | Zip Code: 77090
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: 05 19 2005
Transaction ID: SA11A1.8079
Amount of Each Receipt this Period: 1000.00

**B.** Full Name (Last, First, Middle Initial)
CRAIG L. BISSINGER
Mailing Address 50 CHERRY HILL ROAD
City: PARSIPPANY | State: NJ | Zip Code: 07054
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: 03 01 2005
Transaction ID: SA11A1.7669
Amount of Each Receipt this Period: 250.00

**C.** Full Name (Last, First, Middle Initial)
RICHARD H. BLUM
Mailing Address 10 AVON ROAD
City: SPRINGFIELD | State: NJ | Zip Code: 07081
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: 03 03 2005
Transaction ID: SA11A1.7686
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 20 / 140
(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)
RONNIE Z. BOCHNER
Mailing Address 10 CANDLE LANE
City: EAST BRUNSWICK | State: NJ | Zip Code: 08816
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: 03 01 2005
Transaction ID: SA11A1.7671
Amount of Each Receipt this Period: 250.00

**B.** Full Name (Last, First, Middle Initial)
MARYANNE C. BOMBAUGH
Mailing Address 81 CLOWES DRIVE
City: FALMOUTH | State: MA | Zip Code: 02540
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: 06 29 2005
Transaction ID: SA11A1.8351
Amount of Each Receipt this Period: 250.00

**C.** Full Name (Last, First, Middle Initial)
CYNTHIA BOOTH
Mailing Address 312 EAST EVERGREEN STREET
City: PAYSON | State: AZ | Zip Code: 85541
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: 06 29 2005
Transaction ID: SA11A1.8353
Amount of Each Receipt this Period: 1000.00

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

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

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

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

FOR LINE NUMBER: PAGE 21 / 140
(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)
KRISTINE BORRISON
Mailing Address 15151 NATIONAL AVENUE
City: LOS GATOS | State: CA | Zip Code: 95032
FEC ID number of contributing federal political committee: C
Name of Employer: LOS OLIROS MEDICAL GROUP
Occupation: PHYSICIAN
Receipt For: Primary General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 06 29 2005
Transaction ID: SA11A1.8355
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
MAMIE S. BOWERS
Mailing Address 13 TUCCAMIRGAN ROAD
City: FLEMINGTON | State: NJ | Zip Code: 08822
FEC ID number of contributing federal political committee: C
Name of Employer: LIFELINE MEDICAL ASSOCIAT-ES
Occupation: PHYSICIAN
Receipt For: Primary General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 04 08 2005
Transaction ID: SA11A1.7741
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
MICHAEL D. BOWMAN
Mailing Address 604 PROVIDENCE
City: MOBILE | State: AL | Zip Code: 36695
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: 05 19 2005
Transaction ID: SA11A1.8080
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 22 / 140
(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)
JENNIFER R. BOYLE
Mailing Address 1473 FAIRMOUNT AVENUE
City: SAINT PAUL | State: MN | Zip Code: 55105
FEC ID number of contributing federal political committee: C
Name of Employer: FAIRVIEW CLINICS
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 02 18 2005
Transaction ID: SA11A1.7454
Amount of Each Receipt this Period: 250.00

**B.** Full Name (Last, First, Middle Initial)
BRETT C. BRANSON
Mailing Address 353 NEW SHACKLE ISLAND ROAD
City: HENDERSONVILLE | State: TN | Zip Code: 37075
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: 05 03 2005
Transaction ID: SA11A1.7953
Amount of Each Receipt this Period: 500.00

**C.** Full Name (Last, First, Middle Initial)
JAMES T. BREEDEN
Mailing Address 1200 NORTH MOUNTAIN STREET
City: CARSON CITY | State: NV | Zip Code: 89703
FEC ID number of contributing federal political committee: C
Name of Employer: CARSON MEDICAL GROUP
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 03 30 2005
Transaction ID: SA11A1.7776
Amount of Each Receipt this Period: 1000.00

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

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

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

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

FOR LINE NUMBER: PAGE 23 / 140
(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 L. BREEN
Mailing Address 14 NORTH CALIBOGUE CAY ROAD
City: HILTON HEAD ISLAND | State: SC | Zip Code: 29928
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: 02 / 18 / 2005
Transaction ID: SA11A1.7456
Amount of Each Receipt this Period: 250.00

**B.** Full Name (Last, First, Middle Initial)
SANDIA Y. BREKKE
Mailing Address 1515 EAST VICTOR HUGO AVENUE
City: PHOENIX | State: AZ | Zip Code: 85022
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: 250.00

Date of Receipt: 03 / 24 / 2005
Transaction ID: SA11A1.7613
Amount of Each Receipt this Period: 250.00

**C.** Full Name (Last, First, Middle Initial)
MARC BRIERE
Mailing Address 285 DOGWOOD TRAIL
City: LONDON | State: KY | Zip Code: 40741
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: 06 / 29 / 2005
Transaction ID: SA11A1.8359
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 24 / 140
(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)
JENIFER A. BRODERICK-THOMAS
Mailing Address 8212 HIGHVIEW DRIVE
City: PLANO | State: TX | Zip Code: 75024
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: 06 29 2005
Transaction ID: SA11A1.8361
Amount of Each Receipt this Period: 500.00

**B.** Full Name (Last, First, Middle Initial)
SETH C. BRODY
Mailing Address 429 RIDGECREST DRIVE
City: CHAPEL HILL | State: NC | Zip Code: 27514
FEC ID number of contributing federal political committee: C
Name of Employer: WAKE MEDICAL FACULTY
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 05 04 2005
Transaction ID: SA11A1.8032
Amount of Each Receipt this Period: 250.00

**C.** Full Name (Last, First, Middle Initial)
WILLIAM J. BROWN, III
Mailing Address 556 COLGATE AVENUE
City: JOHNSTOWN | State: PA | Zip Code: 15905
FEC ID number of contributing federal political committee: C
Name of Employer: UNIVERSITY OF PITTSBURGH
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 03 03 2005
Transaction ID: SA11A1.7514
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 25 / 140
(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)
CATHERINE P. BROWNE
Mailing Address 1401 SOUTH 5TH STREET
City: TACOMA | State: WA | Zip Code: 98405
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: 1500.00

Date of Receipt: 06 22 2005
Transaction ID: SA11A1.8280
Amount of Each Receipt this Period: 1500.00

**B.**
Full Name (Last, First, Middle Initial)
DONALD K. BRYAN
Mailing Address 4361 SAWMILL ROAD
City: COLUMBUS | State: OH | Zip Code: 43220
FEC ID number of contributing federal political committee: C
Name of Employer: KINGSDALE GYNECOLOGIC ASSOCIATES
Occupation: PHYSICIAN
Receipt For: Primary General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 03 30 2005
Transaction ID: SA11A1.7777
Amount of Each Receipt this Period: 250.00

**C.**
Full Name (Last, First, Middle Initial)
STEVE P. BUCHANAN
Mailing Address 6812 PINE VALLEY PLACE
City: FORT WORTH | State: TX | Zip Code: 76132
FEC ID number of contributing federal political committee: C
Name of Employer: UNIVERSITY OF NORTH TEXAS
Occupation: PHYSICIAN
Receipt For: Primary General / Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 03 24 2005
Transaction ID: SA11A1.7614
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

FOR LINE NUMBER: PAGE 26 / 140
(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)
WILLIAM J. BULLIS
Mailing Address P.O. BOX 749
City: SOUTHERN PINES | State: CA | Zip Code: 28388
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: 06 29 2005
Transaction ID: SA11A1.8363
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
SUSAN C. BUNCH
Mailing Address 9913 SPRING RIDGE DRIVE
City: LOUISVILLE | State: KY | Zip Code: 40223
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: 02 18 2005
Transaction ID: SA11A1.7458
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
MARY C. BURKE
Mailing Address 1949 LAKESHORE DRIVE
City: KLAMATH FALLS | State: OR | Zip Code: 97601
FEC ID number of contributing federal political committee: C
Name of Employer: SELF-EMPLOYED
Occupation: PHYSICIAN
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 03 31 2005
Transaction ID: SA11A1.7795
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 27 / 140
(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)
RONALD T. BURKMAN
Mailing Address 284 ARDSLEY ROAD
City: LONGMEADOW | State: MA | Zip Code: 01106
FEC ID number of contributing federal political committee: C
Name of Employer: BAYSTATE MEDICAL CENTER
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 06 02 2005
Transaction ID: SA11A1.8263
Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
LONNIE S. BURNETT
Mailing Address 78 CONCORD PARK WEST
City: NASHVILLE | State: TN | Zip Code: 37205
FEC ID number of contributing federal political committee: C
Name of Employer: VANDERBILT UNIVERSITY
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 06 13 2005
Transaction ID: SA11A1.8215
Amount of Each Receipt this Period: 1000.00

C. Full Name (Last, First, Middle Initial)
ROBERT J. BURNETT
Mailing Address P.O. BOX 7054
City: KETCHIKAN | State: AK | Zip Code: 99501
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: 02 09 2005
Transaction ID: SA11A1.7421
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

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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)
JERRY A. BURNS
Mailing Address 406 RODGERS DRIVE
City: SEARCY | State: AR | Zip Code: 72143
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: 05 03 2005
Transaction ID: SA11A1.7955
Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
THOMAS H. BURWINKEL
Mailing Address 6816 PENRIDGE ROAD
City: CENTERVILLE | State: OH | Zip Code: 45459
FEC ID number of contributing federal political committee: C
Name of Employer: ALLIANCE PHYSICIANS
Occupation: PHYSICIAN
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 03 24 2005
Transaction ID: SA11A1.7615
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
ANTHONY P. CAGGIANO, JR.
Mailing Address 34 MOUNTAIN VIEW DRIVE
City: WEST PATERSON | State: NJ | Zip Code: 07424
FEC ID number of contributing federal political committee: C
Name of Employer: UMDNJ-NJMS
Occupation: PHYSICIAN
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 03 03 2005
Transaction ID: SA11A1.7515
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

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

**A.** Full Name (Last, First, Middle Initial)
ANTHONY P. CAGGIANO, JR.
Mailing Address 34 MOUNTAIN VIEW DRIVE
City: WEST PATERSON | State: NJ | Zip Code: 07424
FEC ID number of contributing federal political committee: C
Name of Employer: UMDNJ-NJMS | Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 03 / 18 / 2005
Transaction ID: SA11A1.7702
Amount of Each Receipt this Period: 250.00

**B.** Full Name (Last, First, Middle Initial)
MIGUEL G. CARBONELL
Mailing Address 3190 STATE STREET
City: MEDFORD | State: OR | Zip Code: 97504
FEC ID number of contributing federal political committee: C
Name of Employer: ASSOCIATES FOR WOMEN'S HEALTH | Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 04 / 06 / 2005
Transaction ID: SA11A1.7688
Amount of Each Receipt this Period: 500.00

**C.** Full Name (Last, First, Middle Initial)
ILONA M. CARLOS
Mailing Address 125 SOUTH JEFFERSON STREET
City: CHICAGO | State: IL | Zip Code: 60661
FEC ID number of contributing federal political committee: C
Name of Employer: LAKEVIEW WOMEN'S HEALTH | Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 03 / 10 / 2005
Transaction ID: SA11A1.7728
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)
KAREN M. CARLSON
Mailing Address 837 GRELYN DRIVE
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: 06 29 2005
Transaction ID: SA11A1.8368
Amount of Each Receipt this Period: 250.00

**B.** Full Name (Last, First, Middle Initial)
SANDRA A. CARSON
Mailing Address 2 WILLOWICK CIRCLE
City: HOUSTON | State: TX | Zip Code: 77024
FEC ID number of contributing federal political committee: C
Name of Employer: BAYLOR COLLEGE OF MEDICINE
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 05 11 2005
Transaction ID: SA11A1.7922
Amount of Each Receipt this Period: 500.00

**C.** Full Name (Last, First, Middle Initial)
BELVIA A. CARTER
Mailing Address 1469 POPLAR AVENUE
City: MEMPHIS | State: TN | Zip Code: 38104
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: 05 03 2005
Transaction ID: SA11A1.7957
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)
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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)
BELVIA A. CARTER
Mailing Address 1468 POPLAR AVENUE
City: MEMPHIS | State: TN | Zip Code: 38104
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: 2000.00

Date of Receipt: 05 03 2005
Transaction ID: SA11A1.7958
Amount of Each Receipt this Period: 1000.00

**B.** Full Name (Last, First, Middle Initial)
PETER S. CARTWRIGHT
Mailing Address 1728 TISDALE STREET
City: DURHAM | State: NC | Zip Code: 27705
FEC ID number of contributing federal political committee: C
Name of Employer: GYN SPECIALTIES
Occupation: PHYSICIAN
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 05 03 2005
Transaction ID: SA11A1.7959
Amount of Each Receipt this Period: 1000.00

**C.** Full Name (Last, First, Middle Initial)
CHARLES A. CASTLE
Mailing Address 645 OAKWOOD LANE
City: LANCASTER | State: PA | Zip Code: 17603
FEC ID number of contributing federal political committee: C
Name of Employer: OB/GYN OF LANCASTER
Occupation: PHYSICIAN
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 03 18 2005
Transaction ID: SA11A1.7703
Amount of Each Receipt this Period: 250.00

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

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

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

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

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

**A.** Full Name (Last, First, Middle Initial)
DANIEL E. CATALANO
Mailing Address 809 EAST NISHNA ROAD
City: SHENANDOAH | State: IA | Zip Code: 51601
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: 06 29 2005
Transaction ID: SA11A1.8372
Amount of Each Receipt this Period: 500.00

**B.** Full Name (Last, First, Middle Initial)
ROBERT M. CATES
Mailing Address 94 TWIN LAKE ROAD
City: ROME | State: GA | Zip Code: 30165
FEC ID number of contributing federal political committee: C
Name of Employer: RETIRED
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 04 06 2005
Transaction ID: SA11A1.7889
Amount of Each Receipt this Period: 500.00

**C.** Full Name (Last, First, Middle Initial)
ROBERT M. CATES
Mailing Address 94 TWIN LAKE ROAD
City: ROME | State: GA | Zip Code: 30165
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: 04 06 2005
Transaction ID: SA11A1.7890
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)
JANET R. CATHEY
Mailing Address 9501 LILE DRIVE
City: LITTLE ROCK | State: AR | Zip Code: 72205
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: 04 11 2005
Transaction ID: SA11A1.7868
Amount of Each Receipt this Period: 500.00

**B.** Full Name (Last, First, Middle Initial)
TUESDAY L. CHADWICK
Mailing Address 2870 LEWIS LANE
City: PARIS | State: TX | Zip Code: 75462
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: 05 03 2005
Transaction ID: SA11A1.7961
Amount of Each Receipt this Period: 500.00

**C.** Full Name (Last, First, Middle Initial)
DONALD C. CHAMBERS
Mailing Address 18 BRICKFORD LANE
City: PIKESVILLE | State: MD | Zip Code: 21208
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: 02 18 2005
Transaction ID: SA11A1.7480
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)
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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)
ELAINE Y. CHANG
Mailing Address 16929 21ST AVENUE SW
City: BURIEN | State: WA | Zip Code: 98166
FEC ID number of contributing federal political committee: C
Name of Employer: MEDICAL ENTERPRISES
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 04 29 2005
Transaction ID: SA11A1.7639
Amount of Each Receipt this Period: 250.00

**B.**
Full Name (Last, First, Middle Initial)
SAMUEL J. CHANTILIS
Mailing Address 4155 HERSCHEL AVENUE
City: DALLAS | State: TX | Zip Code: 75219
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: 04 08 2005
Transaction ID: SA11A1.7742
Amount of Each Receipt this Period: 1000.00

**C.**
Full Name (Last, First, Middle Initial)
BEN H. CHEEK
Mailing Address 1826 SUMMIT DRIVE
City: COLUMBUS | State: GA | Zip Code: 31906
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: 03 24 2005
Transaction ID: SA11A1.7641
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

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

**A.** Full Name (Last, First, Middle Initial)
ALICE CHEN
Mailing Address 4711 GOLF ROAD
City: SKOKIE | State: IL | Zip Code: 60076
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: 05 03 2005
Transaction ID: SA11A1.7963
Amount of Each Receipt this Period: 250.00

**B.** Full Name (Last, First, Middle Initial)
JEAN M. CHIN
Mailing Address 785 PARK AVENUE
City: NEW YORK | State: NY | Zip Code: 10021
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: 05 03 2005
Transaction ID: SA11A1.7964
Amount of Each Receipt this Period: 500.00

**C.** Full Name (Last, First, Middle Initial)
LISA N. CHITOUR
Mailing Address 17 FOXCROFT DRIVE
City: PRINCETON | State: NJ | Zip Code: 08540
FEC ID number of contributing federal political committee: C
Name of Employer: PRINCETON MEDICAL GROUP
Occupation: PHYSICIAN
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 05 03 2005
Transaction ID: SA11A1.7966
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)
M. BRUCE CHRISTOPHERSON
Mailing Address 920 FROSTWOOD DRIVE
City: HOUSTON | State: TX | Zip Code: 77024
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: 04 11 2005
Transaction ID: SA11A1.7870
Amount of Each Receipt this Period: 1000.00

B. Full Name (Last, First, Middle Initial)
WILLIAM B. CLARK
Mailing Address 11 WILLOW SPRING DRIVE
City: LATHAM | State: NY | Zip Code: 12110
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: 06 29 2005
Transaction ID: SA11A1.8379
Amount of Each Receipt this Period: 1000.00

C. Full Name (Last, First, Middle Initial)
HARVEY M. COHEN
Mailing Address 255 UNION AVENUE
City: LAKEWOOD | State: CO | Zip Code: 80228
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: 03 18 2005
Transaction ID: SA11A1.7706
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

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

**A.** Full Name (Last, First, Middle Initial)
GREGORY C. COOK
Mailing Address 736 GREENFIELD ABBEY COURT
City: MARTINEZ | State: GA | Zip Code: 30907
FEC ID number of contributing federal political committee: C
Name of Employer: AUGUSTA GYN, INC.
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 04 29 2005
Transaction ID: SA11A1.7841
Amount of Each Receipt this Period: 250.00

**B.** Full Name (Last, First, Middle Initial)
PAMELA D. COWELL
Mailing Address 120 14TH AVENUE SOUTHEAST
City: PUYALLUP | State: WA | Zip Code: 98372
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: 05 03 2005
Transaction ID: SA11A1.7968
Amount of Each Receipt this Period: 500.00

**C.** Full Name (Last, First, Middle Initial)
RAYMOND L. COX
Mailing Address 3001 HOSPITAL DRIVE
City: CHEVERLY | State: MD | Zip Code: 20785
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: 06 13 2005
Transaction ID: SA11A1.8216
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

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

**A.** Full Name (Last, First, Middle Initial)
TERESA M. CRADDOCK
Mailing Address 7714 OAK MOUNT ROAD
City: WICHITA | State: KS | Zip Code: 67226
FEC ID number of contributing federal political committee: C
Name of Employer: HEARTLAND WOMEN'S HEALTH
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 04 11 2005
Transaction ID: SA11A1.7872
Amount of Each Receipt this Period: 500.00

**B.** Full Name (Last, First, Middle Initial)
BARBARA N. CROFT
Mailing Address 33 PACES WEST PLACE
City: ATLANTA | State: GA | Zip Code: 30327
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: 03 24 2005
Transaction ID: SA11A1.7617
Amount of Each Receipt this Period: 250.00

**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: 500.00

Date of Receipt: 03 30 2005
Transaction ID: SA11A1.7778
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 39 / 140
(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)
MAIA S. DANIELSON
Mailing Address 3501 PEBBLE BEACH DRIVE
City: HARLINGEN | State: TX | Zip Code: 78550
FEC ID number of contributing federal political committee: C
Name of Employer: VALLEY WOMEN'S CLINIC
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 05 02 2005
Transaction ID: SA11A1.7941
Amount of Each Receipt this Period: 1000.00

B. Full Name (Last, First, Middle Initial)
MARY S. DAVID
Mailing Address 1535 PARR AVENUE
City: DYERSBURG | State: TN | Zip Code: 38024
FEC ID number of contributing federal political committee: C
Name of Employer: WOMEN'S CLINIC OF DYERSBURG
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 06 13 2005
Transaction ID: SA11A1.8217
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
EZRA C. DAVIDSON, JR.
Mailing Address 1731 EAST 116TH STREET
City: LOS ANGELES | State: CA | Zip Code: 90059
FEC ID number of contributing federal political committee: C
Name of Employer: C.R. DREW UNIVERSITY
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 03 01 2005
Transaction ID: SA11A1.7678
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 40 / 140
(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)
LAURA A. DEAN
Mailing Address 14 HIGHWAY 96 EAST
City: DELLWOOD | State: MN | Zip Code: 55110
FEC ID number of contributing federal political committee: C
Name of Employer: STILLWATER MEDICAL GROUP
Occupation: PHYSICIAN
Receipt For: Primary General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 06 29 2005
Transaction ID: SA11A1.8382
Amount of Each Receipt this Period: 250.00

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: 500.00

Date of Receipt: 02 03 2005
Transaction ID: SA11A1.7399
Amount of Each Receipt this Period: 500.00

C. 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: 1500.00

Date of Receipt: 03 22 2005
Transaction ID: SA11A1.7574
Amount of Each Receipt this Period: 1000.00

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

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

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

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

FOR LINE NUMBER: PAGE 41 / 140
(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)
CHARLES H. DEBROVNER
Mailing Address 338 EAST 30TH STREET
City: NEW YORK | State: NY | Zip Code: 10016
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: 03 01 2005
Transaction ID: SA11A1.7680
Amount of Each Receipt this Period: 250.00

**B.** Full Name (Last, First, Middle Initial)
RAJIV J. DEENADAYALU
Mailing Address 1570 MEADOWSIDE DRIVE
City: ANN ARBOR | State: MI | Zip Code: 48104
FEC ID number of contributing federal political committee: C
Name of Employer: ASSOCIATES IN GYN & OB
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 04 06 2005
Transaction ID: SA11A1.7691
Amount of Each Receipt this Period: 250.00

**C.** Full Name (Last, First, Middle Initial)
MARK S. DEFRANCESCO
Mailing Address 35 TERRELL FARM ROAD
City: CHESHIRE | State: CT | Zip Code: 06410
FEC ID number of contributing federal political committee: C
Name of Employer: WOMEN'S HEALTH CONNECTICUT
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 03 10 2005
Transaction ID: SA11A1.7730
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 42 / 140
(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)
ISSAC DELKE
Mailing Address 2880 FOREST CIRCLE
City: JACKSONVILLE | State: FL | Zip Code: 32257
FEC ID number of contributing federal political committee: C
Name of Employer: UNIVERSITY OF FLORIDA
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 06 13 2005
Transaction ID: SA11A1.8219
Amount of Each Receipt this Period: 250.00

**B.** Full Name (Last, First, Middle Initial)
JOSEPH L. DESTEFANO
Mailing Address 8700 VENTNOR AVENUE
City: MARGATE | State: NJ | Zip Code: 08402
FEC ID number of contributing federal political committee: C
Name of Employer: WOMEN FIRST
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 03 22 2005
Transaction ID: SA11A1.7575
Amount of Each Receipt this Period: 500.00

**C.** Full Name (Last, First, Middle Initial)
T. CLIFFORD DEVENY
Mailing Address 525 EAST MARKET STREET
City: AKRON | State: OH | Zip Code: 44304
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: 02 09 2005
Transaction ID: SA11A1.7475
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 43 / 140
(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)
KERYN M. DIAS
Mailing Address 2102 HILLRIDGE COURT
City: ARLINGTON | State: TX | Zip Code: 76012
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: 250.00

Date of Receipt: 03 03 2005
Transaction ID: SA11A1.7521
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
VIVIAN M. DICKERSON
Mailing Address 6150 EAST WEST VIEW DRIVE
City: ORANGE | State: CA | Zip Code: 92869
FEC ID number of contributing federal political committee: C
Name of Employer: UNIVERSITY OF CALIFORNIA - IRVINE
Occupation: PHYSICIAN
Receipt For: Primary General / Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 03 18 2005
Transaction ID: SA11A1.7707
Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial)
VIVIAN M. DICKERSON
Mailing Address 6150 EAST WEST VIEW DRIVE
City: ORANGE | State: CA | Zip Code: 92869
FEC ID number of contributing federal political committee: C
Name of Employer: UNIVERSITY OF CALIFORNIA - IRVINE
Occupation: PHYSICIAN
Receipt For: Primary General / Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 03 18 2005
Transaction ID: SA11A1.7708
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 44 / 140
(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)
MARVIN L. DIETRICH
Mailing Address 18922 EAST TONTO VERDE
City: RIO VERDE | State: AZ | Zip Code: 85263
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: 05 04 2005
Transaction ID: SA11A1.8034
Amount of Each Receipt this Period: 500.00

**B.** Full Name (Last, First, Middle Initial)
PATRICIA M. DIX
Mailing Address 100 EAST PRIMROSE
City: SPRINGFIELD | State: MO | Zip Code: 65807
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: 05 24 2005
Transaction ID: SA11A1.8136
Amount of Each Receipt this Period: 250.00

**C.** Full Name (Last, First, Middle Initial)
WALEED DOANY
Mailing Address 1355 NORTH LAUREL AVENUE
City: WEST HOLLYWOOD | State: CA | Zip Code: 90046
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: 06 29 2005
Transaction ID: SA11A1.8383
Amount of Each Receipt this Period: 1000.00

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

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

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

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

FOR LINE NUMBER: PAGE 45 / 140
(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)
STEVEN W. DOMNITZ
Mailing Address 12 JAROMBEK DRIVE
City: MONTVILLE | State: NJ | Zip Code: 07082
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: 250.00

Date of Receipt: 03 01 2005
Transaction ID: SA11A1.7682
Amount of Each Receipt this Period: 250.00

**B.** Full Name (Last, First, Middle Initial)
JULIE DROLET
Mailing Address 1010 PLYMOUTH ROAD
City: YORK | State: PA | Zip Code: 17402
FEC ID number of contributing federal political committee: C
Name of Employer: WOMANCARE
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 06 29 2005
Transaction ID: SA11A1.8385
Amount of Each Receipt this Period: 250.00

**C.** Full Name (Last, First, Middle Initial)
MAURICE L. DRUZIN
Mailing Address 1408 PITMAN AVENUE
City: PALO ALTO | State: CA | Zip Code: 94301
FEC ID number of contributing federal political committee: C
Name of Employer: STANFORD UNIVERSITY
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 03 01 2005
Transaction ID: SA11A1.7685
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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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)
ROBERT F. ELDER
Mailing Address 1928 ALCOA HIGHWAY
City: KNOXVILLE | State: TN | Zip Code: 37920
FEC ID number of contributing federal political committee: C
Name of Employer: UNIVERSITY OF TENNESSEE
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 06 13 2005
Transaction ID: SA11A1.8221
Amount of Each Receipt this Period: 500.00

**B.** Full Name (Last, First, Middle Initial)
DENISE M. ELSER
Mailing Address 5716 WEST 95TH STREET
City: OAK LAWN | State: IL | Zip Code: 60453
FEC ID number of contributing federal political committee: C
Name of Employer: ADVOCATE CHRIST MEDICAL CENTER
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 03 18 2005
Transaction ID: SA11A1.7714
Amount of Each Receipt this Period: 250.00

**C.** Full Name (Last, First, Middle Initial)
NANCY L. ERIKSEN
Mailing Address 2 LONGCHAMP COURT
City: ODESSA | State: TX | Zip Code: 79762
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: 05 24 2005
Transaction ID: SA11A1.8138
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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NAME OF COMMITTEE (In Full)
OB-GYNS FOR WOMEN'S HEALTH PAC

**A.** Full Name (Last, First, Middle Initial)
EVAN F. EVANS
Mailing Address 4403 HARRISON BOULEVARD
City: OGDEN | State: UT | Zip Code: 84403
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: 05 04 2005
Transaction ID: SA11A1.8037
Amount of Each Receipt this Period: 1000.00

**B.** Full Name (Last, First, Middle Initial)
JENNIFER L. FERGUSON
Mailing Address 2004 CAREY COURT
City: WINTERVILLE | State: NC | Zip Code: 28590
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: 400.00

Date of Receipt: 06 29 2005
Transaction ID: SA11A1.8387
Amount of Each Receipt this Period: 400.00

**C.** Full Name (Last, First, Middle Initial)
NANCY C. FISHER
Mailing Address 384 DOREST STREET
City: SOUTH BURLINGTON | State: VT | Zip Code: 05403
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: 03 22 2005
Transaction ID: SA11A1.7579
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ▶ **1650.00**

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

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

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

FOR LINE NUMBER: PAGE 48 / 140
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NAME OF COMMITTEE (In Full)
OB-GYNS FOR WOMEN'S HEALTH PAC

**A.**
Full Name (Last, First, Middle Initial)
STEVEN J. FLEISCHMAN
Mailing Address 9 CARRIAGE HILL ROAD
City: WOODBRIDGE | State: CT | Zip Code: 06525
FEC ID number of contributing federal political committee: C
Name of Employer: GYNECOLOGY & INFERTILITY, PC
Occupation: PHYSICIAN
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 03 18 2005
Transaction ID: SA11A1.7715
Amount of Each Receipt this Period: 1000.00

**B.**
Full Name (Last, First, Middle Initial)
NATHAN G. FUJITA
Mailing Address 1329 LUSITANA STREET
City: HONOLULU | State: HI | Zip Code: 96813
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: 03 24 2005
Transaction ID: SA11A1.7621
Amount of Each Receipt this Period: 250.00

**C.**
Full Name (Last, First, Middle Initial)
MICHAEL L. GALLOWAY
Mailing Address 6318 ARCANUM BEARSMILL ROAD
City: GREENVILLE | State: OH | Zip Code: 45331
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: 06 29 2005
Transaction ID: SA11A1.8389
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

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

**A.** Full Name (Last, First, Middle Initial)
WILLIAM L. GARNER
Mailing Address 9500 KANIS ROAD
City: LITTLE ROCK | State: AR | Zip Code: 72205
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: 03 10 2005
Transaction ID: SA11A1.7731
Amount of Each Receipt this Period: 250.00

**B.** Full Name (Last, First, Middle Initial)
JOHN S. GARRA
Mailing Address 234 JEFFERSON AVENUE
City: HADDONFIELD | State: NJ | Zip Code: 08033
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: 04 29 2005
Transaction ID: SA11A1.7843
Amount of Each Receipt this Period: 300.00

**C.** Full Name (Last, First, Middle Initial)
THOMAS M. GELLHAUS
Mailing Address 2322 EAST KIMBERLY
City: DAVENPORT | State: IA | Zip Code: 52807
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: 1000.00

Date of Receipt: 03 18 2005
Transaction ID: SA11A1.7716
Amount of Each Receipt this Period: 1000.00

SUBTOTAL of Receipts This Page (optional) ▶ **1550.00**

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

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

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

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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)
PATRICIA A. GENERELLI
Mailing Address 168 PORT MONMOUTH ROAD
City: KEANSBURG | State: NJ | Zip Code: 07734
FEC ID number of contributing federal political committee: C
Name of Employer: ATLANTIC WOMEN'S MEDICAL GROUP
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 06 / 13 / 2005
Transaction ID: SA11A1.8225
Amount of Each Receipt this Period: 500.00

**B.** Full Name (Last, First, Middle Initial)
JOHN M. GIBBONS, JR.
Mailing Address 1000 ASYLUM AVENUE
City: HARTFORD | State: CT | Zip Code: 06105
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: 1500.00

Date of Receipt: 03 / 18 / 2005
Transaction ID: SA11A1.7717
Amount of Each Receipt this Period: 1500.00

**C.** Full Name (Last, First, Middle Initial)
WILLIAM M. GILBERT
Mailing Address 5545 CLARENDON WAY
City: CARMICHAEL | State: CA | Zip Code: 95608
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: 05 / 19 / 2005
Transaction ID: SA11A1.8084
Amount of Each Receipt this Period: 250.00

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

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

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

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

FOR LINE NUMBER: PAGE 51 / 140
(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)
MARIA M. GILPIN
Mailing Address 1413 EAST SAPIUM WAY
City: PHOENIX | State: AZ | Zip Code: 85048
FEC ID number of contributing federal political committee: C
Name of Employer: MED PRO MEDICAL ASSOCIATES
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 03 18 2005
Transaction ID: SA11A1.7718
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial)
MARIA M. GILPIN
Mailing Address 1413 EAST SAPIUM WAY
City: PHOENIX | State: AZ | Zip Code: 85048
FEC ID number of contributing federal political committee: C
Name of Employer: MED PRO MEDICAL ASSOCIATES
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 06 13 2005
Transaction ID: SA11A1.8226
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial)
HABIB S. GIRGIS
Mailing Address 14624 SHERMAN WAY
City: VAN NUYS | State: CA | Zip Code: 91405
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: 04 11 2005
Transaction ID: SA11A1.7874
Amount of Each Receipt this Period: 1000.00

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

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

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

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

FOR LINE NUMBER: PAGE 52 / 140
(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)
LARRY GLAZERMAN
Mailing Address 8900 HAMILTON BOULEVARD
City: TREXLERTOWN | State: PA | Zip Code: 18087
FEC ID number of contributing federal political committee: C
Name of Employer: SELF-EMPLOYED
Occupation: PHYSICIAN
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 06 13 2005
Transaction ID: SA11A1.8227
Amount of Each Receipt this Period: 250.00

**B.** Full Name (Last, First, Middle Initial)
LISA M. GODETTE
Mailing Address 7610 CARROLL AVENUE
City: TAKOMA PARK | State: MD | Zip Code: 20912
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: 04 06 2005
Transaction ID: SA11A1.7899
Amount of Each Receipt this Period: 500.00

**C.** Full Name (Last, First, Middle Initial)
RALEIGH K. GODSEY
Mailing Address 2514 RED FOX TRAIL
City: CHARLOTTE | State: NC | Zip Code: 28211
FEC ID number of contributing federal political committee: C
Name of Employer: BRADFORD CLINIC
Occupation: PHYSICIAN
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 02 09 2005
Transaction ID: SA11A1.7427
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 53 / 140
(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)
LAURIE R. GOLDSTEIN
Mailing Address 134 EAST 93RD STREET
City: NEW YORK | State: NY | Zip Code: 10128
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: 05 03 2005
Transaction ID: SA11A1.7970
Amount of Each Receipt this Period: 1000.00

**B.** Full Name (Last, First, Middle Initial)
LINDA GOODRUM
Mailing Address 5124 HIDDEN BROOK LANE
City: LEAGUE CITY | State: TX | Zip Code: 77573
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: 05 23 2005
Transaction ID: SA11A1.8064
Amount of Each Receipt this Period: 500.00

**C.** Full Name (Last, First, Middle Initial)
JOHN D. GORDON
Mailing Address 48 SOUTH GLEBE ROAD
City: ARLINGTON | State: VA | Zip Code: 22204
FEC ID number of contributing federal political committee: C
Name of Employer: DOMINION FERTILITY
Occupation: PHYSICIAN
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 05 24 2005
Transaction ID: SA11A1.8140
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)
## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 54 / 140
(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)
CYNTHIA J. GOTO
Mailing Address 4300 WAIALAE AVENUE
City: HONOLULU | State: HI | Zip Code: 96816
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: 03 18 2005
Transaction ID: SA11A1.7719
Amount of Each Receipt this Period: 250.00

**B.**
Full Name (Last, First, Middle Initial)
CYNTHIA J. GOTO
Mailing Address 4300 WAIALAE AVENUE
City: HONOLULU | State: HI | Zip Code: 96816
FEC ID number of contributing federal political committee: C
Name of Employer: SELF-EMPLOYED
Occupation: PHYSICIAN
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 350.00

Date of Receipt: 03 24 2005
Transaction ID: SA11A1.7622
Amount of Each Receipt this Period: 100.00

**C.**
Full Name (Last, First, Middle Initial)
JENNIFER M. GRACE
Mailing Address 3 WESTWOOD STREET
City: MOBILE | State: AL | Zip Code: 36608
FEC ID number of contributing federal political committee: C
Name of Employer: UNIVERSITY OF SOUTHERN ALABAMA
Occupation: PHYSICIAN
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 03 24 2005
Transaction ID: SA11A1.7642
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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 / 140
(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)
MARIA S. GRANTHOM
Mailing Address 208 GREEN VALLEY ROAD
City: FREEDOM | State: CA | Zip Code: 95003
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: 06 29 2005
Transaction ID: SA11A1.8392
Amount of Each Receipt this Period: 250.00

**B.** Full Name (Last, First, Middle Initial)
REBECCA S. GREEN
Mailing Address 22 CHESTER STREET
City: NASHUA | State: NH | Zip Code: 03064
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: 05 19 2005
Transaction ID: SA11A1.8087
Amount of Each Receipt this Period: 500.00

**C.** Full Name (Last, First, Middle Initial)
JENNIFER Y. GREENE
Mailing Address 57 WILLOWBROOK BOULEVARD
City: WAYNE | State: NJ | Zip Code: 07470
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: 05 19 2005
Transaction ID: SA11A1.8089
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 / 140
(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)
LAURIE C. GREGG
Mailing Address 1846 ROCKWOOD DRIVE
City: SACRAMENTO | State: CA | Zip Code: 95864
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: 06 13 2005
Transaction ID: SA11A1.8228
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
KATHERINE L. GREGORY
Mailing Address 1250 GODETIA DRIVE
City: WOODSIDE | State: CA | Zip Code: 94062
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: 05 23 2005
Transaction ID: SA11A1.8065
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
CLEMENS M. GROSSKINSKY
Mailing Address 1855 CHATFIELD ROAD
City: COLUMBUS | State: OH | Zip Code: 43221
FEC ID number of contributing federal political committee: C
Name of Employer: OHIO REPRODUCTIVE MEDICINE
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 05 03 2005
Transaction ID: SA11A1.7971
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 57 / 140
(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)
PATRICIA A. GUNTER
Mailing Address 900 EAST 30TH STREET
City: AUSTIN | State: TX | Zip Code: 78705
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: 03 31 2005
Transaction ID: SA11A1.7804
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: 250.00

Date of Receipt: 03 24 2005
Transaction ID: SA11A1.7646
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
CHARLES B. HAMMOND
Mailing Address P.O. BOX 3853
City: DURHAM | State: NC | Zip Code: 27710
FEC ID number of contributing federal political committee: C
Name of Employer: DUKE UNIVERSITY
Occupation: PHYSICIAN
Receipt For: Primary General / Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 03 18 2005
Transaction ID: SA11A1.7721
Amount of Each Receipt this Period: 1000.00

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

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

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

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

FOR LINE NUMBER: PAGE 58 / 140
(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)
LEE A. HAMMOND
Mailing Address 4965 GRANBY COURT
City: COLORADO SPRINGS | State: CO | Zip Code: 80919
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: 06 21 2005
Transaction ID: SA11A1.8316
Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
ALI R. HAMZEH
Mailing Address 119 WEST YALE LOOP
City: IRVINE | State: CA | Zip Code: 92604
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: 05 11 2005
Transaction ID: SA11A1.7924
Amount of Each Receipt this Period: 300.00

C. Full Name (Last, First, Middle Initial)
MAGDI M. HANAFI
Mailing Address 5873 PEACHTREE DUNWOODY ROAD
City: ATLANTA | State: GA | Zip Code: 30342
FEC ID number of contributing federal political committee: C
Name of Employer: GYN & FERTILITY SPECIALISTS
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 06 13 2005
Transaction ID: SA11A1.8230
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 59 / 140
(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)
THOMAS F. HARMAN
Mailing Address 1000 J.D. ANDERSON DRIVE
City: MORGANTOWN | State: WV | Zip Code: 26505
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: 05 03 2005
Transaction ID: SA11A1.7973
Amount of Each Receipt this Period: 1000.00

B. Full Name (Last, First, Middle Initial)
CLAIRE E. HARRAGHY
Mailing Address 137 21ST AVENUE
City: HICKORY | State: NC | Zip Code: 28601
FEC ID number of contributing federal political committee: C
Name of Employer: THE WOMEN'S CLINIC
Occupation: PHYSICIAN
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 05 24 2005
Transaction ID: SA11A1.8144
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
ALBERT R. HARTMAN
Mailing Address 4403 HARRISON BOULEVARD
City: OGDEN | State: UT | Zip Code: 84403
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: 03 30 2005
Transaction ID: SA11A1.7779
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 60 / 140
(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)
SUSAN M. HARVEY
Mailing Address 8912 46TH AVENUE NORTHEAST
City: SEATTLE | State: WA | Zip Code: 98115
FEC ID number of contributing federal political committee: C
Name of Employer: SEATTLE OB/GYN GROUP
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 03 18 2005
Transaction ID: SA11A1.7722
Amount of Each Receipt this Period: 250.00

**B.** Full Name (Last, First, Middle Initial)
RUTH E. HASKINS
Mailing Address 3444 SMOKEY MOUNTAIN CIRCLE
City: EL DORADO HILLS | State: CA | Zip Code: 95762
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: 05 23 2005
Transaction ID: SA11A1.8066
Amount of Each Receipt this Period: 1000.00

**C.** Full Name (Last, First, Middle Initial)
KENNETH D. HATCH
Mailing Address 2800 EAST CAMINO LA BRINCA
City: TUCSON | State: AZ | Zip Code: 85718
FEC ID number of contributing federal political committee: C
Name of Employer: UNIVERSITY OF ARIZONA
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 04 08 2005
Transaction ID: SA11A1.7752
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 / 140
(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)
DOUGLAS A. HELM
Mailing Address 110 NORTH VALERIA STREET
City: FRESNO | State: CA | Zip Code: 93701
FEC ID number of contributing federal political committee: C
Name of Employer: PACCMG, INC.
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 03 01 2005
Transaction ID: SA11A1.7691
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
RICHARD W. HENDERSON
Mailing Address 1709 CLEAVER LANE
City: WILMINGTON | State: DE | Zip Code: 19803
FEC ID number of contributing federal political committee: C
Name of Employer: ST. FRANCIS HOSPITAL
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 03 30 2005
Transaction ID: SA11A1.7781
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
KATHERINE L. HILSINGER
Mailing Address 2580 DAGGETT AVENUE
City: KLAMATH FALLS | State: OR | Zip Code: 97601
FEC ID number of contributing federal political committee: C
Name of Employer: SELF-EMPLOYED
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 02 24 2005
Transaction ID: SA11A1.7496
Amount of Each Receipt this Period: 250.00

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

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

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

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

FOR LINE NUMBER: PAGE 62 / 140
(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)
JOHN H. HOERTZ
Mailing Address 1549 CARIBBEAN DRIVE
City: SARASOTA | State: FL | Zip Code: 34231
FEC ID number of contributing federal political committee: C
Name of Employer: SARASOTA MEMORIAL HOSPITAL
Occupation: PHYSICIAN
Receipt For: Primary General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 06 17 2005
Transaction ID: SA11A1.8177
Amount of Each Receipt this Period: 250.00

**B.** Full Name (Last, First, Middle Initial)
LISA M. HOLLIER
Mailing Address 8612 MERCER STREET
City: HOUSTON | State: TX | Zip Code: 77005
FEC ID number of contributing federal political committee: C
Name of Employer: UT HOUSTON MEDICAL SCHOOL
Occupation: PHYSICIAN
Receipt For: Primary General / Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 05 23 2005
Transaction ID: SA11A1.8067
Amount of Each Receipt this Period: 500.00

**C.** Full Name (Last, First, Middle Initial)
JOHN D. HOLMES
Mailing Address 1450 SOUTH DOBSON ROAD
City: MESA | State: AZ | Zip Code: 85202
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: 06 29 2005
Transaction ID: SA11A1.8400
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 63 / 140
(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)
TIMNA L. HUGHES
Mailing Address 1050 BETHANY LANE
City: PLACERVILLE | State: CA | Zip Code: 95667
FEC ID number of contributing federal political committee: C
Name of Employer: ELDORADO WOMEN'S MEDICAL
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 05 04 2005
Transaction ID: SA11A1.8039
Amount of Each Receipt this Period: 250.00

**B.** Full Name (Last, First, Middle Initial)
AMY M. HUIBONHOA
Mailing Address 2999 REGENT STREET
City: BERKELEY | State: CA | Zip Code: 94705
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: 05 03 2005
Transaction ID: SA11A1.7975
Amount of Each Receipt this Period: 500.00

**C.** Full Name (Last, First, Middle Initial)
RUBY P. HUTTNER
Mailing Address 121 HIGHWAY 31 SOUTH
City: FLEMINGTON | State: NJ | Zip Code: 08822
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: 06 13 2005
Transaction ID: SA11A1.8231
Amount of Each Receipt this Period: 1000.00

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

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

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

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

FOR LINE NUMBER: PAGE 64 / 140
(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)
DONG HA HWANG
Mailing Address 402 8TH AVENUE
City: SAN FRANCISCO | State: CA | Zip Code: 94118
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: 03 24 2005
Transaction ID: SA11A1.7623
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
JAY D. IAMS
Mailing Address 2391 SOUTHWAY DRIVE
City: COLUMBUS | State: OH | Zip Code: 43221
FEC ID number of contributing federal political committee: C
Name of Employer: OHIO STATE UNIVERSITY
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 05 03 2005
Transaction ID: SA11A1.7977
Amount of Each Receipt this Period: 1000.00

C. Full Name (Last, First, Middle Initial)
SARA L. IMERSHEIN
Mailing Address 2311 M STREET, NW
City: WASHINGTON | State: DC | Zip Code: 20037
FEC ID number of contributing federal political committee: C
Name of Employer: IMERSHEIN & BIRNKRANT
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 03 01 2005
Transaction ID: SA11A1.7693
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 65 / 140
(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)
GEORGE B. INGE
Mailing Address 1555 DAUPHIN STREET
City: MOBILE | State: AL | Zip Code: 36604
FEC ID number of contributing federal political committee: C
Name of Employer: REPRODUCTIVE MEDICINE CENTER
Occupation: PHYSICIAN
Receipt For: Primary General; Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 03 24 2005
Transaction ID: SA11A1.7649
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial)
ANNIE IRIYE
Mailing Address 2103 CRAIG ROAD
City: OLYMPIA | State: WA | Zip Code: 98501
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: 05 24 2005
Transaction ID: SA11A1.8146
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
WALTER L. IRVING
Mailing Address 1945 BOSTON
City: GRAND RAPIDS | State: MI | Zip Code: 49508
FEC ID number of contributing federal political committee: C
Name of Employer: METROPOLITAN HOSPITAL
Occupation: PHYSICIAN
Receipt For: Primary General; Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 03 30 2005
Transaction ID: SA11A1.7782
Amount of Each Receipt this Period: 500.00

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

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

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

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

FOR LINE NUMBER: PAGE 66 / 140
(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)
PHILIP B. IVEY
Mailing Address 1829 EAST MCMURRAY BOULEVARD
City: CASA GRANDE | State: AZ | Zip Code: 85222
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: 02 09 2005
Transaction ID: SA11A1.7476
Amount of Each Receipt this Period: 1000.00

**B.** Full Name (Last, First, Middle Initial)
ROBERT J. JAEGER
Mailing Address 1418 CHIPPEWA TRAIL
City: MOSINEE | State: WI | Zip Code: 54455
FEC ID number of contributing federal political committee: C
Name of Employer: RICE MEDICAL CENTER
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 06 13 2005
Transaction ID: SA11A1.8233
Amount of Each Receipt this Period: 250.00

**C.** Full Name (Last, First, Middle Initial)
EVITA G. JAMES
Mailing Address 18610 MEDINAH COURT
City: SILVER SPRING | State: MD | Zip Code: 20865
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: 06 17 2005
Transaction ID: SA11A1.8179
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 67 / 140
(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)
JODI KAIGH
Mailing Address 1204 EAST 2ND
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: 250.00

Date of Receipt: 05 23 2005
Transaction ID: SA11A1.8068
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
HAROLD A. KAMINETZKY
Mailing Address 28 YARMOUTH COURT
City: SCOTCH PLAINS | State: NJ | Zip Code: 07076
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: 03 24 2005
Transaction ID: SA11A1.7626
Amount of Each Receipt this Period: 1000.00

C. 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: 500.00

Date of Receipt: 05 11 2005
Transaction ID: SA11A1.7926
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 68 / 140
(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)
LEAH A. KAUFMAN
Mailing Address 264-27 LANGSTON AVENUE
City: GLEN OAKS | State: NY | Zip Code: 11004
FEC ID number of contributing federal political committee: C
Name of Employer: LONG ISLAND MEDICAL CENTER
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 03 24 2005
Transaction ID: SA11A1.7651
Amount of Each Receipt this Period: 1000.00

**B.** Full Name (Last, First, Middle Initial)
GARY L. KAYE
Mailing Address 31 SOUTH UNION AVENUE
City: CRANFORD | State: NJ | Zip Code: 07016
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: 03 31 2005
Transaction ID: SA11A1.7808
Amount of Each Receipt this Period: 500.00

**C.** Full Name (Last, First, Middle Initial)
KEVIN C. KEARNEY
Mailing Address 615 INDIAN LANE
City: SALISBURY | State: MD | Zip Code: 21801
FEC ID number of contributing federal political committee: C
Name of Employer: CHOPTANK HEALTH SYSTEMS
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 06 29 2005
Transaction ID: SA11A1.8404
Amount of Each Receipt this Period: 500.00

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

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

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

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

FOR LINE NUMBER: PAGE 69 / 140
(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)
GWENDOLYN V. KELLY
Mailing Address 564B MARKWOOD ROAD
City: CHARLOTTESVILLE | State: VA | Zip Code: 22911
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: 05 03 2005
Transaction ID: SA11A1.7979
Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
BRUCE KESSEL
Mailing Address 1301 PUNCHBOWL STREET
City: HONOLULU | State: HI | Zip Code: 96813
FEC ID number of contributing federal political committee: C
Name of Employer: QUEENS MEDICAL UNIVERSITY
Occupation: PHYSICIAN
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 04 06 2005
Transaction ID: SA11A1.7697
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
JUDITH M. KIMELMAN
Mailing Address 1101 MADISON
City: SEATTLE | State: WA | Zip Code: 98104
FEC ID number of contributing federal political committee: C
Name of Employer: SEATTLE OB/GYN GROUP
Occupation: PHYSICIAN
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 03 18 2005
Transaction ID: SA11A1.7724
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 70 / 140
(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)
IRVIN R. KING
Mailing Address 101 EAST PAULK
City: OPP | State: AL | Zip Code: 36467
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: 05 24 2005
Transaction ID: SA11A1.8148
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
LUELLA KLEIN
Mailing Address 2200 DEFOORS FERRY ROAD
City: ATLANTA | State: GA | Zip Code: 30318
FEC ID number of contributing federal political committee: C
Name of Employer: ACOG
Occupation: PHYSICIAN
Receipt For: Primary General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 03 24 2005
Transaction ID: SA11A1.7652
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
THOMAS A. KLEIN
Mailing Address 241 SOUTH 8TH STREET
City: PHILADELPHIA | State: PA | Zip Code: 19106
FEC ID number of contributing federal political committee: C
Name of Employer: JEFFERSON UNIVERSITY
Occupation: PHYSICIAN
Receipt For: Primary General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 04 29 2005
Transaction ID: SA11A1.7844
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 71 / 140
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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)
IRENE I. KOMARYNSKY
Mailing Address 33 HASTINGS LANE
City: STAMFORD | State: CT | Zip Code: 06905
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: 06 / 13 / 2005
Transaction ID: SA11A1.8234
Amount of Each Receipt this Period: 1000.00

B. Full Name (Last, First, Middle Initial)
JEFFREY KOROTKIN
Mailing Address 5016 GREEN PINE DRIVE
City: ATLANTA | State: GA | Zip Code: 30342
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: 04 / 29 / 2005
Transaction ID: SA11A1.7845
Amount of Each Receipt this Period: 1000.00

C. Full Name (Last, First, Middle Initial)
SCOTT KRAMER
Mailing Address 2299 MOWRY AVENUE
City: FREMONT | State: CA | Zip Code: 94538
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: 06 / 29 / 2005
Transaction ID: SA11A1.8406
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 72 / 140
(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)
STEPHEN M. KRANZ
Mailing Address 9422 NORTH 115TH STREET
City: SCOTTSDALE | State: AZ | Zip Code: 85259
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: 03 03 2005
Transaction ID: SA11A1.7535
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
ROBERT L. KRAUSS
Mailing Address 236 WEST NORTHVIEW
City: PHOENIX | State: AZ | Zip Code: 85021
FEC ID number of contributing federal political committee: C
Name of Employer: MERCY CARE PLAN
Occupation: MEDICAL DIRECTOR
Receipt For: Primary General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 03 22 2005
Transaction ID: SA11A1.7582
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
ANNE C. KUBIK
Mailing Address P.O. BOX 460
City: WOLFEBORO | State: NH | Zip Code: 03894
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: 06 17 2005
Transaction ID: SA11A1.8180
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 73 / 140
(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)
MICHAEL L. KUDLA
Mailing Address 1890 WEST GAUTHIER
City: LAKE CHARLES | State: LA | Zip Code: 70605
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: 04 06 2005
Transaction ID: SA11A1.7899
Amount of Each Receipt this Period: 500.00

**B.** Full Name (Last, First, Middle Initial)
MELISSA G. KYRIMIS
Mailing Address 5990 SOUTH HOSPITAL DRIVE
City: GLOBE | State: AZ | Zip Code: 85501
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: 06 14 2005
Transaction ID: SA11A1.8197
Amount of Each Receipt this Period: 500.00

**C.** Full Name (Last, First, Middle Initial)
FRANK R. LABARBERA
Mailing Address 25 LAKE STREET
City: WHITE PLAINS | State: NY | Zip Code: 10603
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: 06 21 2005
Transaction ID: SA11A1.8320
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 74 / 140
(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)
MADELEINE D. LAMARQUE
Mailing Address 102 DEER RUN
City: ROSLYN HEIGHTS | State: NY | Zip Code: 11577
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: 03 03 2005
Transaction ID: SA11A1.7537
Amount of Each Receipt this Period: 500.00

**B.** Full Name (Last, First, Middle Initial)
JOSEPH B. LANDWEHN, JR.
Mailing Address 7610 SOUTH WALNUT STREET
City: MUNCIE | State: IN | Zip Code: 47303
FEC ID number of contributing federal political committee: C
Name of Employer: BALL MEMORIAL HOSPITAL
Occupation: PHYSICIAN
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 05 03 2005
Transaction ID: SA11A1.7981
Amount of Each Receipt this Period: 250.00

**C.** Full Name (Last, First, Middle Initial)
RICHARD W. LANGERT
Mailing Address 6520 EAST CARONDELET DRIVE
City: TUCSON | State: AZ | Zip Code: 85710
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: 05 03 2005
Transaction ID: SA11A1.7983
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 75 / 140
(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)
TODD R. LANTZ
Mailing Address 213 MILLS AVENUE
City: GREENVILLE | State: SC | Zip Code: 29605
FEC ID number of contributing federal political committee: C
Name of Employer: UPSTATE OB/GYN
Occupation: PHYSICIAN
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 05 03 2005
Transaction ID: SA11A1.7985
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
DOUGLAS W. LAUBE
Mailing Address 2025 JEFFERSON
City: MADISON | State: WI | Zip Code: 53711
FEC ID number of contributing federal political committee: C
Name of Employer: UNIVERSITY OF WISCONSIN
Occupation: PHYSICIAN
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 03 22 2005
Transaction ID: SA11A1.7584
Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial)
HAL C. LAWRENCE
Mailing Address 6 GREENWOOD PLACE
City: ASHEVILLE | State: NC | Zip Code: 28803
FEC ID number of contributing federal political committee: C
Name of Employer: UNIVERSITY OF NORTH CAROLINA
Occupation: PHYSICIAN
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 02 18 2005
Transaction ID: SA11A1.7462
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

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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)
HAL C. LAWRENCE
Mailing Address 8 GREENWOOD PLACE
City: ASHEVILLE | State: NC | Zip Code: 28803
FEC ID number of contributing federal political committee: C
Name of Employer: UNIVERSITY OF NORTH CAROLINA
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 1250.00

Date of Receipt: 06 13 2005
Transaction ID: SA11A1.8235
Amount of Each Receipt this Period: 1000.00

**B.** Full Name (Last, First, Middle Initial)
ROBYN D. LAWTON
Mailing Address 237 DOWNEY LANE
City: PLACENTIA | State: CA | Zip Code: 92870
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: 06 29 2005
Transaction ID: SA11A1.8408
Amount of Each Receipt this Period: 500.00

**C.** Full Name (Last, First, Middle Initial)
KELLY H. LEGGETT
Mailing Address 504 PARKMOUNT DRIVE
City: GREENSBORO | State: NC | Zip Code: 27408
FEC ID number of contributing federal political committee: C
Name of Employer: MOSES CONE HOSPITAL
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 05 03 2005
Transaction ID: SA11A1.7987
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

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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)
LISA K. LEWIS
Mailing Address 28227 MEADOWLARK DRIVE
City: GOLDEN | State: CO | Zip Code: 80401
FEC ID number of contributing federal political committee: C
Name of Employer: WESTSIDE WOMEN'S CENTER
Occupation: PHYSICIAN
Receipt For: Primary General / Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 06 29 2005
Transaction ID: SA11A1.8414
Amount of Each Receipt this Period: 500.00

**B.** Full Name (Last, First, Middle Initial)
QILI LI
Mailing Address 77-30 LITTLE NECK PARKWAY
City: FLORAL PARK | State: NY | Zip Code: 11004
FEC ID number of contributing federal political committee: C
Name of Employer: FLUSHING OB/GYN
Occupation: PHYSICIAN
Receipt For: Primary General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 02 18 2005
Transaction ID: SA11A1.7463
Amount of Each Receipt this Period: 250.00

**C.** Full Name (Last, First, Middle Initial)
PEARL J. LIM
Mailing Address 40-27 MURRAY STREET
City: FLUSHING | State: NY | Zip Code: 11354
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: 06 17 2005
Transaction ID: SA11A1.8182
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 78 / 140
(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)
CHAINARONK LIMANON
Mailing Address 7248 SOUTH LAND PARK DRIVE
City: SACRAMENTO | State: CA | Zip Code: 95831
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: 03 03 2005
Transaction ID: SA11A1.7539
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
SHUN H. LING
Mailing Address 945 NORTH OAK HARBOR
City: OAK HARBOR | State: WA | Zip Code: 98277
FEC ID number of contributing federal political committee: C
Name of Employer: RETIRED
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 05 24 2005
Transaction ID: SA11A1.8150
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
CHAD C. LUNT
Mailing Address 936 SOUTH 900 EAST
City: ST. GEORGE | State: UT | Zip Code: 84790
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: 02 24 2005
Transaction ID: SA11A1.7500
Amount of Each Receipt this Period: 1000.00

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

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

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

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

FOR LINE NUMBER: PAGE 79 / 140
(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)
DENNIS J. LUTZ
Mailing Address 433 7TH STREET, NW
City: MINOT | State: ND | Zip Code: 58703
FEC ID number of contributing federal political committee: C
Name of Employer: UNIVERSITY OF NORTH DAKOTA
Occupation: PHYSICIAN
Receipt For: Primary General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 05 11 2005
Transaction ID: SA11A1.7928
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial)
LAURENCE F. MACK
Mailing Address 80 ANDOVER ROAD
City: ROCKVILLE CENTRE | State: NY | Zip Code: 11570
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: 03 03 2005
Transaction ID: SA11A1.7541
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial)
KELLY M. MACMILLAN
Mailing Address 4 POPLAR ROAD
City: WINDHAM | State: NH | Zip Code: 03087
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: 250.00

Date of Receipt: 05 02 2005
Transaction ID: SA11A1.7945
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 80 / 140
(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)
SANFORD M. MARKHAM
Mailing Address 11 PARTRIDGE COURT
City: IOWA CITY | State: IA | Zip Code: 52246
FEC ID number of contributing federal political committee: C
Name of Employer: UNIVERSITY OF IOWA
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 03 22 2005
Transaction ID: SA11A1.7587
Amount of Each Receipt this Period: 250.00

**B.** Full Name (Last, First, Middle Initial)
LISA R. MASELLI
Mailing Address 230 HAWTHORN DRIVE
City: PAWLEY'S ISLAND | State: SC | Zip Code: 29585
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: 05 19 2005
Transaction ID: SA11A1.8093
Amount of Each Receipt this Period: 250.00

**C.** Full Name (Last, First, Middle Initial)
SARITA M. MASSEY
Mailing Address 5423 NORTH BOWMANVILLE AVENUE
City: CHICAGO | State: IL | Zip Code: 60625
FEC ID number of contributing federal political committee: C
Name of Employer: COOK COUNTY HOSPITAL
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 03 03 2005
Transaction ID: SA11A1.7542
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 81 / 140
(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)
BETH A. MAXWELL
Mailing Address 3008 SIERRA COURT
City: LATROBE | State: PA | Zip Code: 15650
FEC ID number of contributing federal political committee: C
Name of Employer: GYNO ASSOCIATES
Occupation: PHYSICIAN
Receipt For: Primary General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 04 08 2005
Transaction ID: SA11A1.7756
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
RAHELE MAZAREI
Mailing Address 3230 WARING COURT
City: OCEANSIDE | State: CA | Zip Code: 92056
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: 06 29 2005
Transaction ID: SA11A1.8416
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
REBECCA P. MCALISTER
Mailing Address 3145 BARRETT STATION ROAD
City: ST. LOUIS | State: MO | Zip Code: 63122
FEC ID number of contributing federal political committee: C
Name of Employer: WASHINGTON UNIVERSITY
Occupation: PHYSICIAN
Receipt For: Primary General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 04 06 2005
Transaction ID: SA11A1.7904
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 82 / 140
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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)
AMY J. MCCAFFREY
Mailing Address 10500 SONORA COVE
City: AUSTIN | State: TX | Zip Code: 78759
FEC ID number of contributing federal political committee: C
Name of Employer: NORTHWEST WOMEN'S CLINIC
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 02 15 2005
Transaction ID: SA11A1.7484
Amount of Each Receipt this Period: 250.00

**B.** Full Name (Last, First, Middle Initial)
CLAYTON H. MCCRACKEN
Mailing Address P.O. BOX 35100
City: BILLINGS | State: MT | Zip Code: 59102
FEC ID number of contributing federal political committee: C
Name of Employer: DEACONESS BILLINGS CLINIC
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 02 24 2005
Transaction ID: SA11A1.7501
Amount of Each Receipt this Period: 250.00

**C.** Full Name (Last, First, Middle Initial)
PETER G. MCGOVERN
Mailing Address 321 ST. JOHNS PLACE
City: WESTFIELD | State: NJ | Zip Code: 07090
FEC ID number of contributing federal political committee: C
Name of Employer: UMD&J
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 05 03 2005
Transaction ID: SA11A1.7991
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)
JOYCE M. MCKENNEY
Mailing Address P.O. BOX 829
City: DELTA | State: CO | Zip Code: 81416
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: 06 29 2005
Transaction ID: SA11A1.8418
Amount of Each Receipt this Period: 500.00

**B.** Full Name (Last, First, Middle Initial)
PATRICIA E. MCLELLAND
Mailing Address 508 SCENIC HIGHWAY
City: LOOKOUT MOUNTAIN | State: TN | Zip Code: 37350
FEC ID number of contributing federal political committee: C
Name of Employer: NORTH PARK OB/GYN
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 04 08 2005
Transaction ID: SA11A1.7758
Amount of Each Receipt this Period: 250.00

**C.** Full Name (Last, First, Middle Initial)
CHARALAMBOS E. MENELAOU
Mailing Address 2418 WEST INDIAN TRAIL
City: AURORA | State: IL | Zip Code: 60506
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: 05 24 2005
Transaction ID: SA11A1.8152
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 84 / 140
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NAME OF COMMITTEE (In Full)
OB-GYNS FOR WOMEN'S HEALTH PAC

**A.** Full Name (Last, First, Middle Initial)
MICHAEL T. MENNUTI
Mailing Address 1311 HILLSIDE ROAD
City: WYNNWOOD | State: PA | Zip Code: 19096
FEC ID number of contributing federal political committee: C
Name of Employer: UNIVERSITY OF PENNSYLVANIA
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 03 24 2005
Transaction ID: SA11A1.7653
Amount of Each Receipt this Period: 1000.00

**B.** Full Name (Last, First, Middle Initial)
G. TETTEH MENSAH
Mailing Address 3817 ARBOR LANE
City: CINCINNATI | State: OH | Zip Code: 45255
FEC ID number of contributing federal political committee: C
Name of Employer: WOMEN'S CARE SPECIALISTS
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 02 09 2005
Transaction ID: SA11A1.7431
Amount of Each Receipt this Period: 250.00

**C.** Full Name (Last, First, Middle Initial)
KENNETH W. MERKITCH, JR.
Mailing Address W5732 HEATHERWOOD PLACE
City: LACROSSE | State: WI | Zip Code: 54601
FEC ID number of contributing federal political committee: C
Name of Employer: GUNDERSEN LUTHERAN
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 06 14 2005
Transaction ID: SA11A1.8199
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

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

A. Full Name (Last, First, Middle Initial)
HAROLD L. MIHM
Mailing Address 2322 EAST KIMBERLY
City: DAVENPORT | State: IA | Zip Code: 52807
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: 1000.00

Date of Receipt: 03 22 2005
Transaction ID: SA11A1.7588
Amount of Each Receipt this Period: 1000.00

B. Full Name (Last, First, Middle Initial)
JAMES D. MILLER
Mailing Address 21605 NORTH 1365 EAST ROAD
City: DANVILLE | State: IL | Zip Code: 61834
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: 03 22 2005
Transaction ID: SA11A1.7589
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
WILLIAM T. MIXSON
Mailing Address 8820 SOUTHWEST 67TH COURT
City: HIGHLANDS | State: NC | Zip Code: 28741
FEC ID number of contributing federal political committee: C
Name of Employer: RETIRED
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 02 17 2005
Transaction ID: SA11A1.7491
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

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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)
F. DELBERT MOELLER
Mailing Address 12 BURGUNDY DRIVE
City: LAKE ST. LOUIS | State: MO | Zip Code: 63367
FEC ID number of contributing federal political committee: C
Name of Employer: MIDWEST OB/GYN
Occupation: PHYSICIAN
Receipt For: Primary General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 03 24 2005
Transaction ID: SA11A1.7654
Amount of Each Receipt this Period: 250.00

**B.** Full Name (Last, First, Middle Initial)
CHARLES W. MONIAK
Mailing Address 320 SUPERIOR 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: 250.00

Date of Receipt: 03 24 2005
Transaction ID: SA11A1.7627
Amount of Each Receipt this Period: 250.00

**C.** Full Name (Last, First, Middle Initial)
OWEN C. MONTGOMERY
Mailing Address 450 CHAPEL HEIGHTS
City: SEWELL | State: NJ | Zip Code: 08080
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: 06 13 2005
Transaction ID: SA11A1.8238
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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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 L. MOLNT
Mailing Address 142B 14TH STREET
City: BEDFORD | State: IN | Zip Code: 47421
FEC ID number of contributing federal political committee: C
Name of Employer: RETIRED
Occupation: PHYSICIAN
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 05 19 2005
Transaction ID: SA11A1.8095
Amount of Each Receipt this Period: 250.00

**B.** Full Name (Last, First, Middle Initial)
ROBERT N. MUCCIOLA
Mailing Address 1000 BEECHWOOD DRIVE
City: WINDBER | State: PA | Zip Code: 15963
FEC ID number of contributing federal political committee: C
Name of Employer: WINDBER MEDICAL CENTER
Occupation: PHYSICIAN
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 02 09 2005
Transaction ID: SA11A1.7477
Amount of Each Receipt this Period: 250.00

**C.** Full Name (Last, First, Middle Initial)
COLLEEN M. MURPHY
Mailing Address 2811 ILLIAMNA
City: ANCHORAGE | State: AK | Zip Code: 99517
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: 06 29 2005
Transaction ID: SA11A1.8419
Amount of Each Receipt this Period: 1000.00

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

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

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

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

FOR LINE NUMBER: PAGE 88 / 140
(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)
PAULA F. NADELL
Mailing Address 3411 NORTH 5TH AVENUE
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: 03 24 2005
Transaction ID: SA11A1.7629
Amount of Each Receipt this Period: 250.00

**B.** Full Name (Last, First, Middle Initial)
PAULA F. NADELL
Mailing Address 3411 NORTH 5TH AVENUE
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: 750.00

Date of Receipt: 06 21 2005
Transaction ID: SA11A1.8322
Amount of Each Receipt this Period: 500.00

**C.** Full Name (Last, First, Middle Initial)
JOHNNY L. NEIGHBORS
Mailing Address 1506 NORTH LIMESTONE STREET
City: GAFFNEY | State: SC | Zip Code: 29340
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: 03 24 2005
Transaction ID: SA11A1.7630
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 89 / 140
(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)
KATHLEEN G. NELSON
Mailing Address 210 SUNNYVIEW LANE
City: KALISPELL | State: MT | Zip Code: 59901
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: 03 30 2005
Transaction ID: SA11A1.7784
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
ROGER B. NEWMAN
Mailing Address 737 CREEKSIDE DRIVE
City: MT. PLEASANT | State: SC | Zip Code: 29464
FEC ID number of contributing federal political committee: C
Name of Employer: MEDICAL UNIVERSITY OF SOU-TH CAROLINA
Occupation: PHYSICIAN
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 05 03 2005
Transaction ID: SA11A1.8001
Amount of Each Receipt this Period: 1000.00

C. Full Name (Last, First, Middle Initial)
CAMRAN NEZHAT
Mailing Address 900 WELCH ROAD
City: PALO ALTO | State: CA | Zip Code: 94304
FEC ID number of contributing federal political committee: C
Name of Employer: CENTER FOR SPECIAL SURGERY
Occupation: PHYSICIAN
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 04 06 2005
Transaction ID: SA11A1.7905
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 90 / 140
(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)
MARGARET C. NORDELL
Mailing Address BOX 2188
City: MINOT | State: ND | Zip Code: 58702
FEC ID number of contributing federal political committee: C
Name of Employer: TRINITY HEALTH
Occupation: PHYSICIAN
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 06 17 2005
Transaction ID: SA11A1.8186
Amount of Each Receipt this Period: 250.00

**B.** Full Name (Last, First, Middle Initial)
MARK K. NORVELL
Mailing Address 3300 4TH STREET
City: BRUNSWICK | State: GA | Zip Code: 31520
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: 06 14 2005
Transaction ID: SA11A1.8201
Amount of Each Receipt this Period: 500.00

**C.** Full Name (Last, First, Middle Initial)
WALLACE C. NUNLEY
Mailing Address 2209 BLUE BELL LANE
City: CHARLOTTE | State: NC | Zip Code: 28270
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: 02 17 2005
Transaction ID: SA11A1.7447
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 01 / 140
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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)
PAUL W. OSTOYA
Mailing Address 1095 EAST WARNER
City: FRESNO | State: CA | Zip Code: 93710
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: 06 14 2005
Transaction ID: SA11A1.8203
Amount of Each Receipt this Period: 500.00

**B.**
Full Name (Last, First, Middle Initial)
TAMERA A. PACZOS
Mailing Address 140 RIVERMIST DRIVE
City: BUFFALO | State: NY | Zip Code: 14202
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: 05 04 2005
Transaction ID: SA11A1.8049
Amount of Each Receipt this Period: 250.00

**C.**
Full Name (Last, First, Middle Initial)
ROBERT H. PALMER, JR.
Mailing Address 1136 WATER STREET
City: PORT TOWNSEND | State: WA | Zip Code: 98368
FEC ID number of contributing federal political committee: C
Name of Employer: PORT TOWNSEND WOMEN'S CLINIC
Occupation: PHYSICIAN
Receipt For: Primary General; Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 03 30 2005
Transaction ID: SA11A1.7786
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 92 / 140
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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)
JAMES K. PATTERSON
Mailing Address 2899 IROQUOIS ROAD
City: MEMPHIS | State: TN | Zip Code: 38111
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: 06 13 2005
Transaction ID: SA11A1.8239
Amount of Each Receipt this Period: 500.00

**B.** Full Name (Last, First, Middle Initial)
ALBERT E. PAYNE
Mailing Address 600 PORTAGE TRAIL
City: CUYAHOGA FALLS | State: OH | Zip Code: 44221
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: 03 10 2005
Transaction ID: SA11A1.7734
Amount of Each Receipt this Period: 250.00

**C.** Full Name (Last, First, Middle Initial)
WILLIAM J. PETERS
Mailing Address 925 HIGHLAND BOULEVARD
City: BOZEMAN | State: MT | Zip Code: 59715
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: 03 30 2005
Transaction ID: SA11A1.7787
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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NAME OF COMMITTEE (In Full)
OB-GYNS FOR WOMEN'S HEALTH PAC

A. Full Name (Last, First, Middle Initial)
SANDRA R. PETERSEN
Mailing Address 4060 FOURTH AVENUE
City: SAN DIEGO | State: CA | Zip Code: 92103
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: 04 06 2005
Transaction ID: SA11A1.7907
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
SHARON T. PHELAN
Mailing Address 13429 DESERT HILLS NE
City: ALBUQUERQUE | State: NM | Zip Code: 87111
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: 500.00

Date of Receipt: 06 13 2005
Transaction ID: SA11A1.8241
Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial)
TIMOTHY M. PHELAN
Mailing Address 2525 RIVERSIDE AVENUE
City: JACKSONVILLE | State: FL | Zip Code: 32204
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: 05 19 2005
Transaction ID: SA11A1.8097
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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NAME OF COMMITTEE (In Full)
OB-GYNS FOR WOMEN'S HEALTH PAC

**A.** Full Name (Last, First, Middle Initial)
WILLIAM F. PRICE
Mailing Address 2700 EAST 29TH STREET
City: BRYAN | State: TX | Zip Code: 77802
FEC ID number of contributing federal political committee: C
Name of Employer: SELF-EMPLOYED
Occupation: PHYSICIAN
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 05 03 2005
Transaction ID: SA11A1.8004
Amount of Each Receipt this Period: 1000.00

**B.** Full Name (Last, First, Middle Initial)
HEIDY PUIG
Mailing Address 1628 REGAL COVE COURT
City: KISSIMMEE | State: FL | Zip Code: 34744
FEC ID number of contributing federal political committee: C
Name of Employer: RETIRED
Occupation: PHYSICIAN
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 04 06 2005
Transaction ID: SA11A1.7909
Amount of Each Receipt this Period: 500.00

**C.** Full Name (Last, First, Middle Initial)
THOMAS F. PURDON
Mailing Address 706 EAST BENT BRANCH PLACE
City: GREEN VALLEY | State: AZ | Zip Code: 85614
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: 04 08 2005
Transaction ID: SA11A1.7785
Amount of Each Receipt this Period: 500.00

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

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

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

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

FOR LINE NUMBER: PAGE 95 / 140
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NAME OF COMMITTEE (In Full)
OB-GYNS FOR WOMEN'S HEALTH PAC

**A.** Full Name (Last, First, Middle Initial)
HOLLY S. PURITZ
Mailing Address 880 KEMPSVILLE ROAD
City: NORFOLK | State: VA | Zip Code: 23505
FEC ID number of contributing federal political committee: C
Name of Employer: THE GROUP FOR WOMEN
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 06 29 2005
Transaction ID: SA11A1.8427
Amount of Each Receipt this Period: 250.00

**B.** Full Name (Last, First, Middle Initial)
J. RANDALL RAUH
Mailing Address 219 NORTH MERRIAM AVENUE
City: MILES CITY | State: MT | Zip Code: 59301
FEC ID number of contributing federal political committee: C
Name of Employer: DEACONESS BILLING CLINIC
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 05 03 2005
Transaction ID: SA11A1.8006
Amount of Each Receipt this Period: 1000.00

**C.** Full Name (Last, First, Middle Initial)
ADRIENNE L. RAY
Mailing Address 625 NORTH MICHIGAN AVENUE
City: CHICAGO | State: IL | Zip Code: 60611
FEC ID number of contributing federal political committee: C
Name of Employer: NYE PARTNERS
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 04 06 2005
Transaction ID: SA11A1.7911
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

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

A. Full Name (Last, First, Middle Initial)
SANDRA F. REILLEY
Mailing Address 2910 NORTH 33RD
City: TACOMA | State: WA | Zip Code: 98407
FEC ID number of contributing federal political committee: C
Name of Employer: NORTHWEST KINETICS
Occupation: PHYSICIAN
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 02 24 2005
Transaction ID: SA11A1.7504
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
LINDSAY RICHARDS
Mailing Address 204 BEVERLY AVENUE
City: MISSOULA | State: MT | Zip Code: 59801
FEC ID number of contributing federal political committee: C
Name of Employer: WESTERN MONTANA CLINIC
Occupation: PHYSICIAN
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 03 24 2005
Transaction ID: SA11A1.7631
Amount of Each Receipt this Period: 500.00

C. 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: 500.00

Date of Receipt: 03 30 2005
Transaction ID: SA11A1.7788
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)
MARK E. RICHEY
Mailing Address 1200 AIRPORT HEIGHTS DRIVE
City: ANCHORAGE | State: AK | Zip Code: 99508
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: 05 03 2005
Transaction ID: SA11A1.8008
Amount of Each Receipt this Period: 500.00

**B.** Full Name (Last, First, Middle Initial)
BRIAN K. RINEHART
Mailing Address 704 BALDWIN COURT
City: ALLEN | State: TX | Zip Code: 75013
FEC ID number of contributing federal political committee: C
Name of Employer: SHERIDAN HEALTH
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 03 31 2005
Transaction ID: SA11A1.7819
Amount of Each Receipt this Period: 250.00

**C.** Full Name (Last, First, Middle Initial)
RICHARD RITHAPORN
Mailing Address 7767 EAST GETTYSBURG
City: CLOVIS | State: CA | Zip Code: 93619
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: 251.00

Date of Receipt: 06 29 2005
Transaction ID: SA11A1.8433
Amount of Each Receipt this Period: 251.00

SUBTOTAL of Receipts This Page (optional) ▶ **1001.00**

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 98 / 140
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NAME OF COMMITTEE (In Full)
OB-GYNS FOR WOMEN'S HEALTH PAC

A. Full Name (Last, First, Middle Initial)
ARNOLD O. ROBERTS
Mailing Address 11040 ROCKVILLE PIKE
City: ROCKVILLE | State: MD | Zip Code: 20852
FEC ID number of contributing federal political committee: C
Name of Employer: MAPMC
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 06 13 2005
Transaction ID: SA11A1.8242
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
LARRY S. ROSEN
Mailing Address 6 FAIRHAVEN COURT
City: CHERRY HILL | State: NJ | Zip Code: 08003
FEC ID number of contributing federal political committee: C
Name of Employer: REGIONAL WOMEN'S HEALTH
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 04 06 2005
Transaction ID: SA11A1.7913
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
NORMAN G. ROSENBLUM
Mailing Address 830 PRIMROSE LANE
City: WYNNEWOOD | State: PA | Zip Code: 19096
FEC ID number of contributing federal political committee: C
Name of Employer: UNIVERSITY OF PENNSYLVANIA
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 05 03 2005
Transaction ID: SA11A1.8009
Amount of Each Receipt this Period: 1000.00

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

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

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

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

FOR LINE NUMBER: PAGE 99 / 140
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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)
BILLIE L. ROWLES
Mailing Address 1922 BROADVIEW
City: WENATCHEE | State: WA | Zip Code: 98801
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: 02 09 2005
Transaction ID: SA11A1.7435
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
AMY H. RUGGERI
Mailing Address 2722 NORTH GEYER ROAD
City: ST. LOUIS | State: MO | Zip Code: 63131
FEC ID number of contributing federal political committee: C
Name of Employer: MERCY MEDICAL GROUP
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 04 29 2005
Transaction ID: SA11A1.7850
Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial)
LYMAN A. RUST
Mailing Address 20 CANDLEWYCK
City: HENDERSON | State: NV | Zip Code: 89052
FEC ID number of contributing federal political committee: C
Name of Employer: RETIRED
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 06 29 2005
Transaction ID: SA11A1.8435
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 100 / 140
(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)
BENJAMIN P. SACHS
Mailing Address 330 BROOKLINE AVENUE
City: BOSTON | State: MA | Zip Code: 02215
FEC ID number of contributing federal political committee: C
Name of Employer: BIDMC
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 06 13 2005
Transaction ID: SA11A1.8243
Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
RHONDA A. SANDERSON
Mailing Address 45 TEMPLAR DRIVE
City: WATCHUNG | State: NJ | Zip Code: 07069
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: 02 18 2005
Transaction ID: SA11A1.7468
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
NANETTE F. SANTORO
Mailing Address 214 BENNINGTON TERRACE
City: PARAMUS | State: NJ | Zip Code: 07652
FEC ID number of contributing federal political committee: C
Name of Employer: ALBERT EINSTEIN COLLEGE
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 03 31 2005
Transaction ID: SA11A1.7821
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 101 / 140
(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)
MICHAEL A. SBARRA
Mailing Address 20 PROSPECT AVENUE
City: HACKENSACK | State: NJ | Zip Code: 07601
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: 06 13 2005
Transaction ID: SA11A1.8245
Amount of Each Receipt this Period: 1000.00

B. Full Name (Last, First, Middle Initial)
TODD A. SCHAD
Mailing Address 112 HELEN STREET
City: SAUK CITY | State: WI | Zip Code: 53583
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: 06 14 2005
Transaction ID: SA11A1.8205
Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial)
JANET M. SCHAFFER
Mailing Address 2835 TOWN LAKE DRIVE
City: WOODBURY | State: MN | Zip Code: 55125
FEC ID number of contributing federal political committee: C
Name of Employer: PARK NICOLLET
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 350.00

Date of Receipt: 06 17 2005
Transaction ID: SA11A1.8187
Amount of Each Receipt this Period: 350.00

SUBTOTAL of Receipts This Page (optional) ▶ **1850.00**

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)

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)
MARY E. SCHLEGEL
Mailing Address 3601 BLUESTONE COURT
City: CHAPEL HILL | State: NC | Zip Code: 27514
FEC ID number of contributing federal political committee: C
Name of Employer: UNIVERSITY OF NORTH CAROLINA
Occupation: PHYSICIAN
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 04 08 2005
Transaction ID: SA11A1.7768
Amount of Each Receipt this Period: 250.00

**B.** Full Name (Last, First, Middle Initial)
MARY E. SCHLEGEL
Mailing Address 3601 BLUESTONE COURT
City: CHAPEL HILL | State: NC | Zip Code: 27514
FEC ID number of contributing federal political committee: C
Name of Employer: UNIVERSITY OF NORTH CAROLINA
Occupation: PHYSICIAN
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 05 04 2005
Transaction ID: SA11A1.8051
Amount of Each Receipt this Period: 250.00

**C.** 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: 250.00

Date of Receipt: 05 03 2005
Transaction ID: SA11A1.8015
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 103 / 140
(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)
DENIS T. SCONZO
Mailing Address 10 PEBBLE BEACH LANE
City: WHITE PLAINS | State: NY | Zip Code: 10605
FEC ID number of contributing federal political committee: C
Name of Employer: WESTCHESTER OB/GYN
Occupation: PHYSICIAN
Receipt For: Primary General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 03 31 2005
Transaction ID: SA11A1.7822
Amount of Each Receipt this Period: 250.00

**B.** Full Name (Last, First, Middle Initial)
MICHAEL C. SCOTT
Mailing Address 323 CARUSO COURT
City: ATLANTA | State: GA | Zip Code: 30350
FEC ID number of contributing federal political committee: C
Name of Employer: AWHG
Occupation: PHYSICIAN
Receipt For: Primary General / Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 03 30 2005
Transaction ID: SA11A1.7789
Amount of Each Receipt this Period: 500.00

**C.** Full Name (Last, First, Middle Initial)
CHRISTOPHER W. SERRAND
Mailing Address P.O. BOX 1688
City: NEDERLAND | State: TX | Zip Code: 77627
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: 05 24 2005
Transaction ID: SA11A1.8154
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 104 / 140
(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)
RICHARD L. SHAFFER
Mailing Address 138 TRADERS POINT LANE
City: GREEN BAY | State: WI | Zip Code: 54302
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: 1000.00

Date of Receipt: 05 04 2005
Transaction ID: SA11A1.8052
Amount of Each Receipt this Period: 1000.00

**B.** Full Name (Last, First, Middle Initial)
JOHN M. SHIE
Mailing Address 5701 FAR HILLS AVENUE
City: DAYTON | State: OH | Zip Code: 45429
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: 06 21 2005
Transaction ID: SA11A1.8327
Amount of Each Receipt this Period: 500.00

**C.** Full Name (Last, First, Middle Initial)
FRANCINE E. SINOFSKY
Mailing Address 64 CEDAR AVENUE
City: HIGHLAND PARK | State: NJ | Zip Code: 08904
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: 03 24 2005
Transaction ID: SA11A1.7656
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 105 / 140
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NAME OF COMMITTEE (In Full)
OB-GYNS FOR WOMEN'S HEALTH PAC

A. Full Name (Last, First, Middle Initial)
LACHLAN C. SMITH
Mailing Address 291 LAKE AVENUE SOUTH
City: SPICER | State: MN | Zip Code: 56288
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: 06 13 2005
Transaction ID: SA11A1.8248
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
NEIL A. SMITH
Mailing Address 6 STUART COURT
City: LONG VALLEY | State: NJ | Zip Code: 07853
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: 250.00
Date of Receipt: 02 09 2005
Transaction ID: SA11A1.7439
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
BARRY A. SOBEL
Mailing Address 11104 CREEK POINTE DRIVE
City: MATTHEWS | State: NC | Zip Code: 28105
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: 03 31 2005
Transaction ID: SA11A1.7825
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 106 / 140
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NAME OF COMMITTEE (In Full)
OB-GYNS FOR WOMEN'S HEALTH PAC

**A.** Full Name (Last, First, Middle Initial)
ESTELA SOSA
Mailing Address 402 POWELL PLACE
City: HARLINGEN | State: TX | Zip Code: 78550
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: 05 02 2005
Transaction ID: SA11A1.7949
Amount of Each Receipt this Period: 500.00

**B.** Full Name (Last, First, Middle Initial)
CYRIL O. SPANN, JR.
Mailing Address 2208 AZALEA CIRCLE
City: DECATUR | State: GA | Zip Code: 30033
FEC ID number of contributing federal political committee: C
Name of Employer: EMORY UNIVERSITY
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 06 13 2005
Transaction ID: SA11A1.8248
Amount of Each Receipt this Period: 250.00

**C.** Full Name (Last, First, Middle Initial)
MUSA L. SPERANZA
Mailing Address 415 HUMPHREY STREET
City: NEW HAVEN | State: CT | Zip Code: 06511
FEC ID number of contributing federal political committee: C
Name of Employer: GYNECOLOGY & INFERTILITY, PC
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 04 08 2005
Transaction ID: SA11A1.7770
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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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 A. ST. AMAND
Mailing Address 2965 HARRISON STREET
City: BEAUMONT | State: TX | Zip Code: 77702
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: 05 19 2005
Transaction ID: SA11A1.8099
Amount of Each Receipt this Period: 500.00

**B.** Full Name (Last, First, Middle Initial)
RICK D. ST. ONGE
Mailing Address 554 JUNIPER LANE
City: GALLIPOLIS | State: OH | Zip Code: 45631
FEC ID number of contributing federal political committee: C
Name of Employer: HOLZER CLINIC
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 04 29 2005
Transaction ID: SA11A1.7852
Amount of Each Receipt this Period: 250.00

**C.** Full Name (Last, First, Middle Initial)
VICKI L. STEEN
Mailing Address 208 BLACK OAK LANE
City: MADISONVILLE | State: LA | Zip Code: 70447
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: 05 04 2005
Transaction ID: SA11A1.8054
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 108 / 140
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NAME OF COMMITTEE (In Full)
OB-GYNS FOR WOMEN'S HEALTH PAC

**A.**
Full Name (Last, First, Middle Initial)
RALPH M. STEIGER
Mailing Address 1150 NORTH INDIAN CANYON DRIVE
City: PALM SPRINGS | State: CA | Zip Code: 92262
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: 04 06 2005
Transaction ID: SA11A1.7914
Amount of Each Receipt this Period: 250.00

**B.**
Full Name (Last, First, Middle Initial)
IRWIN C. STEINBERG
Mailing Address 700 HIATUS ROAD
City: PEMBROKE PINES | State: FL | Zip Code: 33026
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: 02 08 2005
Transaction ID: SA11A1.7481
Amount of Each Receipt this Period: 250.00

**C.**
Full Name (Last, First, Middle Initial)
J. CRAIG STRAFFORD
Mailing Address 90 JACKSON PIKE
City: GALLIPOLIS | State: OH | Zip Code: 45631
FEC ID number of contributing federal political committee: C
Name of Employer: HOLZER CLINIC
Occupation: PHYSICIAN
Receipt For: Primary General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 02 24 2005
Transaction ID: SA11A1.7508
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)
HOWARD T. STRASSNER JR.
Mailing Address 2432 NEWPORT ROAD
City: NORTHBROOK | State: IL | Zip Code: 60062
FEC ID number of contributing federal political committee: C
Name of Employer: RUSH UNIVERSITY MEDICAL CENTER
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 03 22 2005
Transaction ID: SA11A1.7592
Amount of Each Receipt this Period: 500.00

**B.** Full Name (Last, First, Middle Initial)
JANETTE H. STRATHY
Mailing Address 5428 WEST HIGHWOOD DRIVE
City: EDINA | State: MN | Zip Code: 55436
FEC ID number of contributing federal political committee: C
Name of Employer: PARK NICOLET CLINIC
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 03 24 2005
Transaction ID: SA11A1.7658
Amount of Each Receipt this Period: 1000.00

**C.** Full Name (Last, First, Middle Initial)
ANN STRONG
Mailing Address 276 VALLEY ROAD
City: NORTH BRANFORD | State: CT | Zip Code: 06471
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: 03 03 2005
Transaction ID: SA11A1.7554
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 110 / 140
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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)
ANN STRONG
Mailing Address 276 VALLEY ROAD
City: NORTH BRANFORD | State: CT | Zip Code: 06471
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: 450.00

Date of Receipt: 04 08 2005
Transaction ID: SA11A1.7771
Amount of Each Receipt this Period: 200.00

**B.** Full Name (Last, First, Middle Initial)
ALBERT L. STRUNK
Mailing Address 698 CONSTELLATION COURT
City: DAVIDSONVILLE | State: MD | Zip Code: 21035
FEC ID number of contributing federal political committee: C
Name of Employer: ACOG
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 02 18 2005
Transaction ID: SA11A1.7470
Amount of Each Receipt this Period: 1000.00

**C.** Full Name (Last, First, Middle Initial)
RAMON SUAREZ
Mailing Address 725 NORTH ISLAND DRIVE
City: ATLANTA | State: GA | Zip Code: 30327
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: 03 22 2005
Transaction ID: SA11A1.7593
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ▶ **1450.00**

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 111 / 140
(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)
BO Y. SUH
Mailing Address 2727 WEST OLYMPIC BOULEVARD
City: LOS ANGELES | State: CA | Zip Code: 90006
FEC ID number of contributing federal political committee: C
Name of Employer: SELF-EMPLOYED
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 02 09 2005
Transaction ID: SA11A1.7441
Amount of Each Receipt this Period: 500.00

**B.**
Full Name (Last, First, Middle Initial)
BENJAMIN D. SUPNET
Mailing Address 4101 JAMES CASEY
City: AUSTIN | State: TX | Zip Code: 78745
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: 05 03 2005
Transaction ID: SA11A1.8019
Amount of Each Receipt this Period: 250.00

**C.**
Full Name (Last, First, Middle Initial)
KAREN G. SWENSON
Mailing Address 1305 WEST 34TH STREET
City: AUSTIN | State: TX | Zip Code: 78705
FEC ID number of contributing federal political committee: C
Name of Employer: WOMEN PARTNERS IN HEALTH
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 03 31 2005
Transaction ID: SA11A1.7827
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 112 / 140
(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)
AUDREY B. TASHJIAN
Mailing Address 108 POST ROAD
City: CHURCHVILLE | State: PA | Zip Code: 18966
FEC ID number of contributing federal political committee: C
Name of Employer: LAWRENCEVILLE OB/GYN
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 05 04 2005
Transaction ID: SA11A1.8056
Amount of Each Receipt this Period: 1000.00

**B.** Full Name (Last, First, Middle Initial)
BRUCE E. TAYLOR
Mailing Address 1101 SOUTH 70TH STREET
City: LINCOLN | State: NE | Zip Code: 68510
FEC ID number of contributing federal political committee: C
Name of Employer: CONTEMPORARY HEALTH CARE
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 03 22 2005
Transaction ID: SA11A1.7594
Amount of Each Receipt this Period: 1000.00

**C.** Full Name (Last, First, Middle Initial)
LINDA A. TEAGLE
Mailing Address 777 KNOWLES DRIVE
City: LOS GATOS | State: CA | Zip Code: 95032
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: 06 13 2005
Transaction ID: SA11A1.8250
Amount of Each Receipt this Period: 250.00

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

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

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

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

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(check only one)

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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)
EDWARD H. TEMPLE
Mailing Address 471 WILLIAMS BOULEVARD
City: RICHLAND | State: WA | Zip Code: 99354
FEC ID number of contributing federal political committee: C
Name of Employer: SELF-EMPLOYED
Occupation: PHYSICIAN
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 04 11 2005
Transaction ID: SA11A1.7876
Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
GHANSHYAM S. THAKKAR
Mailing Address 3909 CHARLIE COURT
City: GLENVIEW | State: IL | Zip Code: 60025
FEC ID number of contributing federal political committee: C
Name of Employer: SWEDISH COVENANT HOSPITAL
Occupation: PHYSICIAN
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 03 24 2005
Transaction ID: SA11A1.7635
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
JEFFREY B. THOMPSON
Mailing Address 23 CRESTWOOD DRIVE
City: ST. LOUIS | State: MO | Zip Code: 63105
FEC ID number of contributing federal political committee: C
Name of Employer: OB ASSOCIATES
Occupation: PHYSICIAN
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 02 17 2005
Transaction ID: SA11A1.7451
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

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

**A.** Full Name (Last, First, Middle Initial)
JENNIFER R. THULIN
Mailing Address 87 UNION STREET
City: NATICK | State: MA | Zip Code: 01760
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: 03 03 2005
Transaction ID: SA11A1.7555
Amount of Each Receipt this Period: 250.00

**B.** Full Name (Last, First, Middle Initial)
DOUGLAS L. TIEDT
Mailing Address P.O. BOX 2469
City: LANCASTER | State: SC | Zip Code: 29721
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: 06 29 2005
Transaction ID: SA11A1.8439
Amount of Each Receipt this Period: 500.00

**C.** Full Name (Last, First, Middle Initial)
MICHELLE TORCHIA
Mailing Address 2427 BUTTONWOOD DRIVE
City: VINELAND | State: NJ | Zip Code: 08361
FEC ID number of contributing federal political committee: C
Name of Employer: VINELAND OB/GYN
Occupation: PHYSICIAN
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 02 09 2005
Transaction ID: SA11A1.7443
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 115 / 140
(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)
ERIN E. TRACY
Mailing Address 5 HIGH STREET
City: STONEHAM | State: MA | Zip Code: 02180
FEC ID number of contributing federal political committee: C
Name of Employer: MASSACHUSETTS GENERAL HOSPITAL
Occupation: PHYSICIAN
Receipt For: Primary General / Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 06 13 2005
Transaction ID: SA11A1.8252
Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
BETTY K. TU
Mailing Address 5191 EAST CRESCENT DRIVE
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: 1000.00

Date of Receipt: 01 18 2005
Transaction ID: SA11A1.7400
Amount of Each Receipt this Period: 1000.00

C. Full Name (Last, First, Middle Initial)
MEIKE L. UHLER
Mailing Address 2056 WESTINGS AVENUE
City: NAPERVILLE | State: IL | Zip Code: 60181
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: 05 24 2005
Transaction ID: SA11A1.8157
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 116 / 140
(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)
THOMAS A. VAN GEEM
Mailing Address 2220 LYNN ROAD
City: THOUSAND OAKS | State: CA | Zip Code: 91360
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: 06 21 2005
Transaction ID: SA11A1.8329
Amount of Each Receipt this Period: 500.00

**B.** Full Name (Last, First, Middle Initial)
KATHRYN M. VARGO
Mailing Address 1151 ROUTE 120
City: MERIDEN | State: NH | Zip Code: 03770
FEC ID number of contributing federal political committee: C
Name of Employer: ALICE PECK DAY HOSPITAL
Occupation: PHYSICIAN
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 05 04 2005
Transaction ID: SA11A1.8058
Amount of Each Receipt this Period: 500.00

**C.** Full Name (Last, First, Middle Initial)
R. MARC VENNART
Mailing Address 500 SOUTH RANCHO
City: LAS VEGAS | State: NV | Zip Code: 89106
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: 03 22 2005
Transaction ID: SA11A1.7595
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 117 / 140
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NAME OF COMMITTEE (In Full)
OB-GYNS FOR WOMEN'S HEALTH PAC

**A.** Full Name (Last, First, Middle Initial)
ROBERT L. VERMILLION
Mailing Address 10 24TH STREET, SW
City: ROANOKE | State: VA | Zip Code: 24014
FEC ID number of contributing federal political committee: C
Name of Employer: PHYSICIANS TO WOMEN
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 03 22 2005
Transaction ID: SA11A1.7596
Amount of Each Receipt this Period: 250.00

**B.** Full Name (Last, First, Middle Initial)
WILLIAM C. VOGELPOHL
Mailing Address 337 EL DORADO STREET
City: MONTEREY | State: CA | Zip Code: 93940
FEC ID number of contributing federal political committee: C
Name of Employer: SELF-EMPLOYED
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 03 24 2005
Transaction ID: SA11A1.7638
Amount of Each Receipt this Period: 500.00

**C.** Full Name (Last, First, Middle Initial)
JOSEPHINE L. VON HERZEN
Mailing Address 883 CREEKSIDE DRIVE SE
City: SALEM | State: OR | Zip Code: 97306
FEC ID number of contributing federal political committee: C
Name of Employer: SALEM HOSPITAL
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 06 13 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)
K. MARK VUCHINICH
Mailing Address 26520 CACTUS AVENUE
City: MORENO VALLEY | State: CA | Zip Code: 92555
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: 06 13 2005
Transaction ID: SA11A1.8254
Amount of Each Receipt this Period: 1000.00

**B.**
Full Name (Last, First, Middle Initial)
RICHARD WALDMAN
Mailing Address 6100 WOLFBORO ROAD
City: JAMESVILLE | State: NY | Zip Code: 13078
FEC ID number of contributing federal political committee: C
Name of Employer: ASSOCIATES FOR WOMEN'S HEALTH
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 04 08 2005
Transaction ID: SA11A1.7772
Amount of Each Receipt this Period: 1000.00

**C.**
Full Name (Last, First, Middle Initial)
JOSEPH H. WARREN
Mailing Address 10600 MAGNOLIA
City: RIVERSIDE | State: CA | Zip Code: 92505
FEC ID number of contributing federal political committee: C
Name of Employer: KAISER HOSPITAL
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 06 29 2005
Transaction ID: SA11A1.8441
Amount of Each Receipt this Period: 1000.00

SUBTOTAL of Receipts This Page (optional) ▶ **3000.00**

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

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

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

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

**A.**
Full Name (Last, First, Middle Initial)
JOSEPH H. WARREN
Mailing Address 10800 MAGNOLIA
City: RIVERSIDE | State: CA | Zip Code: 92505
FEC ID number of contributing federal political committee: C
Name of Employer: KAISER HOSPITAL
Occupation: PHYSICIAN
Receipt For: Primary General / Other (specify)
Aggregate Year-to-Date: 2000.00

Date of Receipt: 06 29 2005
Transaction ID: SA11A1.8443
Amount of Each Receipt this Period: 1000.00

**B.**
Full Name (Last, First, Middle Initial)
JOSEPH H. WARREN
Mailing Address 10800 MAGNOLIA
City: RIVERSIDE | State: CA | Zip Code: 92505
FEC ID number of contributing federal political committee: C
Name of Employer: KAISER HOSPITAL
Occupation: PHYSICIAN
Receipt For: Primary General / Other (specify)
Aggregate Year-to-Date: 3000.00

Date of Receipt: 06 29 2005
Transaction ID: SA11A1.8444
Amount of Each Receipt this Period: 1000.00

**C.**
Full Name (Last, First, Middle Initial)
JAMES E. WATSON
Mailing Address 22 PINE RIDGE LANE
City: MANSFIELD CENTER | State: CT | Zip Code: 06250
FEC ID number of contributing federal political committee: C
Name of Employer: MANSFIELD OB/GYN ASSOCIATES
Occupation: PHYSICIAN
Receipt For: Primary General / Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 06 13 2005
Transaction ID: SA11A1.8258
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)
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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)
DONALD F. WEBER
Mailing Address 3508 SHARON DRIVE
City: EAU CLAIRE | State: WI | Zip Code: 54701
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: 03 24 2005
Transaction ID: SA11A1.7659
Amount of Each Receipt this Period: 250.00

**B.** Full Name (Last, First, Middle Initial)
STEWART J. WETCHLER
Mailing Address 12700 MACMANUS BOULEVARD
City: NEWPORT NEWS | State: VA | Zip Code: 23602
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: 03 22 2005
Transaction ID: SA11A1.7597
Amount of Each Receipt this Period: 250.00

**C.** Full Name (Last, First, Middle Initial)
CATHERINE J. WHEELER
Mailing Address 1140 EAST 3900 STREET
City: SALT LAKE CITY | State: UT | Zip Code: 84124
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: 03 31 2005
Transaction ID: SA11A1.7829
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)
ESTELLE H. WHITNEY
Mailing Address 491D MONUMENT ROAD
City: PHILADELPHIA | State: PA | Zip Code: 19131
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: 03 24 2005
Transaction ID: SA11A1.7660
Amount of Each Receipt this Period: 250.00

**B.** Full Name (Last, First, Middle Initial)
MITCHELL L. WILLENS
Mailing Address 910 EAST HOUSTON
City: TYLER | State: TX | Zip Code: 75702
FEC ID number of contributing federal political committee: C
Name of Employer: TYLER OB/GYN
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 06 13 2005
Transaction ID: SA11A1.8260
Amount of Each Receipt this Period: 500.00

**C.** Full Name (Last, First, Middle Initial)
JOHN B. WILLEY
Mailing Address 323 GREENFIELD AVENUE
City: WINCHESTER | State: VA | Zip Code: 22602
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: 06 13 2005
Transaction ID: SA11A1.8261
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)
CARMEN J. WILLIAMS
Mailing Address 305 CENTER STREET
City: HADDONFIELD | State: NJ | Zip Code: 08033
FEC ID number of contributing federal political committee: C
Name of Employer: PENN FERTILITY CARE
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 05 03 2005
Transaction ID: SA11A1.8021
Amount of Each Receipt this Period: 500.00

**B.** Full Name (Last, First, Middle Initial)
LENORA B. WILLIAMS
Mailing Address BOX 419
City: ELLINGTON | State: CT | Zip Code: 06029
FEC ID number of contributing federal political committee: C
Name of Employer: ELLINGTON OB-GYN
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 06 29 2005
Transaction ID: SA11A1.8445
Amount of Each Receipt this Period: 500.00

**C.** Full Name (Last, First, Middle Initial)
LENORA B. WILLIAMS
Mailing Address BOX 419
City: ELLINGTON | State: CT | Zip Code: 06029
FEC ID number of contributing federal political committee: C
Name of Employer: ELLINGTON OB-GYN
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 06 29 2005
Transaction ID: SA11A1.8447
Amount of Each Receipt this Period: 500.00

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

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

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

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

FOR LINE NUMBER: PAGE 123 / 140
(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)
MARK D. WISEMAN
Mailing Address 5733 WEST PROSPECT DRIVE
City: VISALIA | State: CA | Zip Code: 93291
FEC ID number of contributing federal political committee: C
Name of Employer: VISALIA MEDICAL ASSOCIATES
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 05 04 2005
Transaction ID: SA11A1.8060
Amount of Each Receipt this Period: 1000.00

**B.** Full Name (Last, First, Middle Initial)
GAIL B. WOMACK
Mailing Address 28290 CLEAR VIEW DRIVE
City: GOLDEN | State: CO | Zip Code: 80401
FEC ID number of contributing federal political committee: C
Name of Employer: COHEN & WOMACK
Occupation: PHYSICIAN
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 03 30 2005
Transaction ID: SA11A1.7791
Amount of Each Receipt this Period: 500.00

**C.** Full Name (Last, First, Middle Initial)
STEPHEN J. WOODRUFF
Mailing Address 89 JALBERT ROAD
City: BARRE | State: VT | Zip Code: 05641
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: 03 22 2005
Transaction ID: SA11A1.7599
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) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 124 / 140
(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)
MICHAEL P. WOODS
Mailing Address 2206 LONGO DRIVE
City: BELLEVUE | State: NE | Zip Code: 68005
FEC ID number of contributing federal political committee: C
Name of Employer: BELLEVUE OB/GYN
Occupation: PHYSICIAN
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 03 24 2005
Transaction ID: SA11A1.7662
Amount of Each Receipt this Period: 1000.00

B. Full Name (Last, First, Middle Initial)
JEFFREY A. WRIGHTSON
Mailing Address 1109 PINE ISLAND COURT
City: LAS VEGAS | State: NV | Zip Code: 89134
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: 03 22 2005
Transaction ID: SA11A1.7601
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
SARLA J. ZAVERI
Mailing Address 1031 MCBRIDE AVENUE
City: WEST PATTERSON | State: NJ | Zip Code: 07424
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: 05 19 2005
Transaction ID: SA11A1.8100
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 125 / 140
(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)
HAROLD L. ZIMMER

Mailing Address 2847 134TH AVENUE NE

City: BELLEVUE | State: WA | Zip Code: 98005

FEC ID number of contributing federal political committee: C

Name of Employer: BELLEGROVE OB/GYN

Occupation: PHYSICIAN

Receipt For:
Primary General
Other (specify)

Aggregate Year-to-Date: 250.00

Date of Receipt: 04 06 2005

Transaction ID: SA11A1.7916

Amount of Each Receipt this Period: 250.00

| | |
|---|---|
| SUBTOTAL of Receipts This Page (optional) | 250.00 |
| TOTAL This Period (last page this line number only) | 171651.00 |

# 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)
SUSANNE HAESSLER

Mailing Address 3401 38TH 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.7398
Date of Disbursement: 01 / 12 / 2005

Amount of Each Disbursement this Period: 1282.50

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

Mailing Address 3401 38TH 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.7406
Date of Disbursement: 02 / 09 / 2005

Amount of Each Disbursement this Period: 1196.25

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

Mailing Address 3401 38TH 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.7565
Date of Disbursement: 03 / 03 / 2005

Amount of Each Disbursement this Period: 507.50

SUBTOTAL of Disbursements This Page (optional) ▶ **2986.25**

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 3401 38TH 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.7609
Date of Disbursement: 03 / 24 / 2005

Amount of Each Disbursement this Period: 185.82

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

Mailing Address 3401 38TH 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.7832
Date of Disbursement: 04 / 08 / 2005

Amount of Each Disbursement this Period: 1957.50

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

Mailing Address 3401 38TH 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.7918
Date of Disbursement: 05 / 11 / 2005

Amount of Each Disbursement this Period: 1341.25

SUBTOTAL of Disbursements This Page (optional) ▶ **3484.57**

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 3401 38TH 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.6071
Date of Disbursement: 06 / 03 / 2005

Amount of Each Disbursement this Period: 1160.00

---

**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 MAIL SOLICITATIONS

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: SB21B.7459
Date of Disbursement: 02 / 18 / 2005

Amount of Each Disbursement this Period: 3442.28

---

**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.7610
Date of Disbursement: 03 / 24 / 2005

Amount of Each Disbursement this Period: 1434.38

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SUBTOTAL of Disbursements This Page (optional) ▶ **6036.66**

TOTAL This Period (last page this line number only) ▶ **12507.48**

## 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)
CHAMBLISS FOR SENATE

Mailing Address P. O. BOX 12469

City ATLANTA | State GA | Zip Code 30355

Purpose of Disbursement
CONTRIBUTION

Candidate Name
SAXBY CHAMBLISS

Category/ Type

Office Sought: House / X Senate / President
State: GA District: 08

Disbursement For: 2008
X Primary / General / Other (specify)

Transaction ID: SB23.7568
Date of Disbursement 03 / 21 / 2005

Amount of Each Disbursement this Period
1000.00

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

Mailing Address 331 BEVERLY DRIVE

City LAFAYETTE | State LA | Zip Code 70503

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: SB23.7937
Date of Disbursement 05 / 23 / 2005

Amount of Each Disbursement this Period
1500.00

**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: SB23.8286
Date of Disbursement 06 / 17 / 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)
FRIENDS OF GEORGE ALLEN

Mailing Address P.O. BOX 87

City ALEXANDRIA | State VA | Zip Code 22313

Purpose of Disbursement
CONTRIBUTION

Candidate Name
GEORGE ALLEN

Category/ Type

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

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

Transaction ID: SB23.7856
Date of Disbursement
04 29 2005

Amount of Each Disbursement this Period
1000.00

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

Mailing Address P.O. BOX U

City MARIETTA | State GA | Zip Code 30060

Purpose of Disbursement
CONTRIBUTION

Candidate Name
J. PHILLIP GINGREY

Category/ Type

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

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

Transaction ID: SB23.7936
Date of Disbursement
05 23 2005

Amount of Each Disbursement this Period
1500.00

**C.**
Full Name (Last, First, Middle Initial)
HATCH ELECTION COMMITTEE

Mailing Address 175 SOUTH WEST TEMPLE

City SALT LAKE CITY | State UT | Zip Code 84101

Purpose of Disbursement
CONTRIBUTION

Candidate Name
ORRIN G. HATCH

Category/ Type

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

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

Transaction ID: SB23.8164
Date of Disbursement
06 13 2005

Amount of Each Disbursement this Period
3500.00

**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)
JOHN D. DINGELL FOR CONGRESS COMMITTEE

Mailing Address 607 14TH STREET, NW

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

Purpose of Disbursement: CONTRIBUTION

Candidate Name: JOHN D. DINGELL

Category/ Type

Office Sought: X House / Senate / President
State: MI District: 15

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

Transaction ID: SB23.8163
Date of Disbursement: 06 / 13 / 2005

Amount of Each Disbursement this Period: 2500.00

**B.** Full Name (Last, First, Middle Initial)
JOHN SHADEGG'S FRIENDS

Mailing Address P.O. BOX 45444

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

Purpose of Disbursement: CONTRIBUTION

Candidate Name: JOHN B. SHADEGG

Category/ Type

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

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

Transaction ID: SB23.7883
Date of Disbursement: 04 / 29 / 2005

Amount of Each Disbursement this Period: 1000.00

**C.** Full Name (Last, First, Middle Initial)
JOHNSON FOR CONGRESS COMMITTEE

Mailing Address P.O. BOX 1986

City: NEW BRITAIN | State: CT | Zip Code: 06050

Purpose of Disbursement: CONTRIBUTION

Candidate Name: NANCY L. JOHNSON

Category/ Type

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

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

Transaction ID: SB23.7859
Date of Disbursement: 04 / 29 / 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





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

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

Mailing Address P.O. BOX 1986

City: NEW BRITAIN | State: CT | Zip Code: 06050

Purpose of Disbursement: CONTRIBUTION

Candidate Name: NANCY L. JOHNSON

Category/ Type

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

Disbursement For: 2006
Primary X General
Other (specify)

Transaction ID: SB23.8072
Date of Disbursement: 06 / 03 / 2005

Amount of Each Disbursement this Period: 5000.00

**B.**
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: MICHAEL C. BURGESS

Category/ Type

Office Sought: X House / Senate / President
State: TX District: 26

Disbursement For: 2006
X Primary General
Other (specify)

Transaction ID: SB23.7919
Date of Disbursement: 05 / 11 / 2005

Amount of Each Disbursement this Period: 2500.00

**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: MICHAEL C. BURGESS

Category/ Type

Office Sought: X House / Senate / President
State: TX District: 26

Disbursement For: 2006
X Primary General
Other (specify)

Transaction ID: SB23.8275
Date of Disbursement: 06 / 29 / 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) ▶

# 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

PAGE 133 / 140

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

**A.** Full Name (Last, First, Middle Initial)
NATHAN DEAL FOR CONGRESS

Mailing Address P.O. BOX 902

City GAINESVILLE | State GA | Zip Code 30503

Purpose of Disbursement
CONTRIBUTION

Candidate Name
NATHAN DEAL

Category/ Type

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

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

Transaction ID: SB23.7833
Date of Disbursement 04 / 06 / 2005

Amount of Each Disbursement this Period
2500.00

**B.** Full Name (Last, First, Middle Initial)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

Mailing Address 320 FIRST STREET, SE

City WASHINGTON | State DC | Zip Code 20003

Purpose of Disbursement
CONTRIBUTION

Candidate Name

Category/ Type

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

Disbursement For: Primary / General / Other (specify)

Transaction ID: SB23.7587
Date of Disbursement 03 / 09 / 2005

Amount of Each Disbursement this Period
5000.00

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

Mailing Address 320 FIRST STREET, SE

City WASHINGTON | State DC | Zip Code 20003

Purpose of Disbursement
CONTRIBUTION

Candidate Name

Category/ Type

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

Disbursement For: Primary / General / Other (specify)

Transaction ID: SB23.8273
Date of Disbursement 06 / 17 / 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) ▶

# 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)
NELSON 2006
Mailing Address P.O. BOX 8666
City OMAHA State NE Zip Code 68103
Purpose of Disbursement
CONTRIBUTION
Candidate Name
E. BENJAMIN NELSON
Category/ Type
Office Sought: House / X Senate / President
State: NE District: 00
Disbursement For: 2006
X Primary / General / Other (specify)

Transaction ID: SB23.7603
Date of Disbursement 03 / 24 / 2005
Amount of Each Disbursement this Period
1000.00

**B.**
Full Name (Last, First, Middle Initial)
NITA LOWEY FOR CONGRESS
Mailing Address P.O. BOX 271
City WHITE PLAINS State NY Zip Code 10605
Purpose of Disbursement
CONTRIBUTION
Candidate Name
NITA M. LOWEY
Category/ Type
Office Sought: X House / Senate / President
State: NY District: 18
Disbursement For: 2006
X Primary / General / Other (specify)

Transaction ID: SB23.7935
Date of Disbursement 05 / 23 / 2005
Amount of Each Disbursement this Period
1000.00

**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
PRIMARY ELECTION DEBT RETIREMENT
Candidate Name
THOMAS E. PRICE
Category/ Type
Office Sought: X House / Senate / President
State: GA District: 06
Disbursement For: 2004
X Primary / General / Other (specify)

Transaction ID: SB23.7490
Date of Disbursement 02 / 18 / 2005
Amount of Each Disbursement this Period
1000.00

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)
☐ 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)
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: SB23.7571
Date of Disbursement 03 / 21 / 2005

Amount of Each Disbursement this Period
2000.00

**B.**
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: SB23.8289
Date of Disbursement 06 / 17 / 2005

Amount of Each Disbursement this Period
1500.00

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

Mailing Address 145 EAST RICH STREET

City COLUMBUS | State OH | Zip Code 43215

Purpose of Disbursement
CONTRIBUTION

Candidate Name
DEBORAH D. PRYCE

Category/ Type

Office Sought: X House / Senate / President
State: OH District: 15

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

Transaction ID: SB23.7836
Date of Disbursement 04 / 08 / 2005

Amount of Each Disbursement this Period
1000.00

**SUBTOTAL** of Disbursements This Page (optional) ▶ **4500.00**

**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)
REYNOLDS FOR CONGRESS

Mailing Address P.O. BOX 15368

City ROCHESTER | State NY | Zip Code 14615

Purpose of Disbursement
CONTRIBUTION

Candidate Name
THOMAS M. REYNOLDS

Category/ Type

Office Sought: X House / Senate / President
State: NY District: 26

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

Transaction ID: SB23.8076
Date of Disbursement 06 / 03 / 2005

Amount of Each Disbursement this Period
1500.00

**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: House / X Senate / President
State: PA District: 00

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

Transaction ID: SB23.7606
Date of Disbursement 03 / 24 / 2005

Amount of Each Disbursement this Period
5000.00

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

Mailing Address P.O. BOX 2063

City BATTLE CREEK | State MI | Zip Code 49016

Purpose of Disbursement
CONTRIBUTION

Candidate Name
JOHN SCHWARZ

Category/ Type

Office Sought: X House / Senate / President
State: MI District: 7

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

Transaction ID: SB23.8270
Date of Disbursement 06 / 17 / 2005

Amount of Each Disbursement this Period
1500.00

**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 |





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

**A.**
Full Name (Last, First, Middle Initial)
STABENOW FOR US SENATE

Mailing Address P.O. BOX 4945

City: EAST LANSING | State: MI | Zip Code: 48826

Purpose of Disbursement: CONTRIBUTION

Candidate Name: DEBBIE STABENOW

Category/ Type

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

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

Transaction ID: SB23.8165
Date of Disbursement: 06 / 13 / 2005

Amount of Each Disbursement this Period: 2500.00

**B.**
Full Name (Last, First, Middle Initial)
SUE MYRICK FOR CONGRESS

Mailing Address P.O. BOX 37091

City: CHARLOTTE | State: NC | Zip Code: 28237

Purpose of Disbursement: CONTRIBUTION

Candidate Name: SUE MYRICK

Category/ Type

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

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

Transaction ID: SB23.7880
Date of Disbursement: 04 / 29 / 2005

Amount of Each Disbursement this Period: 2500.00

| | |
|---|---|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 5000.00 |
| TOTAL This Period (last page this line number only) ▶ | 56000.00 |

## 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)
☐ 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)
ILONA M. CARLOS

Mailing Address 125 SOUTH JEFFERSON STREET

City: CHICAGO | State: IL | Zip Code: 60661

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.8274
Date of Disbursement: 06 / 17 / 2005

Amount of Each Disbursement this Period: 500.00

**B.** Full Name (Last, First, Middle Initial)
BELVIA A. CARTER

Mailing Address 1469 POPLAR AVENUE

City: MEMPHIS | State: TN | Zip Code: 38104

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.7940
Date of Disbursement: 05 / 23 / 2005

Amount of Each Disbursement this Period: 1000.00

**C.** Full Name (Last, First, Middle Initial)
ROBERT M. CATES

Mailing Address 84 TWIN LAKE ROAD

City: ROME | State: GA | Zip Code: 30165

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.7864
Date of Disbursement: 04 / 29 / 2005

Amount of Each Disbursement this Period: 500.00

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

**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)
JOSEPH H. WARREN

Mailing Address 10800 MAGNOLIA

City: RIVERSIDE | State: CA | Zip Code: 92505

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.6451

Date of Disbursement: 06 / 30 / 2005

Amount of Each Disbursement this Period: 2000.00

| | |
|---|---|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 2000.00 |
| TOTAL This Period (last page this line number only) ▶ | 4000.00 |

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

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



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

FOR LINE NUMBER: (check only one)

- 9
- X 10

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
SUSANNE HAESSLER

Mailing Address 3401 38TH STREET, NW

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

Nature of Debt (Purpose):
ACCOUNTING

Transaction ID: SD10.7396

Outstanding Balance Beginning This Period: 1282.50

| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period |
|---|---|---|
| 0.00 | 1282.50 | 0.00 |

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