

**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)
 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

Full Name (Last, First, Middle Initial) A. GEORGE B. INGE		Date of Receipt M / D / Y 03 / 24 / 2005
Mailing Address 1555 DAUPHIN STREET		Transaction ID: SA11A1.7649
City	State	Zip Code
MOBILE	AL	36604
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer REPRODUCTIVE MEDICINE CENTER	Occupation PHYSICIAN	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. ANNIE IRIYE		Date of Receipt M / D / Y 05 / 24 / 2005
Mailing Address 2103 CRAIG ROAD		Transaction ID: SA11A1.8146
City	State	Zip Code
OLYMPIA	WA	98501
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. WALTER L. IRVING		Date of Receipt M / D / Y 03 / 30 / 2005
Mailing Address 1945 BOSTON		Transaction ID: SA11A1.7782
City	State	Zip Code
GRAND RAPIDS	MI	49508
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer METROPOLITAN HOSPITAL	Occupation PHYSICIAN	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

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