

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

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

2. **FEC IDENTIFICATION NUMBER** C00364158  
3. IS THIS REPORT  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)  
 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 03 01 2010 through 03 31 2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Type or Print Name of Treasurer STACIE MISCIKOWSKI

Signature of Treasurer Electronically Filed by STACIE MISCIKOWSKI Date 04 09 2010

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. 12/2004)

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

Report Covering the Period: From: 

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		49181.92
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period .....	105664.38									
(c) Total Receipts (from Line 19) .....	170600.00	246760.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	276264.38	295941.92								
7. Total Disbursements (from Line 31) .....	44757.54	64435.08								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	231506.84	231506.84								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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**

Write or Type Committee Name

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

Report Covering the Period: From: 

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	0

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) .....	145230.00	206830.00
(ii) Unitemized .....	25370.00	39930.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	170600.00	246760.00
(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) .....	170600.00	246760.00
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)) .....	170600.00	246760.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	170600.00	246760.00

## DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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.....	757.54	3935.08
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	757.54	3935.08
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	44000.00	60500.00
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 .....	0.00	0.00
(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)) .....	0.00	0.00
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))..	44757.54	64435.08
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	44757.54	64435.08

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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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) .....	170600.00	246760.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	170600.00	246760.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	757.54	3935.08
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	757.54	3935.08

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 97
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

<b>A.</b>	Full Name (Last, First, Middle Initial) FOUAD M. ABBAS		Date of Receipt MM / DD / YYYY 03 / 18 / 2010	
	Mailing Address 7018 ROCK STREAM COURT		<b>Transaction ID:</b> SA11AI.18332	
	City	State	Zip Code	Amount of Each Receipt this Period
	BALTIMORE	MD	21209	1000.00
FEC ID number of contributing federal political committee. <b>C</b>				
Name of Employer SINAI HOSPITAL		Occupation PHYSICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) DAVID S. ADELSTEIN		Date of Receipt MM / DD / YYYY 03 / 12 / 2010	
	Mailing Address 193 MENDELL ROAD		<b>Transaction ID:</b> SA11AI.18458	
	City	State	Zip Code	Amount of Each Receipt this Period
	ROCHESTER	MA	02770	300.00
FEC ID number of contributing federal political committee. <b>C</b>				
Name of Employer TRIAD OB/GYN		Occupation PHYSICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) TOD C. AEBY		Date of Receipt MM / DD / YYYY 03 / 10 / 2010	
	Mailing Address 131 PUNAHOU STREET		<b>Transaction ID:</b> SA11AI.18535	
	City	State	Zip Code	Amount of Each Receipt this Period
	HONOLULU	HI	96826	300.00
FEC ID number of contributing federal political committee. <b>C</b>				
Name of Employer UNIVERSITY OF HAWAII		Occupation PHYSICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1600.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 97
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

<b>A.</b>	Full Name (Last, First, Middle Initial) ROBERT M. AHRENS	Date of Receipt MM / DD / YYYY 03 / 18 / 2010
	Mailing Address 424 HIGHWAY 5 WEST	<b>Transaction ID:</b> SA11AI.18333
	City State Zip Code WACONIA MN 55387	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation LAKEWOOD CLINIC PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) GARLAND D. ANDERSON	Date of Receipt MM / DD / YYYY 03 / 15 / 2010
	Mailing Address 301 UNIVERSITY BOULEVARD	<b>Transaction ID:</b> SA11AI.18401
	City State Zip Code GALVESTON TX 77555	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation UNIVERSITY OF TEXAS PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) JEAN R. ANDERSON	Date of Receipt MM / DD / YYYY 03 / 05 / 2010
	Mailing Address 1208 ROUNDHILL ROAD	<b>Transaction ID:</b> SA11AI.18224
	City State Zip Code BALTIMORE MD 21218	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation JOHNS HOPKINS PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	2500.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 97
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

<b>A.</b>	Full Name (Last, First, Middle Initial) THADDEUS L. ANDERSON		Date of Receipt
	Mailing Address 2350 SIMPSON		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 08 / 2010
	City	State	Zip Code
	DUBUQUE	IA	52003
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.18245
Name of Employer DUBUQUE OB/GYN		Occupation PHYSICIAN	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	<input type="text"/> 1000.00

<b>B.</b>	Full Name (Last, First, Middle Initial) MARGARET ANDRIN		Date of Receipt
	Mailing Address 70 OLD MOUNTAIN ROAD		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 15 / 2010
	City	State	Zip Code
	LEBANON	NJ	08833
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.18402
Name of Employer SELF-EMPLOYED		Occupation PHYSICIAN	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	<input type="text"/> 1000.00

<b>C.</b>	Full Name (Last, First, Middle Initial) ARTHUR A. ARENA		Date of Receipt
	Mailing Address 3267 SOUTH 16TH STREET		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 05 / 2010
	City	State	Zip Code
	MILWAUKEE	WI	53215
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.18225
Name of Employer SELF-EMPLOYED		Occupation PHYSICIAN	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	<input type="text"/> 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 2500.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 97
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

<b>A.</b>	Full Name (Last, First, Middle Initial) THOMAS F. ARNOLD	Date of Receipt MM / DD / YYYY 03 / 08 / 2010
	Mailing Address 1145 14TH AVENUE WEST	<b>Transaction ID:</b> SA11AI.18246
	City State Zip Code DICKINSON ND 58601	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDICAL CENTER ONE PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) GLENN R. AUCOIN	Date of Receipt MM / DD / YYYY 03 / 15 / 2010
	Mailing Address 3311 PRESCOTT ROAD	<b>Transaction ID:</b> SA11AI.18403
	City State Zip Code ALEXANDRIA LA 71301	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation ALEXANDRIA WOMEN'S CENTER PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) THOMAS V. AYOUB	Date of Receipt MM / DD / YYYY 03 / 12 / 2010
	Mailing Address 186 MIDDLE RIDGE ROAD	<b>Transaction ID:</b> SA11AI.18464
	City State Zip Code NEW CANAAN CT 06840	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation SELF-EMPLOYED PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	2250.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 10 / 97  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

**A.** Full Name (Last, First, Middle Initial)  
BASHARAT J. AZIZ

Mailing Address 7505 OSLER DRIVE

City State Zip Code  
TOWSON MD 21204

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

Name of Employer SELF-EMPLOYED      Occupation PHYSICIAN

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      500.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	5	/	2	0	1	0

**Transaction ID:** SA11AI.18404

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
G. VINCENT BAILEY

Mailing Address 1914 JOHNSON STREET

City State Zip Code  
JENNINGS LA 70546

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

Name of Employer SELF-EMPLOYED      Occupation PHYSICIAN

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      250.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	6	/	2	0	1	0

**Transaction ID:** SA11AI.18385

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
KENNETH I. BARRON

Mailing Address 14 CADY STREET

City State Zip Code  
PROVIDENCE RI 02903

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

Name of Employer TRUESDALE OB/GYN      Occupation PHYSICIAN

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      250.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	2	/	2	0	1	0

**Transaction ID:** SA11AI.18465

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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 97  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

**A.** Full Name (Last, First, Middle Initial)  
BONNIE A. BEAVER

Mailing Address 7230 MEDICAL CENTER DRIVE

City WEST HILLS State CA Zip Code 91307

FEC ID 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 / 23 / 2010  
**Transaction ID:** SA11AI.18647  
 Amount of Each Receipt this Period: 250.00

**B.** Full Name (Last, First, Middle Initial)  
JOSEPH P. BERGER

Mailing Address 2964 BRANDYWINE PARK DRIVE

City DUBUQUE State IA Zip Code 52001

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

Name of Employer MEDICAL ASSOCIATES CLINIC Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 29 / 2010  
**Transaction ID:** SA11AI.18618  
 Amount of Each Receipt this Period: 250.00

**C.** Full Name (Last, First, Middle Initial)  
ROBERT E. BLEDSOE, JR.

Mailing Address 1537 CRESTWAY DRIVE

City ATHENS State TN Zip Code 37303

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

Name of Employer ATHENS WOMEN'S CLINIC Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 03 / 10 / 2010  
**Transaction ID:** SA11AI.18198  
 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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 97
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

<b>A.</b>	Full Name (Last, First, Middle Initial) DONALD R. BLUE	Date of Receipt MM / DD / YYYY 03 / 10 / 2010
	Mailing Address 4104 OLD JEANERETTE ROAD	<b>Transaction ID:</b> SA11AI.18199
	City State Zip Code NEW IBERIA LA 70563	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation SELF-EMPLOYED PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) JAMES P. BOEDEKER	Date of Receipt MM / DD / YYYY 03 / 10 / 2010
	Mailing Address 5 LAYTON TERRACE	<b>Transaction ID:</b> SA11AI.18203
	City State Zip Code ST. LOUIS MO 63124	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation ST. MARY'S HEALTH CENTER PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) CONSTANCE J. BOHON	Date of Receipt MM / DD / YYYY 03 / 10 / 2010
	Mailing Address 2141 K STREET, NW	<b>Transaction ID:</b> SA11AI.18536
	City State Zip Code WASHINGTON DC 20037	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation CAPITOL WOMEN'S CARE PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>800.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 13 / 97  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

**A.** Full Name (Last, First, Middle Initial)  
LEONARD A. BRABSON

Mailing Address 939 EMERALD AVENUE

City State Zip Code  
KNOXVILLE TN 37917

FEC ID 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  
M M / D D / Y Y Y Y Y  
0 3 / 0 8 / 2 0 1 0

**Transaction ID:** SA11AI.18247

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
KENT R. BRADLEY

Mailing Address 700 MEDICAL CENTER DRIVE

City State Zip Code  
NEWTON KS 67114

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  
M M / D D / Y Y Y Y Y  
0 3 / 1 2 / 2 0 1 0

**Transaction ID:** SA11AI.18468

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
JAMES T. BREEDEN

Mailing Address 1200 NORTH MOUNTAIN STREET

City State Zip Code  
CARSON CITY NV 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  
M M / D D / Y Y Y Y Y  
0 3 / 0 5 / 2 0 1 0

**Transaction ID:** SA11AI.18227

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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 97  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

**A.**

Full Name (Last, First, Middle Initial)  
KEITH R. BRILL

Mailing Address 179 BORTIZAN DRIVE

City State Zip Code  
LAS VEGAS NV 89138

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

Name of Employer Occupation  
WOMEN'S SPECIALTY CARE PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 10 / 2010

**Transaction ID:** SA11AI.18538

Amount of Each Receipt this Period  
300.00

**B.**

Full Name (Last, First, Middle Initial)  
CYNTHIA A. BRINCAT

Mailing Address 2125 RUNNYMEDE BOULEVARD

City State Zip Code  
ANN ARBOR MI 48103

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

Name of Employer Occupation  
UNIVERSITY OF MICHIGAN PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 12 / 2010

**Transaction ID:** SA11AI.18469

Amount of Each Receipt this Period  
300.00

**C.**

Full Name (Last, First, Middle Initial)  
C. BLANE BRINKLEY

Mailing Address 900 PACIFIC AVENUE

City State Zip Code  
EVERETT WA 98201

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

Name of Employer Occupation  
PROVIDENCE PHYSICIANS PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 05 / 2010

**Transaction ID:** SA11AI.18228

Amount of Each Receipt this Period  
250.00

**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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 97
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

<b>A.</b>	Full Name (Last, First, Middle Initial) MARK P. BROOKS	Date of Receipt MM / DD / YYYY 03 / 15 / 2010
	Mailing Address 9 SOUTH MEDICAL PARK DRIVE	<b>Transaction ID:</b> SA11AI.18406
	City State Zip Code FISHERSVILLE VA 22939	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation WOMEN'S CENTER PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) CHARLES E. BROWN	Date of Receipt MM / DD / YYYY 03 / 15 / 2010
	Mailing Address 1313 RED RIVER	<b>Transaction ID:</b> SA11AI.18409
	City State Zip Code AUSTIN TX 78701	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation SETON HOSPITAL PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) HAYWOOD L. BROWN	Date of Receipt MM / DD / YYYY 03 / 18 / 2010
	Mailing Address 203 BAKER HOUSE	<b>Transaction ID:</b> SA11AI.18334
	City State Zip Code DURHAM NC 27710	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation DUKE UNIVERSITY PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	2300.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 16 / 97  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

**A.** Full Name (Last, First, Middle Initial)  
RONALD T. BURKMAN

Mailing Address 284 ARDSLEY ROAD

City State Zip Code  
LONGMEADOW MA 01106

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

Name of Employer Occupation  
BAYSTATE MEDICAL CENTER PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 10 / 2010

**Transaction ID:** SA11AI.18210

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
RAYDEEN M. BUSSE

Mailing Address 1319 PUNAHOU STREET

City State Zip Code  
HONOLULU HI 96826

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

Name of Employer Occupation  
UNIVERSITY OF HAWAII PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 15 / 2010

**Transaction ID:** SA11AI.18411

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
ERNEST K. BUSSINGER

Mailing Address 3911 AVENUE B

City State Zip Code  
SCOTTSBLUFF NE 69361

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

Name of Employer Occupation  
THE WOMEN'S CENTER PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 15 / 2010

**Transaction ID:** SA11AI.18412

Amount of Each Receipt this Period  
1000.00

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

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

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

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

FOR LINE NUMBER: PAGE 17 / 97  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

**A.** Full Name (Last, First, Middle Initial)  
DAVID G. BUTLER

Mailing Address 6 RIDGE ROAD

City NORWOOD State NJ Zip Code 07648

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

Name of Employer ENGLERT, SEYMOUR, BUTLER Occupation PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 22 / 2010  
Transaction ID: SA11AI.18290  
Amount of Each Receipt this Period: 250.00

**B.** Full Name (Last, First, Middle Initial)  
MICHAEL F. CABBAD

Mailing Address 8007 NARROWS AVENUE

City BROOKLYN State NY Zip Code 11209

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

Name of Employer BROOKLYN HOSPITAL CENTER Occupation PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 03 / 08 / 2010  
Transaction ID: SA11AI.18249  
Amount of Each Receipt this Period: 1000.00

**C.** Full Name (Last, First, Middle Initial)  
CYNTHIA S. CANNON

Mailing Address 832 NORTHCLIFFE DRIVE

City SALT LAKE CITY State UT Zip Code 84103

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

Name of Employer SELF-EMPLOYED Occupation PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 03 / 12 / 2010  
Transaction ID: SA11AI.18472  
Amount of Each Receipt this Period: 500.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 97  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

**A.** Full Name (Last, First, Middle Initial)  
JOSEPH C. CANTERINO

Mailing Address 416 WASHINGTON BOULEVARD

City SEA GIRT State NJ Zip Code 08750

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

Name of Employer JERSEY SHORE PERINATAL Occupation PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 05 / 2010  
Transaction ID: SA11AI.18229  
Amount of Each Receipt this Period: 250.00

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

Mailing Address 76 FERN STREET

City AUBURN State ME Zip Code 04210

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

Name of Employer CENTRAL MAINE MEDICAL CENTER Occupation PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 03 / 10 / 2010  
Transaction ID: SA11AI.18542  
Amount of Each Receipt this Period: 300.00

**C.** Full Name (Last, First, Middle Initial)  
DEENA M. CASTELLION

Mailing Address 651 POWDER HORN LANE

City INDIAN TRAIL State NC Zip Code 28079

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

Name of Employer NOVANT HEALTH Occupation PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 03 / 10 / 2010  
Transaction ID: SA11AI.18215  
Amount of Each Receipt this Period: 200.00

**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  
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 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

**A.** Full Name (Last, First, Middle Initial)  
SAMUEL R. CHACON

Mailing Address 1200 NORTH MOUNTAIN STREET

City State Zip Code  
CARSON CITY NV 89703

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

Name of Employer Occupation  
CARSON MEDICAL GROUP PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 10 / 2010

**Transaction ID:** SA11AI.18544

Amount of Each Receipt this Period  
300.00

**B.** Full Name (Last, First, Middle Initial)  
SUSAN H. CHAPMAN

Mailing Address 642 ULUKAHIKI STREET

City State Zip Code  
KAILUA HI 96734

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

Name of Employer Occupation  
SELF-EMPLOYED PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 22 / 2010

**Transaction ID:** SA11AI.18661

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
BEN H. CHEEK

Mailing Address 2000 HAMILTON ROAD

City State Zip Code  
COLUMBUS GA 31904

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

Name of Employer Occupation  
OB/GYN ASSOCIATES PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 10 / 2010

**Transaction ID:** SA11AI.18545

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1050.00

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

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

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

FOR LINE NUMBER: PAGE 20 / 97  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

**A.** Full Name (Last, First, Middle Initial)  
DONALD M. CHERVENAK

Mailing Address 15 JAMES STREET

City State Zip Code  
FLORHAM PARK NJ 07932

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

Name of Employer SELF-EMPLOYED      Occupation PHYSICIAN

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      300.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 05 / 2010

**Transaction ID:** SA11AI.18230

Amount of Each Receipt this Period  
300.00

**B.** Full Name (Last, First, Middle Initial)  
JEAN M. CHIN

Mailing Address 785 PARK AVENUE

City State Zip Code  
NEW YORK NY 10021

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

Name of Employer SELF-EMPLOYED      Occupation PHYSICIAN

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 05 / 2010

**Transaction ID:** SA11AI.18232

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
EMILY D. CLINE

Mailing Address 1155 WEST JEFFERSON STREET

City State Zip Code  
FRANKLIN IN 46131

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

Name of Employer JOHNSON COUNTY WOMEN'S CARE      Occupation PHYSICIAN

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 16 / 2010

**Transaction ID:** SA11AI.18386

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ►      1800.00

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

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

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

FOR LINE NUMBER: PAGE 21 / 97  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

**A.** Full Name (Last, First, Middle Initial)  
MARGUERITE P. COHEN

Mailing Address 1130 NORTHWEST 22ND AVENUE

City State Zip Code  
PORTLAND OR 97210

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

Name of Employer Occupation  
SELF-EMPLOYED PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 05 / 2010

**Transaction ID:** SA11AI.18233

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
KAREN F. COLE

Mailing Address 291 EAST LAYFAIR DRIVE

City State Zip Code  
FLOWOOD MS 39232

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

Name of Employer Occupation  
JACKSON HEALTH CARE FOR WOMEN PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 16 / 2010

**Transaction ID:** SA11AI.18387

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
TRACY M. COLLINS

Mailing Address 607 ST. ANDREWS DRIVE

City State Zip Code  
SCHERERVILLE IN 46375

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

Name of Employer Occupation  
COMMUNITY CARE PHYSICIANS PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 15 / 2010

**Transaction ID:** SA11AI.18417

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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 97  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

**A.** Full Name (Last, First, Middle Initial)  
JOSEPH P. CONNOR

Mailing Address 600 HIGHLAND AVENUE

City MADISON State WI Zip Code 53792

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 / 15 / 2010

Transaction ID: SA11AI.18418

Amount of Each Receipt this Period 500.00

**B.** Full Name (Last, First, Middle Initial)  
JEANNE A. CONRY

Mailing Address 8204 CANTERSHIRE WAY

City GRANITE BAY State CA Zip Code 95746

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

Name of Employer KAISER PERMANENTE Occupation PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 22 / 2010

Transaction ID: SA11AI.18292

Amount of Each Receipt this Period 250.00

**C.** Full Name (Last, First, Middle Initial)  
LYNNE M. COSLETT-CHARLTON

Mailing Address 289 HARRIS HILL ROAD

City SHAVERTOWN State PA Zip Code 18708

FEC ID 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 03 / 08 / 2010

Transaction ID: SA11AI.18250

Amount of Each Receipt this Period 1000.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 97

(check only one)

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

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NAME OF COMMITTEE (In Full)  
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

**A.**

Full Name (Last, First, Middle Initial)  
DAVID W. CROWNOVER

Mailing Address 5125 MOUNT OLIVE STREET

City State Zip Code  
SILOAM SPRINGS AR 72761

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

Name of Employer Occupation  
SELF-EMPLOYED PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 400.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 10 / 2010

Transaction ID: SA11AI.18166

Amount of Each Receipt this Period  
400.00

**B.**

Full Name (Last, First, Middle Initial)  
LUIS B. CURET

Mailing Address P.O. BOX 50519

City State Zip Code  
ALBUQUERQUE NM 87181

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

Name of Employer Occupation  
UNIVERSITY OF NEW MEXICO PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 12 / 2010

Transaction ID: SA11AI.18475

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
MARY E. D'ALTON

Mailing Address 622 WEST 168TH STREET

City State Zip Code  
NEW YORK NY 10132

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

Name of Employer Occupation  
COLUMBIA UNIVERSITY PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 17 / 2010

Transaction ID: SA11AI.18372

Amount of Each Receipt this Period  
1000.00

**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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 97  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

**A.**

Full Name (Last, First, Middle Initial)  
STELLA M. DANTAS

Mailing Address 6906 SOUTHWEST WINDEMERE LOOP

City PORTLAND State OR Zip Code 97225

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

Name of Employer KAISER PERMANENTE NORTHWEST Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 10 / 2010  
**Transaction ID:** SA11AI.18546  
Amount of Each Receipt this Period 300.00

**B.**

Full Name (Last, First, Middle Initial)  
SANGEETA DAVE

Mailing Address 2112 SUNNYVIEW OVAL

City KEASBEY State NJ Zip Code 08832

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

Name of Employer WOMEN'S HEALTH & WELLNESS Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 03 / 18 / 2010  
**Transaction ID:** SA11AI.18337  
Amount of Each Receipt this Period 600.00

**C.**

Full Name (Last, First, Middle Initial)  
LAURA J. DAVID

Mailing Address 5323 MEADOW WOOD BOULEVARD

City LYNDHURST State OH Zip Code 44124

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

Name of Employer UNIVERSITY MEDICAL PRACTICES Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 08 / 2010  
**Transaction ID:** SA11AI.18251  
Amount of Each Receipt this Period 1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1900.00

**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 25 / 97  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

**A.** 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 ▼ 1000.00

Date of Receipt: 03 / 08 / 2010  
Transaction ID: SA11AI.18252  
Amount of Each Receipt this Period: 1000.00

**B.** Full Name (Last, First, Middle Initial)  
GREGORY W. DEMEO

Mailing Address 4745 OGLETOWN STANTON ROAD

City NEWARK State DE Zip Code 19713

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

Name of Employer FIRST STATE WOMEN'S CARE Occupation PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 03 / 10 / 2010  
Transaction ID: SA11AI.18547  
Amount of Each Receipt this Period: 300.00

**C.** Full Name (Last, First, Middle Initial)  
JOSEPH L. DESTEFANO

Mailing Address 53 WEST WHITE HORSE PARK

City GALLOWAY State NJ Zip Code 08205

FEC ID 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: 03 / 10 / 2010  
Transaction ID: SA11AI.18548  
Amount of Each Receipt this Period: 300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1600.00

**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 26 / 97  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

**A.**

Full Name (Last, First, Middle Initial)  
PAUL K. DIBBS

Mailing Address 105 CORPORATE BOULEVARD

City LAFAYETTE State LA Zip Code 70508

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

Name of Employer SELF-EMPLOYED Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 03 / 22 / 2010  
Transaction ID: SA11AI.18662  
Amount of Each Receipt this Period: 400.00

**B.**

Full Name (Last, First, Middle Initial)  
JANE ANN S. DIMER

Mailing Address 4631 90TH AVENUE

City MERCER ISLAND State WA Zip Code 98040

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

Name of Employer GROUP HEALTH PERMANENTE Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1980.00

Date of Receipt: 03 / 08 / 2010  
Transaction ID: SA11AI.18253  
Amount of Each Receipt this Period: 1980.00

**C.**

Full Name (Last, First, Middle Initial)  
MARNA B. DOLINGER

Mailing Address 1492 BEACON STREET

City BROOKLINE State MA Zip Code 02446

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

Name of Employer NEWTON-WELLESLEY OB/GYN Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 15 / 2010  
Transaction ID: SA11AI.18420  
Amount of Each Receipt this Period: 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2630.00

**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 27 / 97  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

<p><b>A.</b> Full Name (Last, First, Middle Initial) LAWRENCE A. DOLKART</p> <p>Mailing Address 600 FITCH STREET</p> <p>City State Zip Code ELMIRA NY 14905</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer SELF-EMPLOYED      Occupation PHYSICIAN</p> <p>Receipt For:  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">750.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">03 / 15 / 2010</span></p> <p><b>Transaction ID:</b> SA11AI.18421</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">750.00</span></p>
--	---

<p><b>B.</b> Full Name (Last, First, Middle Initial) JULIE M. DONOHUE</p> <p>Mailing Address 5846 SNYDER DRIVE</p> <p>City State Zip Code LOCKPORT NY 14094</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer SELF-EMPLOYED      Occupation PHYSICIAN</p> <p>Receipt For:  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">250.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">03 / 10 / 2010</span></p> <p><b>Transaction ID:</b> SA11AI.18170</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">250.00</span></p>
--	---

<p><b>C.</b> Full Name (Last, First, Middle Initial) ANDREW B. DOTT</p> <p>Mailing Address 993 JOHNSON FERRY ROAD</p> <p>City State Zip Code ATLANTA GA 30342</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer RIVERBEND OB/GYN      Occupation PHYSICIAN</p> <p>Receipt For:  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">500.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">03 / 17 / 2010</span></p> <p><b>Transaction ID:</b> SA11AI.18373</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">500.00</span></p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">1500.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

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

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

FOR LINE NUMBER: PAGE 28 / 97  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

**A.** Full Name (Last, First, Middle Initial)  
KATHRYN J. DRENNAN

Mailing Address 1115 NORTH JUNETTE STREET

City State Zip Code  
TACOMA WA 98406

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

Name of Employer Occupation  
MULTICARE HEALTH SYSTEM PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 10 / 2010

**Transaction ID:** SA11AI.18171

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
JULIE DROLET

Mailing Address 2480 FAIRWAY DRIVE

City State Zip Code  
YORK PA 17402

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

Name of Employer Occupation  
WOMEN'S INSTITUTE PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 29 / 2010

**Transaction ID:** SA11AI.18624

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
DAMLA K. DRYDEN

Mailing Address 6624 FANNIN

City State Zip Code  
HOUSTON TX 77030

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

Name of Employer Occupation  
TEXAS CHILDREN'S HOSPITAL PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 15 / 2010

**Transaction ID:** SA11AI.18422

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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 97  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

**A.**

Full Name (Last, First, Middle Initial)  
ALLISON M. DUNCAN

Mailing Address 2901 NORTHWEST 128TH STREET

City VANCOUVER State WA Zip Code 98685

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

Name of Employer VANCOUVER CLINIC Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 03 / 15 / 2010  
Transaction ID: SA11AI.18423  
Amount of Each Receipt this Period: 500.00

**B.**

Full Name (Last, First, Middle Initial)  
DIANNE M. EDGAR

Mailing Address 1820 SOUTH CLINTON AVENUE

City ROCHESTER State NY Zip Code 14618

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

Name of Employer PARK WEST WOMEN'S HEALTH Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 03 / 05 / 2010  
Transaction ID: SA11AI.18234  
Amount of Each Receipt this Period: 500.00

**C.**

Full Name (Last, First, Middle Initial)  
KAY E. ELLEDGE

Mailing Address 28809 CEDARBLUFF DRIVE

City RANCHO PALOS VERDE State CA Zip Code 90275

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

Name of Employer SELF-EMPLOYED Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt: 03 / 18 / 2010  
Transaction ID: SA11AI.18338  
Amount of Each Receipt this Period: 2000.00

**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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 97  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

**A.** 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 ILLINOIS UROGYNECOLOGY Occupation PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt: 03 / 10 / 2010  
Transaction ID: SA11AI.18549  
Amount of Each Receipt this Period: 300.00

**B.** Full Name (Last, First, Middle Initial)  
MARYGRACE ELSON

Mailing Address 3661 FOXANA DRIVE

City IOWA CITY State IA Zip Code 52246

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

Name of Employer UNIVERSITY OF IOWA HEALTH CARE Occupation PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 03 / 10 / 2010  
Transaction ID: SA11AI.18173  
Amount of Each Receipt this Period: 500.00

**C.** Full Name (Last, First, Middle Initial)  
GEORGE J. EVERIDGE

Mailing Address 2022 10TH AVENUE

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 ▼ 250.00

Date of Receipt: 03 / 22 / 2010  
Transaction ID: SA11AI.18663  
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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 97  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

**A.** Full Name (Last, First, Middle Initial)  
JOHN P. FARRICY, III

Mailing Address 123 SUMMER STREET

City State Zip Code  
WORCESTER MA 01608

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

Name of Employer Occupation  
FARRICY & KRAFT PHYSICIAN

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 18 / 2010

**Transaction ID:** SA11AI.18340

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
KAREN L. FEHR-DELISSANDRO

Mailing Address 5354 REYNOLDS STREET

City State Zip Code  
SAVANNAH GA 31405

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

Name of Employer Occupation  
SELF-EMPLOYED PHYSICIAN

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 18 / 2010

**Transaction ID:** SA11AI.18341

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
HUGO M. FERRARA

Mailing Address 7150 WEST 20TH AVENUE

City State Zip Code  
HIALEAH FL 33016

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

Name of Employer Occupation  
FEM CARE PHYSICIAN

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 24 / 2010

**Transaction ID:** SA11AI.18643

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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 97  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

**A.**

Full Name (Last, First, Middle Initial)  
ANNA M. FIELDMAN

Mailing Address 40 TURF LANE

City State Zip Code  
ROSLYN HEIGHTS NY 11577

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

Name of Employer Occupation  
FORREST HILLS OB/GYN PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
MM / DD / YYYY  
03 / 15 / 2010

Transaction ID: SA11AI.18424

Amount of Each Receipt this Period  
2000.00

**B.**

Full Name (Last, First, Middle Initial)  
ALBERT B. FINCH

Mailing Address 1509 NORTH TEXAS AVENUE

City State Zip Code  
ODESSA TX 79761

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

Name of Employer Occupation  
WOMEN'S AND CHILDREN'S CL-  
INIC PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 23 / 2010

Transaction ID: SA11AI.18648

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
STEVEN J. FLEISCHMAN

Mailing Address 9 CARRIAGE HILL ROAD

City State Zip Code  
WOODBRIIDGE CT 06525

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

Name of Employer Occupation  
OB/GYN MENOPAUSE PHYSICIA-  
NS PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 08 / 2010

Transaction ID: SA11AI.18254

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 3500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 97
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

<b>A.</b>	Full Name (Last, First, Middle Initial) ROBERT F. FLORA		Date of Receipt
	Mailing Address 7679 MANNHEIM COURT		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 08 / 2010
	City	State	Zip Code
	HUDSON	OH	44236
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.18255
Name of Employer SUMMA PHYSICIANS		Occupation PHYSICIAN	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	<input type="text"/> 1000.00

<b>B.</b>	Full Name (Last, First, Middle Initial) JORGE N. FLORES		Date of Receipt
	Mailing Address 1520 9TH AVENUE		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 23 / 2010
	City	State	Zip Code
	HACIENDA HEIGHTS	CA	91745
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.18649
Name of Employer RETIRED		Occupation PHYSICIAN	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	<input type="text"/> 500.00

<b>C.</b>	Full Name (Last, First, Middle Initial) ELEANOR L. FRIELE		Date of Receipt
	Mailing Address 4681 WEST MERCER WAY		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 12 / 2010
	City	State	Zip Code
	MERCER ISLAND	WA	98040
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.18480
Name of Employer SWEDISH PHYSICIANS		Occupation PHYSICIAN	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	<input type="text"/> 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 1750.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 97
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

<b>A.</b>	Full Name (Last, First, Middle Initial) CAMILLE GAGNE-SABBAGH		Date of Receipt MM / DD / YYYY 03 / 18 / 2010		
	Mailing Address 8024 MYRTLE TRACE DRIVE		Transaction ID: SA11AI.18343		
	City MYRTLE BEACH	State SC	Zip Code 29526	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer CENTER OF OBSTETRICS	Occupation PHYSICIAN	Aggregate Year-to-Date 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>B.</b>	Full Name (Last, First, Middle Initial) JOHN P. GALLAGHER		Date of Receipt MM / DD / YYYY 03 / 15 / 2010		
	Mailing Address 220 CASE AVENUE		Transaction ID: SA11AI.18426		
	City SHARON	State PA	Zip Code 16146	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer PRIMARY HEALTH NETWORK	Occupation PHYSICIAN	Aggregate Year-to-Date 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>C.</b>	Full Name (Last, First, Middle Initial) GLENN T. GALLASPY		Date of Receipt MM / DD / YYYY 03 / 16 / 2010		
	Mailing Address 3715 DAUPHIN STREET		Transaction ID: SA11AI.18388		
	City MOBILE	State AL	Zip Code 36608	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer AZELIA CITY PHYSICIANS	Occupation PHYSICIAN	Aggregate Year-to-Date 1000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	2000.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 35 / 97  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

**A.**

Full Name (Last, First, Middle Initial)  
DAVID G. GALVAN

Mailing Address 7737 SOUTHWEST FREEWAY

City HOUSTON State TX Zip Code 77074

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

Name of Employer SOUTHWEST OB/GYN ASSOCIATES Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 03 / 18 / 2010  
Transaction ID: SA11AI.18344  
Amount of Each Receipt this Period: 1000.00

**B.**

Full Name (Last, First, Middle Initial)  
THOMAS M. GELLHAUS

Mailing Address 6345 JAMES ROAD

City BETTENDORF State IA Zip Code 52722

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 / 08 / 2010  
Transaction ID: SA11AI.18256  
Amount of Each Receipt this Period: 1000.00

**C.**

Full Name (Last, First, Middle Initial)  
MICHAEL GERIA

Mailing Address 180 KMD

City WATERVILLE State ME Zip Code 04901

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

Name of Employer SELF-EMPLOYED Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 03 / 10 / 2010  
Transaction ID: SA11AI.18553  
Amount of Each Receipt this Period: 300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2300.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 97
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

<b>A.</b>	Full Name (Last, First, Middle Initial) HARTAJ GILL		Date of Receipt
	Mailing Address 401 EAST 34TH STREET		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	NEW YORK	NY	10016
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.18179
Name of Employer NEW YORK UNIVERSITY		Occupation PHYSICIAN	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00

<b>B.</b>	Full Name (Last, First, Middle Initial) LAWRENCE G. GILL, III		Date of Receipt
	Mailing Address 2072 SUMMIT DRIVE		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	SHERIDAN	WY	82801
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.18302
Name of Employer SHERIDAN WOMEN'S HEALTH		Occupation PHYSICIAN	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00

<b>C.</b>	Full Name (Last, First, Middle Initial) CHRISTINE S. GOUDGE		Date of Receipt
	Mailing Address 5486 OAKGREEN PLACE NORTH		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	OAK PARK HEIGHTS	MN	55092
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.18182
Name of Employer STILLWATER MEDICAL GROUP		Occupation PHYSICIAN	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 750.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 37 / 97  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

**A.**

Full Name (Last, First, Middle Initial)  
ROBERT A. GROVER

Mailing Address 417 STATE STREET

City State Zip Code  
BANGOR ME 04401

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

Name of Employer Occupation  
BANGOR WOMEN'S HEALTH PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
MM / DD / YYYY  
03 / 18 / 2010

Transaction ID: SA11AI.18347

Amount of Each Receipt this Period  
1500.00

**B.**

Full Name (Last, First, Middle Initial)  
MICHAEL O. GROWNEY

Mailing Address 4749 GOLDFINCH COURT

City State Zip Code  
PUEBLO CO 81008

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

Name of Employer Occupation  
WOMEN'S HEALTH CENTER PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 10 / 2010

Transaction ID: SA11AI.18183

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
TAMMY R. GRUENBERG

Mailing Address 2704 NETHERLAND AVENUE

City State Zip Code  
BRONX NY 10463

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

Name of Employer Occupation  
ST. BARNABAS AMBULATORY CARE PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 15 / 2010

Transaction ID: SA11AI.18427

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2000.00

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

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

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

FOR LINE NUMBER: PAGE 38 / 97  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

**A.** Full Name (Last, First, Middle Initial)  
GABRIEL G. HAKIM

Mailing Address 18 MERRILL STREET

City State Zip Code  
WATERBURY CT 06708

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

Name of Employer SELF-EMPLOYED      Occupation PHYSICIAN

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 12 / 2010

**Transaction ID:** SA11AI.18487

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
MICHAEL L. HALL

Mailing Address 499 EAST HAMPDEN

City State Zip Code  
ENGLEWOOD CO 80113

FEC ID 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  
M M / D D / Y Y Y Y  
03 / 18 / 2010

**Transaction ID:** SA11AI.18348

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
THOMAS J. HALLOIN

Mailing Address P.O. BOX 8900

City State Zip Code  
GREEN BAY WI 54308

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

Name of Employer AURORA BAYCARE MEDICAL      Occupation PHYSICIAN

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 18 / 2010

**Transaction ID:** SA11AI.18349

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2100.00

**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 39 / 97  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

**A.** Full Name (Last, First, Middle Initial)  
CHARLES B. HAMMOND

Mailing Address P.O. BOX 3853

City State Zip Code  
DURHAM NC 27710

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

Name of Employer Occupation  
DUKE UNIVERSITY MEDICAL CENTER PHYSICIAN

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 15 / 2010

**Transaction ID:** SA11AI.18428

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
RICHARD W. HENDERSON

Mailing Address 1709 CLEAVER LANE

City State Zip Code  
WILMINGTON DE 19803

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

Name of Employer Occupation  
ST. FRANCIS HOSPITAL PHYSICIAN

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 15 / 2010

**Transaction ID:** SA11AI.18430

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
THOMAS W. HEPFER

Mailing Address 2810 LILLINGTON DRIVE

City State Zip Code  
SUMTER SC 29150

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

Name of Employer Occupation  
SUMTER OB/GYN PHYSICIAN

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 22 / 2010

**Transaction ID:** SA11AI.18305

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1100.00

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

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

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

FOR LINE NUMBER: PAGE 40 / 97  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

**A.** Full Name (Last, First, Middle Initial)  
MARY E. HERALD

Mailing Address 1601 LYNNWOOD DRIVE

City State Zip Code  
DECATUR IL 62521

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

Name of Employer Occupation  
RETIRED PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 16 / 2010

**Transaction ID:** SA11AI.18389

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
CARMELO A. HERNANDEZ

Mailing Address 87 MEDICAL PARK AVENUE

City State Zip Code  
BREVARD NC 28712

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

Name of Employer Occupation  
SYLVAN VALLEY OB/GYN PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 16 / 2010

**Transaction ID:** SA11AI.18390

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
PETER H. HERTZAK

Mailing Address 985 ROBERT BOULEVARD

City State Zip Code  
SLIDELL LA 70458

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

Name of Employer Occupation  
SELF-EMPLOYED PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
MM / DD / YYYY  
03 / 23 / 2010

**Transaction ID:** SA11AI.18651

Amount of Each Receipt this Period  
2500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 3500.00

**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 41 / 97  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

**A.**

Full Name (Last, First, Middle Initial)  
BRIANT G. HERZOG

Mailing Address 6200 WEST PARKER ROAD

City PLANO State TX Zip Code 75093

FEC ID 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: 03 / 18 / 2010  
Transaction ID: SA11AI.18350  
Amount of Each Receipt this Period: 1000.00

**B.**

Full Name (Last, First, Middle Initial)  
PHILLIP A. HIGGINS

Mailing Address 5306 PARLIAMENT PLACE

City ROCKFORD State IL Zip Code 61107

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

Name of Employer ROCKFORD HEALTH SYSTEMS Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 10 / 2010  
Transaction ID: SA11AI.18555  
Amount of Each Receipt this Period: 250.00

**C.**

Full Name (Last, First, Middle Initial)  
GREGORY D. HIRSCH

Mailing Address 15 MILL LANE

City BRANCBURG State NJ Zip Code 08876

FEC ID 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 / 2010  
Transaction ID: SA11AI.18306  
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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 / 97
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

<b>A.</b>	Full Name (Last, First, Middle Initial) ERIC J. HODGSON		Date of Receipt	
	Mailing Address 6 BIRCH LANE		M M / D D / Y Y Y Y Y 03 / 10 / 2010	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.18136
	EAST HAVEN	CT	06513	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		250.00	
Name of Employer YALE SCHOOL OF MEDICINE		Occupation PHYSICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		250.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) SHELLY W. HOLMSTROM		Date of Receipt	
	Mailing Address 633 BOSPHOROUS		M M / D D / Y Y Y Y Y 03 / 17 / 2010	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.18375
	TAMPA	FL	33606	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		300.00	
Name of Employer UNIVERSITY OF SOUTH FLORIDA		Occupation PHYSICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		300.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) STEVEN C. HOLT		Date of Receipt	
	Mailing Address 13458 KING LAKE TRAIL		M M / D D / Y Y Y Y Y 03 / 10 / 2010	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.18556
	BROOMFIELD	CO	80020	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		300.00	
Name of Employer HEALTH ONE CLINIC		Occupation PHYSICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		300.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	850.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 43 / 97  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

**A.** Full Name (Last, First, Middle Initial)  
GEORGE P. HUBBELL

Mailing Address 279 OAKMONT COURT

City State Zip Code  
LAKE OZARK MO 65049

FEC ID 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  
M M / D D / Y Y Y Y  
03 / 10 / 2010

Transaction ID: SA11AI.18557

Amount of Each Receipt this Period  
300.00

**B.** Full Name (Last, First, Middle Initial)  
TERESA A. HUBKA

Mailing Address 1432 WEST WOLFRAM STREET

City State Zip Code  
CHICAGO IL 60657

FEC ID 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  
M M / D D / Y Y Y Y  
03 / 12 / 2010

Transaction ID: SA11AI.18496

Amount of Each Receipt this Period  
300.00

**C.** Full Name (Last, First, Middle Initial)  
HARRY C. HUNEYCUTT

Mailing Address 236 WEST 6TH STREET

City State Zip Code  
RENO NV 89503

FEC ID 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  
M M / D D / Y Y Y Y  
03 / 16 / 2010

Transaction ID: SA11AI.18391

Amount of Each Receipt this Period  
250.00

**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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 97  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

**A.** Full Name (Last, First, Middle Initial)  
SARAL L. IMERSHEIN

Mailing Address 3912 HARRISON STREET, NW

City WASHINGTON State DC Zip Code 20015

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 ▼ 1000.00

Date of Receipt: MM / DD / YYYY  
03 / 08 / 2010

Transaction ID: SA11AI.18258

Amount of Each Receipt this Period: 1000.00

**B.** Full Name (Last, First, Middle Initial)  
HEATHER M. IRVIN

Mailing Address 600 18TH STREET

City PARKERSBURG State WV Zip Code 26101

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

Name of Employer SELF-EMPLOYED Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: MM / DD / YYYY  
03 / 16 / 2010

Transaction ID: SA11AI.18392

Amount of Each Receipt this Period: 500.00

**C.** Full Name (Last, First, Middle Initial)  
LISA M. JABUSCH

Mailing Address 5653 FRIST BOULEVARD

City HERMITAGE State TN Zip Code 37076

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

Name of Employer TENNESSEE WOMEN'S CARE Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: MM / DD / YYYY  
03 / 12 / 2010

Transaction ID: SA11AI.18497

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 45 / 97  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

**A.**

Full Name (Last, First, Middle Initial)  
LYDIA M. JEFFRIES

Mailing Address 21 WILSON LANE

City State Zip Code  
FAIRVIEW NC 28730

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

Name of Employer Occupation  
ASHEVILLE WOMEN'S CENTER PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 10 / 2010

**Transaction ID:** SA11AI.18139

Amount of Each Receipt this Period  
300.00

**B.**

Full Name (Last, First, Middle Initial)  
JOHN C. JENNINGS

Mailing Address 120 LANAI DRIVE

City State Zip Code  
ODESSA TX 79762

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

Name of Employer Occupation  
TEXAS TECH UNIVERSITY PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt  
MM / DD / YYYY  
03 / 10 / 2010

**Transaction ID:** SA11AI.18558

Amount of Each Receipt this Period  
300.00

**C.**

Full Name (Last, First, Middle Initial)  
MARK D. JOHNSON

Mailing Address 1701 EAST THOMAS ROAD

City State Zip Code  
PHOENIX AZ 85016

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

Name of Employer Occupation  
ARIZONA REPRODUCTIVE MEDICINE PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 15 / 2010

**Transaction ID:** SA11AI.18433

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1600.00**

**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 46 / 97  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

**A.**

Full Name (Last, First, Middle Initial)  
DAPHNE L. JONES

Mailing Address 1536 CLAY AVENUE

City State Zip Code  
RUSSELLVILLE AL 35653

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

Name of Employer Occupation  
AZALEA OB/GYN PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 10 / 2010

Transaction ID: SA11AI.18143

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
OLIVER W. JONES

Mailing Address 1455 SOUTH POTOMAC STREET

City State Zip Code  
AURORA CO 80012

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

Name of Employer Occupation  
OBSTETRIX MEDICAL GROUP PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 18 / 2010

Transaction ID: SA11AI.18351

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
SUSAN J. KEESHAN

Mailing Address 222 TURTLE TRAIL

City State Zip Code  
LEESVILLE SC 29070

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

Name of Employer Occupation  
GREATER COLUMBIA OB/GYN PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
MM / DD / YYYY  
03 / 10 / 2010

Transaction ID: SA11AI.18561

Amount of Each Receipt this Period  
600.00

**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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 / 97  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

**A.** Full Name (Last, First, Middle Initial)  
BRIDGET B. KELLER

Mailing Address 5505 XERXES AVENUE SOUTH

City State Zip Code  
MINNEAPOLIS MN 55410

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

Name of Employer Occupation  
PARK NICOLLET CLINIC PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 12 / 2010

**Transaction ID:** SA11AI.18499

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
JUDITH M. KIMELMAN

Mailing Address 9242 SOUTHEAST 46TH STREET

City State Zip Code  
MERCER ISLAND WA 98040

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

Name of Employer Occupation  
SEATTLE OB/GYN GROUP PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 10 / 2010

**Transaction ID:** SA11AI.18562

Amount of Each Receipt this Period  
300.00

**C.** Full Name (Last, First, Middle Initial)  
NOREEN R. KING

Mailing Address 580 NORTH WASHINGTON STREET

City State Zip Code  
JANESVILLE WI 53548

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

Name of Employer Occupation  
RIVERVIEW CLINIC PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 15 / 2010

**Transaction ID:** SA11AI.18434

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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 / 97

(check only one)

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

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NAME OF COMMITTEE (In Full)  
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

**A.** Full Name (Last, First, Middle Initial)  
DOUGLAS H. KIRKPATRICK

Mailing Address 48 HYDE PARK CIRCLE

City State Zip Code  
DENVER CO 80209

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

Name of Employer Occupation  
RED ROCKS OB/GYN PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 10 / 2010

Transaction ID: SA11AI.18147

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
LUELLA KLEIN

Mailing Address 2200 DEFOORS FERRY ROAD

City State Zip Code  
ATLANTA GA 30318

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

Name of Employer Occupation  
EMORY UNIVERSITY PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 10 / 2010

Transaction ID: SA11AI.18148

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
FREDERICK M. KOHN

Mailing Address 20330 DEL CAMPO PLACE

City State Zip Code  
WOODLAND HILLS CA 91364

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

Name of Employer Occupation  
SELF-EMPLOYED PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 23 / 2010

Transaction ID: SA11AI.18652

Amount of Each Receipt this Period  
1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	3000.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 / 97
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

<b>A.</b>	Full Name (Last, First, Middle Initial) IRENE I. KOMARYNSKY	Date of Receipt MM / DD / YYYY 03 / 12 / 2010
	Mailing Address 33 HASTINGS LANE	<b>Transaction ID:</b> SA11AI.18500
	City State Zip Code STAMFORD CT 06905	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation OB/GYN CONSULTANTS PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) J. JOSHUA KOPELMAN	Date of Receipt MM / DD / YYYY 03 / 10 / 2010
	Mailing Address 5 RED FOX LANE	<b>Transaction ID:</b> SA11AI.18563
	City State Zip Code GREENWOOD VILLAGE CO 80111	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation SELF-EMPLOYED PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) MICHAEL L. KUDLA	Date of Receipt MM / DD / YYYY 03 / 10 / 2010
	Mailing Address 4700 PONDEROSA	<b>Transaction ID:</b> SA11AI.18564
	City State Zip Code LAKE CHARLES LA 70605	Amount of Each Receipt this Period 600.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation LOUISIANA STATE UNIVERSITY PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1400.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 / 97
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

<b>A.</b>	Full Name (Last, First, Middle Initial) NICHOLAS KULBIDA	Date of Receipt MM / DD / YYYY 03 / 10 / 2010
	Mailing Address 1043 LAMPLIGHTER ROAD	<b>Transaction ID:</b> SA11AI.18565
	City State Zip Code NISKAYUNA NY 12309	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MCGINNIS WOMEN'S MEDICAL PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) PHILIP H. LAHRMANN	Date of Receipt MM / DD / YYYY 03 / 10 / 2010
	Mailing Address 25 REDHILL DRIVE	<b>Transaction ID:</b> SA11AI.18567
	City State Zip Code GASTONBURY CT 06033	Amount of Each Receipt this Period 600.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation HARTFORD HOSPITAL PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) MADELEINE D. LAMARQUE	Date of Receipt MM / DD / YYYY 03 / 24 / 2010
	Mailing Address 102 DEER RUN	<b>Transaction ID:</b> SA11AI.18644
	City State Zip Code ROSLYN HEIGHTS NY 11577	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation SELF-EMPLOYED PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2100.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 51 / 97  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

**A.** Full Name (Last, First, Middle Initial)  
DOUGLAS W. LAUBE

Mailing Address 2025 JEFFERSON STREET

City State Zip Code  
MADISON WI 53711

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

Name of Employer Occupation  
UNIVERSITY OF WISCONSIN PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 10 / 2010

**Transaction ID:** SA11AI.18152

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
MARILYN K. LAUGHEAD

Mailing Address 9500 EAST IRONWOOD SQUARE DRIVE

City State Zip Code  
SCOTTSDALE AZ 85258

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

Name of Employer Occupation  
SONORAN CONSULTANTS IN OB-/GYN PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 10 / 2010

**Transaction ID:** SA11AI.18153

Amount of Each Receipt this Period  
300.00

**C.** Full Name (Last, First, Middle Initial)  
MARILYN K. LAUGHEAD

Mailing Address 9500 EAST IRONWOOD SQUARE DRIVE

City State Zip Code  
SCOTTSDALE AZ 85258

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

Name of Employer Occupation  
SONORAN CONSULTANTS IN OB-/GYN PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 23 / 2010

**Transaction ID:** SA11AI.18653

Amount of Each Receipt this Period  
200.00

**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 52 / 97  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

**A.**

Full Name (Last, First, Middle Initial)  
MICHELE LAURIA

Mailing Address 6665 HILLANDALE ROAD

City State Zip Code  
CHEVY CHASE MD 20815

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

Name of Employer Occupation  
DARTMOUTH HITCHCOCK MEDICAL PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 10 / 2010

Transaction ID: SA11AI.18568

Amount of Each Receipt this Period  
300.00

**B.**

Full Name (Last, First, Middle Initial)  
KAREE E. LEHRMAN

Mailing Address 6545 FRANCE AVENUE SOUTH

City State Zip Code  
EDINA MN 55435

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

Name of Employer Occupation  
DIAMOND WOMEN'S CENTER PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 22 / 2010

Transaction ID: SA11AI.18664

Amount of Each Receipt this Period  
1000.00

**C.**

Full Name (Last, First, Middle Initial)  
LISA K. LEWIS

Mailing Address 28227 MEADOWLARK DRIVE

City State Zip Code  
GOLDEN CO 80401

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

Name of Employer Occupation  
WESTSIDE WOMEN'S CENTER PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
MM / DD / YYYY  
03 / 18 / 2010

Transaction ID: SA11AI.18353

Amount of Each Receipt this Period  
750.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2050.00

**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 53 / 97

(check only one)

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

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NAME OF COMMITTEE (In Full)  
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

**A.**

Full Name (Last, First, Middle Initial)  
CHAINARONK LIMANON

Mailing Address 7248 SOUTH LAND PARK DRIVE

City State Zip Code  
SACRAMENTO CA 95831

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

Name of Employer Occupation  
SELF-EMPLOYED PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 18 / 2010

Transaction ID: SA11AI.18354

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
CLAUDIO E. LINARES

Mailing Address P.O. BOX 167757

City State Zip Code  
OREGON OH 43616

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

Name of Employer Occupation  
NAVARRE AVENUE OB/GYN PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 15 / 2010

Transaction ID: SA11AI.18435

Amount of Each Receipt this Period  
1000.00

**C.**

Full Name (Last, First, Middle Initial)  
NICOLE M. LUECKE

Mailing Address 1500 CARRERA LANE

City State Zip Code  
ARNOLD MD 21012

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

Name of Employer Occupation  
CHESAPEAKE WOMEN'S CARE PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 15 / 2010

Transaction ID: SA11AI.18436

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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 54 / 97  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

**A.**

Full Name (Last, First, Middle Initial)  
JAMES A. MACER

Mailing Address 10 CONGRESS STREET

City PASADENA State CA Zip Code 91105

FEC ID 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: 03 / 08 / 2010  
**Transaction ID:** SA11AI.18259  
 Amount of Each Receipt this Period: 1000.00

**B.**

Full Name (Last, First, Middle Initial)  
HEIDI E. MACVITTIE

Mailing Address 21 WHITEHALL ROAD

City ROCHESTER State NH Zip Code 03867

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

Name of Employer ROCHESTER OB/GYN Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 03 / 17 / 2010  
**Transaction ID:** SA11AI.18377  
 Amount of Each Receipt this Period: 300.00

**C.**

Full Name (Last, First, Middle Initial)  
MARIA M. MANRIQUEZ

Mailing Address 1321 WEST THUNDERHILL

City PHOENIX State AZ Zip Code 85045

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

Name of Employer DISTRICT MEDICAL GROUP Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 10 / 2010  
**Transaction ID:** SA11AI.18570  
 Amount of Each Receipt this Period: 250.00

**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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 55 / 97  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

**A.**

Full Name (Last, First, Middle Initial)  
LEWIS J. MAROLA

Mailing Address 700 MCCLELLAN STREET

City State Zip Code  
SCHENECTADY NY 12304

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

Name of Employer Occupation  
MONDRAGON & MCGRINDER PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 18 / 2010

Transaction ID: SA11AI.18356

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
KURT W. MARTINUZZI

Mailing Address 5450 WESSEX COURT

City State Zip Code  
DEARBORN MI 48126

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

Name of Employer Occupation  
OAKWOOD HEALTHCARE SYSTEM PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 10 / 2010

Transaction ID: SA11AI.18160

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
G. SEALY MASSINGILL

Mailing Address 3887 SOUTH HILLS CIRCLE

City State Zip Code  
FORT WORTH TX 76109

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

Name of Employer Occupation  
UNIVERSITY OF NORTH TEXAS PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 10 / 2010

Transaction ID: SA11AI.18162

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 / 97
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

<b>A.</b>	Full Name (Last, First, Middle Initial) MICHELLE L. MATTHEWS	Date of Receipt MM / DD / YYYY 03 / 10 / 2010
	Mailing Address 2109 DARTMOUTH PLACE	<b>Transaction ID:</b> SA11AI.18572
	City State Zip Code CHARLOTTE NC 28207	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer CAROLINAS MEDICAL CENTER	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) ROLAND P. MATTHEWS	Date of Receipt MM / DD / YYYY 03 / 16 / 2010
	Mailing Address 720 WESTVIEW DRIVE	<b>Transaction ID:</b> SA11AI.18393
	City State Zip Code ATLANTA GA 30310	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer MOREHOUSE SCHOOL OF MEDICINE	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) JOHN H. MATTOX	Date of Receipt MM / DD / YYYY 03 / 17 / 2010
	Mailing Address 30737 NORTH 77TH WAY	<b>Transaction ID:</b> SA11AI.18378
	City State Zip Code SCOTTSDALE AZ 85262	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer BANNER GOOD SAMARITAN MEDICAL	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1800.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 57 / 97  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

**A.** Full Name (Last, First, Middle Initial)  
MICHAEL J. MCCOY

Mailing Address 5020 FERRES LANE

City BURLINGTON State IA Zip Code 52601

FEC ID 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: 03 / 10 / 2010  
Transaction ID: SA11AI.18576  
Amount of Each Receipt this Period: 200.00

**B.** Full Name (Last, First, Middle Initial)  
THOMAS E. MCCURDY

Mailing Address 18886 GREENWOOD COURT

City SPRING LAKE State MI Zip Code 49456

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

Name of Employer NORTH OTTAWA WOMEN'S HEALTH Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 03 / 10 / 2010  
Transaction ID: SA11AI.18109  
Amount of Each Receipt this Period: 500.00

**C.** Full Name (Last, First, Middle Initial)  
D. MATT MCDANALD

Mailing Address 904 LAKE FOREST PARKWAY

City LOUISVILLE State KY Zip Code 40245

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

Name of Employer TRI-COUNTY OB/GYN Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 03 / 10 / 2010  
Transaction ID: SA11AI.18110  
Amount of Each Receipt this Period: 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1200.00

**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 58 / 97  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

**A.** Full Name (Last, First, Middle Initial)  
FRANCES A. MCKINDSEY

Mailing Address 606 ESPLANADE

City State Zip Code  
REDONDO BEACH CA 90277

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

Name of Employer Occupation  
SELF-EMPLOYED PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 10 / 2010

**Transaction ID:** SA11AI.18112

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
JACK W. MCMAHON

Mailing Address 45 MEDICAL PARK DRIVE

City State Zip Code  
HELENA MT 59601

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

Name of Employer Occupation  
HELENA OB/GYN ASSOCIATES PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 18 / 2010

**Transaction ID:** SA11AI.18357

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
SAMUEL G. MCNEELEY

Mailing Address 2080 WEST VALLEY ROAD

City State Zip Code  
BLOOMFIELD HILLS MI 48304

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

Name of Employer Occupation  
HUTZEL WOMEN'S HEALTH PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 10 / 2010

**Transaction ID:** SA11AI.18114

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 / 97
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

<b>A.</b>	Full Name (Last, First, Middle Initial) EFRAT MEIER-GINSBERG		Date of Receipt
	Mailing Address 297 SOUTH WASHINGTON AVENUE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 03 / 05 / 2010
	City	State	Zip Code
	BERGENFIELD	NJ	07621
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.18237
Name of Employer BERGENFIELD WOMEN'S HEALTH		Occupation PHYSICIAN	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	<input type="text"/> 500.00

<b>B.</b>	Full Name (Last, First, Middle Initial) LAWRENCE G. MENDELOWITZ		Date of Receipt
	Mailing Address 87 OLD LYME ROAD		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 03 / 10 / 2010
	City	State	Zip Code
	CHAPPAQUA	NY	10514
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.18116
Name of Employer PHELPS MEMORIAL HOSPITAL		Occupation PHYSICIAN	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	<input type="text"/> 250.00

<b>C.</b>	Full Name (Last, First, Middle Initial) JAIME A. MERCADO		Date of Receipt
	Mailing Address 260 SOUTHWEST 84TH AVENUE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 03 / 05 / 2010
	City	State	Zip Code
	PLANTATION	FL	33324
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.18238
Name of Employer SELF-EMPLOYED		Occupation PHYSICIAN	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	<input type="text"/> 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 1250.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 / 97
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

<b>A.</b>	Full Name (Last, First, Middle Initial) KENNETH W. MERKITCH, JR.	Date of Receipt MM / DD / YYYY 03 / 12 / 2010
	Mailing Address W5732 HEATHERWOOD PLACE	<b>Transaction ID:</b> SA11AI.18512
	City State Zip Code LACROSSE WI 54601	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation GUNDERSEN LUTHERAN PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) NICOLE P. METCALFE	Date of Receipt MM / DD / YYYY 03 / 23 / 2010
	Mailing Address 29255 NORTHWESTERN HIGHWAY	<b>Transaction ID:</b> SA11AI.18656
	City State Zip Code SOUTHFIELD MI 48034	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation PHYSICIANS FOR WOMEN PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) ANDREW S. MICHAS	Date of Receipt MM / DD / YYYY 03 / 24 / 2010
	Mailing Address 1001 NORTH MONROE STREET	<b>Transaction ID:</b> SA11AI.18645
	City State Zip Code ALBANY GA 31701	Amount of Each Receipt this Period 600.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation ALBANY OB/GYN PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1150.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 61 / 97  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

**A.** Full Name (Last, First, Middle Initial)  
GUY M. MIDDLETON

Mailing Address 1118 ROSS CLARK CIRCLE

City State Zip Code  
DOTHAN AL 36301

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

Name of Employer: DOTHAN OB/GYN   Occupation: PHYSICIAN

Receipt For:  Primary    General    Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: MM / DD / YYYY  
03 / 18 / 2010

**Transaction ID:** SA11AI.18358

Amount of Each Receipt this Period: 500.00

**B.** Full Name (Last, First, Middle Initial)  
ELAINE W. MIELCARSKI

Mailing Address 6100 WOLFEBORO ROAD

City State Zip Code  
JAMESVILLE NY 13078

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

Name of Employer: ASSOCIATES FOR WOMEN'S HEALTH   Occupation: MIDWIFE

Receipt For:  Primary    General    Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: MM / DD / YYYY  
03 / 08 / 2010

**Transaction ID:** SA11AI.18260

Amount of Each Receipt this Period: 1000.00

**C.** Full Name (Last, First, Middle Initial)  
MARYANN E. MILLAR-KAVEY

Mailing Address 1200 EAST GENESEE STREET

City State Zip Code  
SYRACUSE NY 13210

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

Name of Employer: WOMEN'S VIEW GYNECOLOGY   Occupation: PHYSICIAN

Receipt For:  Primary    General    Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt: MM / DD / YYYY  
03 / 10 / 2010

**Transaction ID:** SA11AI.18577

Amount of Each Receipt this Period: 600.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2100.00

**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 / 97  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

**A.** Full Name (Last, First, Middle Initial)  
PATRICIA M. MILLER  
Mailing Address P.O. BOX 1396  
City NEW LONDON State NH Zip Code 03247  
FEC ID number of contributing federal political committee. **C**  
Name of Employer NEW LONDON HOSPITAL Occupation PHYSICIAN  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 350.00  
Date of Receipt 03 / 05 / 2010  
Transaction ID: SA11AI.18239  
Amount of Each Receipt this Period 250.00

**B.** Full Name (Last, First, Middle Initial)  
OWEN C. MONTGOMERY  
Mailing Address 450 CHAPEL HEIGHTS ROAD  
City SEVELL State NJ Zip Code 08080  
FEC ID number of contributing federal political committee. **C**  
Name of Employer DREXEL UNIVERSITY Occupation PHYSICIAN  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 400.00  
Date of Receipt 03 / 10 / 2010  
Transaction ID: SA11AI.18125  
Amount of Each Receipt this Period 300.00

**C.** Full Name (Last, First, Middle Initial)  
DAVID H. MOORE  
Mailing Address 12505 RICHLANE DRIVE  
City INDIANAPOLIS State IN Zip Code 46236  
FEC ID number of contributing federal political committee. **C**  
Name of Employer GYNECOLOGIC ONCOLOGY Occupation PHYSICIAN  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00  
Date of Receipt 03 / 10 / 2010  
Transaction ID: SA11AI.18126  
Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 800.00  
**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 63 / 97  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

**A.** Full Name (Last, First, Middle Initial)  
KELLY L. MOORE

Mailing Address 4500 EAST 9TH AVENUE

City State Zip Code  
DENVER CO 80220

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

Name of Employer Occupation  
METROPOLITAN OB/GYN PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 15 / 2010

**Transaction ID:** SA11AI.18440

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
SURESH R. NAYAK

Mailing Address 200 JOSE FIGUERES AVENUE

City State Zip Code  
SAN DIEGO CA 95116

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

Name of Employer Occupation  
SELF-EMPLOYED PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 12 / 2010

**Transaction ID:** SA11AI.18513

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
SURESH R. NAYAK

Mailing Address 200 JOSE FIGUERES AVENUE

City State Zip Code  
SAN DIEGO CA 95116

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

Name of Employer Occupation  
SELF-EMPLOYED PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt  
MM / DD / YYYY  
03 / 15 / 2010

**Transaction ID:** SA11AI.18441

Amount of Each Receipt this Period  
1000.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 64 / 97  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

**A.**

Full Name (Last, First, Middle Initial)  
LUKE NEWTON

Mailing Address 314 TRAFALGAR

City State Zip Code  
SAN ANTONIO TX 78216

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

Name of Employer Occupation  
UNIVERSITY OF TEXAS PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 10 / 2010

**Transaction ID:** SA11AI.18578

Amount of Each Receipt this Period  
300.00

**B.**

Full Name (Last, First, Middle Initial)  
MICHIEL R. NOE

Mailing Address 1950 PASEO ARENA PLACE

City State Zip Code  
EL PASO TX 79936

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

Name of Employer Occupation  
SUN CITY WOMEN'S HEALTH PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 08 / 2010

**Transaction ID:** SA11AI.18262

Amount of Each Receipt this Period  
1000.00

**C.**

Full Name (Last, First, Middle Initial)  
DANIEL L. NOFFSINGER

Mailing Address 627LYNN SHORES DRIVE

City State Zip Code  
VIRGINIA BEACH VA 23452

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

Name of Employer Occupation  
THE GROUP FOR WOMEN PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 22 / 2010

**Transaction ID:** SA11AI.18313

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1800.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 65 / 97  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
STEVEN C. NORTH

Mailing Address 1806 CAROLINA WAY

City State Zip Code  
ROSWELL NM 88201

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

Name of Employer Occupation  
RIO PECOS MEDICAL ASSOCIATES PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 18 / 2010

**Transaction ID:** SA11AI.18359

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
ALEXANDER NORTON, JR.

Mailing Address 6140 SOUTH FORT APACHE ROAD

City State Zip Code  
LAS VEGAS NV 89148

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

Name of Employer Occupation  
SPRING MOUNTAIN WOMEN'S HEALTH PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 16 / 2010

**Transaction ID:** SA11AI.18394

Amount of Each Receipt this Period  
1000.00

**C.**

Full Name (Last, First, Middle Initial)  
DOTUN A. OGUNYEMI

Mailing Address 2149 HERCULES DRIVE

City State Zip Code  
LOS ANGELES CA 90046

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

Name of Employer Occupation  
CEDAR-SINAI MEDICAL CENTER PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 10 / 2010

**Transaction ID:** SA11AI.18580

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1800.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 66 / 97  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

**A.** Full Name (Last, First, Middle Initial)  
ARTHUR T. OLLENDORF

Mailing Address 6232 EAGLE CREEK CIRCLE

City LIBERTY TOWNSHIP State OH Zip Code 45011

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 ▼ 250.00

Date of Receipt: MM / DD / YYYY  
03 / 10 / 2010

Transaction ID: SA11AI.18582

Amount of Each Receipt this Period: 250.00

**B.** Full Name (Last, First, Middle Initial)  
HOLLY L. OLSON

Mailing Address 1067 ALAOKI STREET

City MILILANI State HI Zip Code 96789

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

Name of Employer TRIPLER ARMY MEDICAL CENTER Occupation PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: MM / DD / YYYY  
03 / 17 / 2010

Transaction ID: SA11AI.18380

Amount of Each Receipt this Period: 1000.00

**C.** Full Name (Last, First, Middle Initial)  
ROBERT H. PALMER, JR.

Mailing Address P.O. BOX 1560

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 ▼ 300.00

Date of Receipt: MM / DD / YYYY  
03 / 10 / 2010

Transaction ID: SA11AI.18075

Amount of Each Receipt this Period: 300.00

**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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 67 / 97  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

**A.**

Full Name (Last, First, Middle Initial)  
ROBERT H. PALMER, JR.

Mailing Address P.O. BOX 1560

City State Zip Code  
PORT TOWNSEND WA 98368

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

Name of Employer Occupation  
PORT TOWNSEND WOMEN'S CLINIC PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
MM / DD / YYYY  
03 / 29 / 2010

Transaction ID: SA11AI.18630

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
BRANDY R. PATTERSON

Mailing Address 4611 PINE CONE LANE

City State Zip Code  
BELDEN MS 38826

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

Name of Employer Occupation  
OB/GYN ASSOCIATES PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 10 / 2010

Transaction ID: SA11AI.18078

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
GREGORY O. PATTON

Mailing Address 1204 MEDICAL PARK DRIVE

City State Zip Code  
OXFORD MS 38655

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

Name of Employer Occupation  
OXFORD OB/GYN PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 24 / 2010

Transaction ID: SA11AI.18646

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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 68 / 97  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

**A.** Full Name (Last, First, Middle Initial)  
KATHLEEN W. PAULSON

Mailing Address 115 MOUNT NORD

City State Zip Code  
FAYETTEVILLE AR 72701

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

Name of Employer Occupation  
MEDICAL ASSOCIATES PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 10 / 2010

Transaction ID: SA11AI.18583

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
NORMA PEREZ-VERIDIANO

Mailing Address 2183 OCEAN AVENUE

City State Zip Code  
BROOKLYN NY 11229

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

Name of Employer Occupation  
MEDWEL MEDICAL GROUP PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 18 / 2010

Transaction ID: SA11AI.18360

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
SANDRA R. PETERSEN

Mailing Address 4060 FOURTH AVENUE

City State Zip Code  
SAN DIEGO CA 92103

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

Name of Employer Occupation  
SELF-EMPLOYED PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 15 / 2010

Transaction ID: SA11AI.18442

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 / 97
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

<b>A.</b>	Full Name (Last, First, Middle Initial) SHARON T. PHELAN	Date of Receipt MM / DD / YYYY 03 / 12 / 2010
	Mailing Address 1329 DESERT HILLS PLACE	<b>Transaction ID:</b> SA11AI.18515
	City State Zip Code ALBUQUERQUE NM 87111	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation UNIVERSITY OF NEW MEXICO PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) DEBRA J. PIEHL	Date of Receipt MM / DD / YYYY 03 / 10 / 2010
	Mailing Address 380 CARLYLE DRIVE	<b>Transaction ID:</b> SA11AI.18584
	City State Zip Code NORTH LIBERTY IA 52317	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation OB/GYN ASSOCIATES PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) SCOTT G. POSTELL	Date of Receipt MM / DD / YYYY 03 / 12 / 2010
	Mailing Address 75 86TH STREET	<b>Transaction ID:</b> SA11AI.18518
	City State Zip Code BROOKLYN NY 11209	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation LONG ISLAND COLLEGE HOSPITAL PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	800.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 70 / 97  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

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

Mailing Address 506 SOUTH 7TH STREET

City State Zip Code  
ST. CHARLES IL 60174

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

Name of Employer Occupation  
FOX VALLEY HEALTH PARTNERS PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 10 / 2010

**Transaction ID:** SA11AI.18585

Amount of Each Receipt this Period  
300.00

**B.** Full Name (Last, First, Middle Initial)  
JOHN M. PUTMAN

Mailing Address 3600 GASTON AVENUE

City State Zip Code  
DALLAS TX 75246

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

Name of Employer Occupation  
CENTER FOR REPRODUCTIVE HEALTH PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 18 / 2010

**Transaction ID:** SA11AI.18362

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
VINAY R. RANADE

Mailing Address 345 NORTH MAIN STREET

City State Zip Code  
WEST HARTFORD CT 06117

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

Name of Employer Occupation  
HARTFORD WOMEN'S ASSOCIAT-ES PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 05 / 2010

**Transaction ID:** SA11AI.18240

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1800.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 71 / 97  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

**A.**

Full Name (Last, First, Middle Initial)  
VIRGINIA A. RAUTH

Mailing Address 1309 FOREST COVE DRIVE

City State Zip Code  
DICKINSON TX 77530

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

Name of Employer Occupation  
TEXAS TECH HEALTH SCIENCE PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 10 / 2010

**Transaction ID:** SA11AI.18083

Amount of Each Receipt this Period  
300.00

**B.**

Full Name (Last, First, Middle Initial)  
DALE P. REISNER

Mailing Address 2007 FEDERAL AVENUE EAST

City State Zip Code  
SEATTLE WA 98102

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

Name of Employer Occupation  
OBSTETRIX MEDICAL GROUP PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 12 / 2010

**Transaction ID:** SA11AI.18522

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
MANUEL E. RIVERA-ALSINA

Mailing Address 352 DOGWOOD TRAIL

City State Zip Code  
COPPELL TX 75019

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

Name of Employer Occupation  
METHODIST MEDICAL CENTER PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 15 / 2010

**Transaction ID:** SA11AI.18443

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 / 97
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

<b>A.</b>	Full Name (Last, First, Middle Initial) JUANA I. RIVERA-VINAS		Date of Receipt	
	Mailing Address MONTE ALVERNIA G-1		M M / D D / Y Y Y Y Y 03 / 18 / 2010	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.18363
	GUAYNABO	PR	00969	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		250.00	
Name of Employer UNIVERSITY OF PUERTO RICO		Occupation PHYSICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) JEFFREY E. RODZAK		Date of Receipt	
	Mailing Address 420 EAST LARKSPUR LANE		M M / D D / Y Y Y Y Y 03 / 05 / 2010	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.18241
	ONALASKA	WI	54650	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		500.00	
Name of Employer GUNDERSEN LUTHERAN		Occupation PHYSICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) JEFFREY E. RODZAK		Date of Receipt	
	Mailing Address 420 EAST LARKSPUR LANE		M M / D D / Y Y Y Y Y 03 / 10 / 2010	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.18589
	ONALASKA	WI	54650	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		100.00	
Name of Employer GUNDERSEN LUTHERAN		Occupation PHYSICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 600.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	850.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 73 / 97  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

**A.** Full Name (Last, First, Middle Initial)  
FLORENCE R. ROLSTON

Mailing Address 151 HAMPTON ROAD

City SOUTHAMPTON State NY Zip Code 11968

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

Name of Employer HAMPTONS GYNECOLOGY Occupation PHYSICIAN

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 29 / 2010  
**Transaction ID: SA11AI.18632**  
 Amount of Each Receipt this Period: 250.00

**B.** Full Name (Last, First, Middle Initial)  
MARK H. SALLEY

Mailing Address 1666 TANGLEWOOD ROAD

City COLUMBIA State SC Zip Code 29204

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

Name of Employer SOUTH CAROLINA OB/GYN Occupation PHYSICIAN

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 03 / 29 / 2010  
**Transaction ID: SA11AI.18635**  
 Amount of Each Receipt this Period: 500.00

**C.** Full Name (Last, First, Middle Initial)  
JUAN S. SANDOVAL

Mailing Address 2 BARNES LANE

City GARDEN CITY State NY Zip Code 11530

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

Name of Employer WOMEN'S MEDICAL SERVICES Occupation PHYSICIAN

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 03 / 16 / 2010  
**Transaction ID: SA11AI.18395**  
 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 74 / 97  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

**A.**

Full Name (Last, First, Middle Initial)  
M. SUSAN SCANLON

Mailing Address 432 SOUTH LINCOLN LANE

City State Zip Code  
ARLINGTON HEIGHTS IL 60005

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

Name of Employer  
COMPREHENSIVE WOMEN'S CENTER

Occupation  
PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 15 / 2010

Transaction ID: SA11AI.18447

Amount of Each Receipt this Period  
1000.00

**B.**

Full Name (Last, First, Middle Initial)  
JOHN W. SCHMITT

Mailing Address 4300 OLD THREE NOTCHED ROAD

City State Zip Code  
CHARLOTTESVILLE VA 22901

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

Name of Employer  
UNIVERSITY OF VIRGINIA

Occupation  
PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
03 / 10 / 2010

Transaction ID: SA11AI.18590

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
JULIE D. SCHNEIDER

Mailing Address 335 CLYDE MORRIS BOULEVARD

City State Zip Code  
ORMOND BEACH FL 32174

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

Name of Employer  
FLORIDA WOMEN'S HEALTH CENTER

Occupation  
PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
03 / 15 / 2010

Transaction ID: SA11AI.18451

Amount of Each Receipt this Period  
500.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 / 97
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

<b>A.</b>	Full Name (Last, First, Middle Initial) PETER A. SCHWARTZ		Date of Receipt
	Mailing Address 2009 REGENCY DRIVE		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	READING	PA	19610
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.18591
Name of Employer STEVENS & LEE		Occupation PHYSICIAN	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00

<b>B.</b>	Full Name (Last, First, Middle Initial) HOWARD A. SHAW		Date of Receipt
	Mailing Address 65 OLANDER LANE		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	MIDDLETOWN	CT	06457
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.18242
Name of Employer SAINT FRANCIS HOSPITAL		Occupation PHYSICIAN	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00

<b>C.</b>	Full Name (Last, First, Middle Initial) FREDERICK R. SILFEN		Date of Receipt
	Mailing Address 1000 NORTHWEST 9TH COURT		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	BOCA RATON	FL	33486
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.18366
Name of Employer SELF-EMPLOYED		Occupation PHYSICIAN	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 / 97
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

<b>A.</b>	Full Name (Last, First, Middle Initial) FRANCINE E. SINOFSKY		Date of Receipt	
	Mailing Address 64 CEDAR AVENUE		M M / D D / Y Y Y Y Y 03 / 10 / 2010	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.18050
	HIGHLAND PARK	NJ	08904	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		300.00	
Name of Employer OB/GYN GROUP OF EAST BRUNSWICK		Occupation PHYSICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		300.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) BARRY D. SMITH		Date of Receipt	
	Mailing Address P.O. BOX 238		M M / D D / Y Y Y Y Y 03 / 10 / 2010	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.18051
	NORWICH	VT	05055	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		250.00	
Name of Employer DARTMOUTH HITCHCOCK CLINIC		Occupation PHYSICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		250.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) KIRSTEN M. SMITH		Date of Receipt	
	Mailing Address 6 CAPITOL PLACE		M M / D D / Y Y Y Y Y 03 / 10 / 2010	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.18056
	NEWARK	DE	19711	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		600.00	
Name of Employer CENTER FOR WOMEN'S HEALTH		Occupation PHYSICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		850.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1150.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 77 / 97  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)**

**A.**

Full Name (Last, First, Middle Initial)  
PATRICIA M. SMITH

Mailing Address 2790 CLAY EDWARDS DRIVE

City State Zip Code  
NORTH KANSAS CITY MO 64116

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
HEARTLAND WOMEN'S HEALTHC- ARE PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt M M / D D / Y Y Y Y  
03 / 18 / 2010

**Transaction ID:** SA11AI.18367

Amount of Each Receipt this Period 500.00

**B.**

Full Name (Last, First, Middle Initial)  
SIDNEY T. SMITH

Mailing Address 1000 COLD BRANCH DRIVE

City State Zip Code  
COLUMBIA SC 29723

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
SOUTH CAROLINA ONCOLOGY PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt M M / D D / Y Y Y Y  
03 / 16 / 2010

**Transaction ID:** SA11AI.18396

Amount of Each Receipt this Period 1000.00

**C.**

Full Name (Last, First, Middle Initial)  
BRENDA A. SNOWMAN

Mailing Address 2200 WOODCHASE CLOSE

City State Zip Code  
CLEVELAND TN 37311

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
SELF-EMPLOYED PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt M M / D D / Y Y Y Y  
03 / 22 / 2010

**Transaction ID:** SA11AI.18323

Amount of Each Receipt this Period 500.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 78 / 97  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

**A.** Full Name (Last, First, Middle Initial)  
SARA R. SOLBERG

Mailing Address 904 2ND AVENUE EAST

City WILLISTON State ND Zip Code 58801

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

Name of Employer GREAT PLAINS WOMEN'S HEALTH Occupation PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 29 / 2010  
Transaction ID: SA11AI.18639  
Amount of Each Receipt this Period 500.00

**B.** Full Name (Last, First, Middle Initial)  
JERRY J. ST. PIERRE

Mailing Address 711 TCHOUPITOULAS

City NEW ORLEANS State LA Zip Code 70130

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

Name of Employer OCHSNER CLINIC Occupation PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt 03 / 17 / 2010  
Transaction ID: SA11AI.18383  
Amount of Each Receipt this Period 750.00

**C.** Full Name (Last, First, Middle Initial)  
DANA G. STONE

Mailing Address 1730 HUNTINGTON AVENUE

City OKLAHOMA CITY State OK Zip Code 73116

FEC ID 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 03 / 10 / 2010  
Transaction ID: SA11AI.18592  
Amount of Each Receipt this Period 400.00

**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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 79 / 97  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

**A.**

Full Name (Last, First, Middle Initial)  
J. CRAIG STRAFFORD

Mailing Address 494 BUHL MORTON ROAD

City State Zip Code  
GALLIPOLIS OH 45631

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

Name of Employer Occupation  
HOLZER CLINIC PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt  
MM / DD / YYYY  
03 / 08 / 2010

Transaction ID: SA11AI.18264

Amount of Each Receipt this Period  
1000.00

**B.**

Full Name (Last, First, Middle Initial)  
JANETTE H. STRATHY

Mailing Address 3209 GALLERIA

City State Zip Code  
EDINA MN 55435

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

Name of Employer Occupation  
PARK NICOLLET CLINIC PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 10 / 2010

Transaction ID: SA11AI.18066

Amount of Each Receipt this Period  
1000.00

**C.**

Full Name (Last, First, Middle Initial)  
RAMON A. SUAREZ

Mailing Address 725 NORTH ISLAND DRIVE

City State Zip Code  
ATLANTA GA 30327

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

Name of Employer Occupation  
SELF-EMPLOYED PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 10 / 2010

Transaction ID: SA11AI.18067

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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 80 / 97

(check only one)

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

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NAME OF COMMITTEE (In Full)  
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

**A.**

Full Name (Last, First, Middle Initial)  
MARK W. SURREY

Mailing Address 1990 WESTWOOD BOULEVARD

City State Zip Code  
LOS ANGELES CA 90025

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

Name of Employer Occupation  
SOUTHERN CALIFORNIA CENTER PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 15 / 2010

Transaction ID: SA11AI.18452

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)  
GAYLORD V. SWAN, JR.

Mailing Address 1212 8TH STREET

City State Zip Code  
LAS VEGAS NM 87701

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

Name of Employer Occupation  
PRESBYTERIAN HEALTH CARE PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 23 / 2010

Transaction ID: SA11AI.18658

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)  
MICHAL C. SZCZUPAK

Mailing Address 3120 DELL PLACE

City State Zip Code  
GLENVIEW IL 60025

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

Name of Employer Occupation  
WOMEN'S & CHILDREN'S HEALTH PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 10 / 2010

Transaction ID: SA11AI.18069

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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 81 / 97  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

**A.** Full Name (Last, First, Middle Initial)  
KATHLEEN E. SZWALEK

Mailing Address N65 W13581 COBBLESTONE COURT

City State Zip Code  
MENOMONEE FALLS WI 53051

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

Name of Employer Occupation  
MENOMONEE FALLS CLINIC PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 22 / 2010

Transaction ID: SA11AI.18327

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
BRUCE E. TAYLOR

Mailing Address 731 REDWOOD DRIVE

City State Zip Code  
LINCOLN NE 68510

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

Name of Employer Occupation  
CONTEMPORARY WOMEN'S HEALTH PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 08 / 2010

Transaction ID: SA11AI.18265

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
LINDA T. TAYLOR

Mailing Address 499 FARMINGTON AVENUE

City State Zip Code  
FARMINGTON CT 06032

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

Name of Employer Occupation  
TAYLOR ASSOCIATES PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 08 / 2010

Transaction ID: SA11AI.18266

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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 82 / 97  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

**A.**

Full Name (Last, First, Middle Initial)  
KIM L. THORNTON

Mailing Address 73 WASHBURN AVENUE

City State Zip Code  
WELLESLEY MA 02481

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

Name of Employer Occupation  
BOSTON IVF PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 29 / 2010

Transaction ID: SA11AI.18640

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
JANICE E. TILDON-BURTON

Mailing Address 1700 TALLEY ROAD

City State Zip Code  
WILMINGTON DE 19803

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

Name of Employer Occupation  
SELF-EMPLOYED PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 08 / 2010

Transaction ID: SA11AI.18268

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
ANDREW A. TOLEDO

Mailing Address P.O. BOX 28618

City State Zip Code  
ATLANTA GA 30358

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

Name of Employer Occupation  
SELF-EMPLOYED PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 12 / 2010

Transaction ID: SA11AI.18527

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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 83 / 97  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

<p><b>A.</b> Full Name (Last, First, Middle Initial) PAUL G. TOMICH</p> <p>Mailing Address 3637 QUINCE COURT</p> <p>City State Zip Code DOWNS GROVE IL 60515</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation UNIVERSITY OF NEBRASKA PHYSICIAN</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">1000.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> 03 / 10 / 2010</p> <p><b>Transaction ID:</b> SA11AI.18074</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">1000.00</span></p>
---	--

<p><b>B.</b> Full Name (Last, First, Middle Initial) JAY R. TRABIN</p> <p>Mailing Address 560 VILLAGE BOULEVARD</p> <p>City State Zip Code WEST PALM BEACH FL 33409</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation SELF-EMPLOYED PHYSICIAN</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">250.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> 03 / 16 / 2010</p> <p><b>Transaction ID:</b> SA11AI.18397</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">250.00</span></p>
--	---

<p><b>C.</b> Full Name (Last, First, Middle Initial) ERIN E. TRACY</p> <p>Mailing Address 5 HIGH STREET</p> <p>City State Zip Code STONEHAM MA 02180</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation MASSACHUSETTS GENERAL HOSPITAL PHYSICIAN</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">600.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> 03 / 10 / 2010</p> <p><b>Transaction ID:</b> SA11AI.18593</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">600.00</span></p>
--	---

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">1850.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 84 / 97  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

**A.**

Full Name (Last, First, Middle Initial)  
MARY P. TRAINOR

Mailing Address 13611 SINGLETREE COURT

City State Zip Code  
CARMEL IN 46032

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

Name of Employer Occupation  
NOBLESVILLE OB/GYN PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 10 / 2010

**Transaction ID:** SA11AI.18030

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
CLAUDIA USEDIA

Mailing Address 124 EAST 84TH STREET

City State Zip Code  
NEW YORK NY 10028

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

Name of Employer Occupation  
COLUMBIA UNIVERSITY PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 18 / 2010

**Transaction ID:** SA11AI.18368

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
ERIC R. VERA

Mailing Address 403 PERMIAN WAY

City State Zip Code  
VILLA RICA GA 30180

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

Name of Employer Occupation  
SELF-EMPLOYED PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 15 / 2010

**Transaction ID:** SA11AI.18454

Amount of Each Receipt this Period  
1000.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 85 / 97  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

**A.**

Full Name (Last, First, Middle Initial)  
WILLIAM C. VOGELPOHL

Mailing Address 337 EL DORADO STREET

City State Zip Code  
MONTEREY CA 93940

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

Name of Employer Occupation  
SELF-EMPLOYED PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 18 / 2010

Transaction ID: SA11AI.18369

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
JOHN S. WACHTEL

Mailing Address 811 LA MESA DRIVE

City State Zip Code  
PORTOLA VALLEY CA 94028

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

Name of Employer Occupation  
MENLO MEDICAL CLINIC PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 10 / 2010

Transaction ID: SA11AI.18594

Amount of Each Receipt this Period  
300.00

**C.**

Full Name (Last, First, Middle Initial)  
KATHY N. WALKER

Mailing Address 207 SOUTH SANTA ANITA STREET

City State Zip Code  
SAN GABRIEL CA 91776

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

Name of Employer Occupation  
CARING FOR YOU OB/GYN PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 18 / 2010

Transaction ID: SA11AI.18370

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1800.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 86 / 97  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

**A.**

Full Name (Last, First, Middle Initial)  
HAI-PO WANG

Mailing Address 1069 65TH STREET

City State Zip Code  
BROOKLYN NY 11219

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

Name of Employer Occupation  
SELF-EMPLOYED PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 15 / 2010

Transaction ID: SA11AI.18455

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
DONALD F. WEBER

Mailing Address 1400 BELLINGER STREET

City State Zip Code  
EAU CLAIRE WI 54702

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

Name of Employer Occupation  
LUTHER MIDELFORT CLINIC PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 16 / 2010

Transaction ID: SA11AI.18398

Amount of Each Receipt this Period  
1000.00

**C.**

Full Name (Last, First, Middle Initial)  
JOSHUA A. WEIDMAN

Mailing Address 846 RIDGE VIEW WAY

City State Zip Code  
FRANKLIN LAKES NJ 07417

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

Name of Employer Occupation  
BERGEN-PASSAIC WOMEN'S HEALTH PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt  
MM / DD / YYYY  
03 / 16 / 2010

Transaction ID: SA11AI.18399

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 / 97
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

<b>A.</b>	Full Name (Last, First, Middle Initial) JOHANNA B. WHALEN	Date of Receipt MM / DD / YYYY 03 / 15 / 2010
	Mailing Address 1230 EAST RUSHOLME STREET	<b>Transaction ID:</b> SA11AI.18456
	City State Zip Code DAVENPORT IA 52803	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation GENESIS HEALTH GROUP PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) JAN E. WHITEFIELD	Date of Receipt MM / DD / YYYY 03 / 05 / 2010
	Mailing Address 2550 CURLEW CIRCLE	<b>Transaction ID:</b> SA11AI.18284
	City State Zip Code ANCHORAGE AK 99502	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation ALASKA WOMEN'S HEALTH PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) ESTELLE H. WHITNEY	Date of Receipt MM / DD / YYYY 03 / 10 / 2010
	Mailing Address 4910 MONUMENT ROAD	<b>Transaction ID:</b> SA11AI.18596
	City State Zip Code PHILADELPHIA PA 19131	Amount of Each Receipt this Period 600.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation CHRISTIANA HEALTHCARE SYSTEM PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2600.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 / 97
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

<b>A.</b>	Full Name (Last, First, Middle Initial) MAKEBA L. WILLIAMS	Date of Receipt MM / DD / YYYY 03 / 10 / 2010
	Mailing Address 4809 WEST 149TH STREET	<b>Transaction ID:</b> SA11AI.18597
	City LEAWOOD State KS Zip Code 66224	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer UNIVERSITY OF KANSAS Occupation PHYSICIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) NICOLE E. WILLIAMS	Date of Receipt MM / DD / YYYY 03 / 10 / 2010
	Mailing Address 2332 SOUTH MICHIGAN AVENUE	<b>Transaction ID:</b> SA11AI.18599
	City CHICAGO State IL Zip Code 60616	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer MERCY HOSPITAL Occupation PHYSICIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) WAYNE B. WILSON	Date of Receipt MM / DD / YYYY 03 / 23 / 2010
	Mailing Address 222 EAST RIDGE ROAD	<b>Transaction ID:</b> SA11AI.18660
	City MCALLEN State TX Zip Code 78503	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer LANDRUM-CHESTER OB/GYN Occupation PHYSICIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	1800.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 89 / 97  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

**A.**

Full Name (Last, First, Middle Initial)  
SUSAN E. WING

Mailing Address 451 DERBYSHIRE ROAD

City WATERLOO State IA Zip Code 50701

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

Name of Employer PARTNERS IN OB/GYN Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 03 / 10 / 2010  
**Transaction ID:** SA11AI.18039  
 Amount of Each Receipt this Period: 300.00

**B.**

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 HEALTH CENTER Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt: 03 / 08 / 2010  
**Transaction ID:** SA11AI.18269  
 Amount of Each Receipt this Period: 2000.00

**C.**

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 ▼ 300.00

Date of Receipt: 03 / 10 / 2010  
**Transaction ID:** SA11AI.18601  
 Amount of Each Receipt this Period: 300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2600.00

**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 90 / 97  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

**A.** Full Name (Last, First, Middle Initial)  
OGLESBY H. YOUNG

Mailing Address 189 NORTH MAIN STREET

City State Zip Code  
CONCORD NH 03301

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

Name of Employer Occupation  
CONCORD OB/GYN PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 18 / 2010

**Transaction ID:** SA11AI.18371

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
PHILIP E. YOUNG

Mailing Address P.O. BOX 7093

City State Zip Code  
RANCHO SANTA FE CA 92067

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

Name of Employer Occupation  
INFERTILITY MEDICAL GROUP PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 10 / 2010

**Transaction ID:** SA11AI.18602

Amount of Each Receipt this Period  
300.00

**C.** Full Name (Last, First, Middle Initial)  
JOAN H. ZEIDMAN

Mailing Address 5038 BRITTANY LANE

City State Zip Code  
BRYN MAWR PA 19010

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

Name of Employer Occupation  
BRYN MAWR WOMEN'S HEALTH PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 10 / 2010

**Transaction ID:** SA11AI.18047

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) ..... ► 145230.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 91 / 97

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

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NAME OF COMMITTEE (In Full)  
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

<b>A.</b> Full Name (Last, First, Middle Initial) AMERICAN EXPRESS Mailing Address P.O. BOX 53852 City PHOENIX State AZ Zip Code 85072 Purpose of Disbursement CREDIT CARD TRANSACTION FEES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.18222 Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2010
	Amount of Each Disbursement this Period 316.53
<b>B.</b> Full Name (Last, First, Middle Initial) FIRST NATIONAL MERCHANT SOLUTIONS Mailing Address 1620 DODGE STREET City OMAHA State NE Zip Code 68197 Purpose of Disbursement CREDIT CARD TRANSACTION FEES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.18223 Date of Disbursement M M / D D / Y Y Y Y 03 / 02 / 2010
	Amount of Each Disbursement this Period 426.31

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>742.84</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>742.84</b>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

**A.** Full Name (Last, First, Middle Initial)  
A LOT OF PEOPLE FOR DAVE OBEY

Mailing Address P.O. BOX 1322

City WAUSAU State WI Zip Code 54402

Purpose of Disbursement CONTRIBUTION

Candidate Name DAVID R. OBEY

Category/Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: WI District: 07

Transaction ID: SB23.18279  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

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

Mailing Address P.O. BOX 1527

City ANNAPOLIS State MD Zip Code 21404

Purpose of Disbursement CONTRIBUTION

Candidate Name ANDREW P. HARRIS

Category/Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: MD District: 01

Transaction ID: SB23.18612  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

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

Mailing Address 3069 CONQUISTA COURT

City LAS VEGAS State NV Zip Code 89121

Purpose of Disbursement CONTRIBUTION

Candidate Name SHELLEY BERKLEY

Category/Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: NV District: 01

Transaction ID: SB23.18611  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

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

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

<p><b>A.</b> Full Name (Last, First, Middle Initial) COMMITTEE TO ELECT CHRIS MURPHY</p> <p>Mailing Address P.O. BOX 127</p> <p>City CHESHIRE State CT Zip Code 06410</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name CHRISTOPHER S. MURPHY</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 05</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.18273</p> <p>Date of Disbursement 03 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) COMMITTEE TO RE-ELECT LINDA SANCHEZ</p> <p>Mailing Address 1212 SOUTH VICTORY BOULEVARD</p> <p>City BURBANK State CA Zip Code 91502</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name LINDA SANCHEZ</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 39</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.18280</p> <p>Date of Disbursement 03 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) DAN 10</p> <p>Mailing Address 1088 BISHOP STREET</p> <p>City HONOLULU State HI Zip Code 96813</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name DANIEL K. INOUYE</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: HI District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.18608</p> <p>Date of Disbursement 03 / 23 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p>

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

7500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

<p><b>A.</b> Full Name (Last, First, Middle Initial) DAVE CAMP FOR CONGRESS 2010</p> <p>Mailing Address 5915 EASTMAN AVENUE</p> <p>City MIDLAND State MI Zip Code 48640</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name DAVID L. CAMP</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 04</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.18271</p> <p>Date of Disbursement 03 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 1500.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) FRIENDS OF DAN MAFFEI</p> <p>Mailing Address P.O. BOX 74</p> <p>City SYRACUSE State NY Zip Code 13214</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name DANIEL B. MAFFEI</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 25</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.18604</p> <p>Date of Disbursement 03 / 23 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) FRIENDS OF NAN HAYWORTH</p> <p>Mailing Address P.O. BOX 189</p> <p>City MOUNT KISCO State NY Zip Code 10549</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name NAN HAYWORTH</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 19</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.18613</p> <p>Date of Disbursement 03 / 25 / 2010</p> <p>Amount of Each Disbursement this Period 4000.00</p>

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

6500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

<p><b>A.</b> Full Name (Last, First, Middle Initial) JESSE JACKSON, JR. FOR CONGRESS</p> <p>Mailing Address P.O. BOX 490286</p> <p>City CHICAGO State IL Zip Code 60649</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name JESSE L. JACKSON, JR.</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 02</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.18607</p> <p>Date of Disbursement 03 / 23 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE</p> <p>Mailing Address 320 FIRST STREET, SE</p> <p>City WASHINGTON State DC Zip Code 20003</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.18283</p> <p>Date of Disbursement 03 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) PALLONE FOR CONGRESS</p> <p>Mailing Address P.O. BOX 3176</p> <p>City LONG BRANCH State NJ Zip Code 07740</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name FRANK PALLONE, JR.</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 06</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.18617</p> <p>Date of Disbursement 03 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p>

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

8500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
THE AMERICAN CONGRESS OF OB-GYNs PAC (OB-GYN PAC)

<b>A.</b> Full Name (Last, First, Middle Initial) REPUBLICAN MAIN STREET PARTNERSHIP PAC Mailing Address 2201 WISCONSIN AVENUE, NW City WASHINGTON State DC Zip Code 20007 Purpose of Disbursement CONTRIBUTION Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: SB23.18282 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 1 0
	Amount of Each Disbursement this Period 5000.00
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

<b>B.</b> Full Name (Last, First, Middle Initial) RICHARD BURR COMMITTEE Mailing Address P.O. BOX 5928 City WINSTON-SALEM State NC Zip Code 27113 Purpose of Disbursement CONTRIBUTION Candidate Name RICHARD BURR Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 00	Transaction ID: SB23.18270 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

<b>C.</b> Full Name (Last, First, Middle Initial) RICHARD E. NEAL FOR CONGRESS Mailing Address 76 MAGNOLIA TERRACE City SPRINGFIELD State MA Zip Code 01108 Purpose of Disbursement CONTRIBUTION Candidate Name RICHARD E. NEAL Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 02	Transaction ID: SB23.18276 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 1 0
	Amount of Each Disbursement this Period 2500.00
Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	8500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)  
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

<b>A.</b> Full Name (Last, First, Middle Initial) SCHAKOWSKY FOR CONGRESS <hr/> Mailing Address P.O. BOX 5130 <hr/> City EVANSTON State IL Zip Code 60204 <hr/> Purpose of Disbursement CONTRIBUTION Candidate Name JANICE D. SCHAKOWSKY Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 09 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.18281 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 1 0
	Amount of Each Disbursement this Period 5000.00
<b>B.</b> Full Name (Last, First, Middle Initial) TIM RYAN FOR CONGRESS <hr/> Mailing Address 1600 ROOSEVELT AVENUE <hr/> City NILES State OH Zip Code 44446 <hr/> Purpose of Disbursement CONTRIBUTION Candidate Name TIMOTHY J. RYAN Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 17 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.18605 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
<b>C.</b> Full Name (Last, First, Middle Initial) ZACK SPACE FOR CONGRESS <hr/> Mailing Address 726 16TH STREET, NE <hr/> City MASSILON State OH Zip Code 44646 <hr/> Purpose of Disbursement CONTRIBUTION Candidate Name ZACHARY T. SPACE Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 18 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.18614 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 5 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>7000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>44000.00</b>