

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

ADDRESS (number and street) 409 12TH STREET, SW WASHINGTON DC 20024

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

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

5. Covering Period 10 / 01 / 2011 through 10 / 31 / 2011

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 MONROE

Signature of Treasurer STACIE MONROE [Electronically Filed] Date 11 / 08 / 2011

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

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

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2011"/>	<input type="text" value="231135.44"/>	<input type="text" value="231135.44"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="278006.22"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="57144.66"/>	<input type="text" value="406534.63"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="335150.88"/>	<input type="text" value="637670.07"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="9910.11"/>	<input type="text" value="312429.30"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="325240.77"/>	<input type="text" value="325240.77"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

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

Report Covering the Period: From:  /  /  To:  /  /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	40119.66	307674.97
(ii) Unitemized .....	17025.00	98604.66
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	57144.66	406279.63
(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) .....	57144.66	406279.63
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	255.00
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 Transfers (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))..... ▶	57144.66	406534.63
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	57144.66	406534.63

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated 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 .....	410.11	8529.30
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	410.11	8529.30
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	9500.00	303000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (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	900.00
(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	900.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated 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)) ..	9910.11	312429.30
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	9910.11	312429.30

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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) .....	57144.66	406279.63
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	900.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	57144.66	405379.63
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	410.11	8529.30
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	410.11	8529.30

**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 OF 56
	<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	

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)**

Full Name (Last, First, Middle Initial) <b>A. MATTHEW L. ANDERSON</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 24 / 2011
Mailing Address 6620 MAIN STREET		<b>Transaction ID : SA11AI.23647</b>
City HOUSTON	State TX	Zip Code 77030
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 500.00
Name of Employer BAYLOR COLLEGE OF MEDICINE	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. RALPH J. ANDERSON</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 21 / 2011
Mailing Address 4100 COACHMAN LANE		<b>Transaction ID : SA11AI.23754</b>
City COLLEYVILLE	State TX	Zip Code 76034
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 100.00
Name of Employer UNIVERSITY OF NORTH TEXAS	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

Full Name (Last, First, Middle Initial) <b>C. TED L. ANDERSON</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 07 / 2011
Mailing Address 516 LEANNE WAY		<b>Transaction ID : SA11AI.23223</b>
City FRANKLIN	State TN	Zip Code 37069
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 100.00
Name of Employer VANDERBILT UNIVERSITY	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1600.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	700.00
<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 OF 56
	<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)**

Full Name (Last, First, Middle Initial) <b>A. CARIN C. APPEL</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2011
Mailing Address 142 PHEASANT RUN		<b>Transaction ID : SA11AI.23673</b>
City CANYON	State TX	Zip Code 79015
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer WOMEN'S HEALTHCARE ASSOCIATES	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. THOMAS V. AYOUB</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2011
Mailing Address 186 MIDDLE RIDGE ROAD		<b>Transaction ID : SA11AI.23454</b>
City NEW CANAAN	State CT	Zip Code 06840
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer WOMEN'S HEALTH CARE	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. JEANNE E. BALLARD</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 14 / 2011
Mailing Address 12400 PEBBLEPOINTE PASS		<b>Transaction ID : SA11AI.23390</b>
City CARMEL	State IN	Zip Code 46033
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer HEALTHNET	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).....▶	1250.00
<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 OF 56
	<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)**

**A. WILLIAM D. BINDER**  
Full Name (Last, First, Middle Initial)

Mailing Address 6913 CHANDLER DRIVE

City State Zip Code  
BATON ROUGE LA 70808

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

Name of Employer Occupation  
LOUISIANA WOMEN'S CENTER PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 07 / 2011

**Transaction ID : SA11AI.23224**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 1537 CRESTWAY DRIVE

City State Zip Code  
ATHENS TN 37303

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

Name of Employer Occupation  
ATHENS WOMEN'S CLINIC PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
550.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 31 / 2011

**Transaction ID : SA11AI.23604**

Amount of Each Receipt this Period  
300.00

**C. SHERRY L. BLUMENTHAL**  
Full Name (Last, First, Middle Initial)

Mailing Address 911 FRASER ROAD

City State Zip Code  
GLENSIDE PA 19038

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

Name of Employer Occupation  
WOMEN CARE OB/GYN PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 14 / 2011

**Transaction ID : SA11AI.23393**

Amount of Each Receipt this Period  
100.00

<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 9 OF 56
	<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)**

**A. DAVID J. BOES**  
Full Name (Last, First, Middle Initial)

Mailing Address 3926 CROOKED CREEK DRIVE

City OKEMOS	State MI	Zip Code 48864
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FEC ID number of contributing federal political committee. **C**

Name of Employer INGHAM REGIONAL MEDICAL CENTER	Occupation PHYSICIAN
--	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
455.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	08	/	2011

**Transaction ID : SA11AI.23356**

Amount of Each Receipt this Period  
65.00

**B. WANDA BONNER**  
Full Name (Last, First, Middle Initial)

Mailing Address 446 ELM AVENUE

City HADDONFIELD	State NJ	Zip Code 08033
---------------------	-------------	-------------------

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 ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	20	/	2011

**Transaction ID : SA11AI.23693**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 939 EMERALD AVENUE

City KNOXVILLE	State TN	Zip Code 37917
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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 ▼  
850.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	05	/	2011

**Transaction ID : SA11AI.23282**

Amount of Each Receipt this Period  
100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	415.00
<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 10 OF 56
	<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)**

**A. WILLIAM C. BRADFORD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1460 ABBAS AVENUE  
 City LANCASTER State PA Zip Code 17602  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MAT GRANT ASSOCIATES Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **400.00**

Date of Receipt **10 / 18 / 2011**  
**Transaction ID : SA11AI.23478**  
 Amount of Each Receipt this Period **100.00**

**B. KEITH R. BRILL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 179 BORTIZAN DRIVE  
 City LAS VEGAS State NV Zip Code 89138  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer WOMEN'S SPECIALTY CARE Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **400.00**

Date of Receipt **10 / 16 / 2011**  
**Transaction ID : SA11AI.23450**  
 Amount of Each Receipt this Period **50.00**

**C. ROBERT G. BRZYSKI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7703 FLOYD CURL DRIVE  
 City SAN ANTONIO State TX Zip Code 78229  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer UNIVERSITY OF TEXAS Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **365.00**

Date of Receipt **10 / 13 / 2011**  
**Transaction ID : SA11AI.23429**  
 Amount of Each Receipt this Period **365.00**

**SUBTOTAL** of Receipts This Page (optional)..... **515.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 56
	<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)**

**A. STEPHEN P. BUCHANAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 945 SPRING CREEK DRIVE  
 City GRAPEVINE State TX Zip Code 76051  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer UNIVERSITY OF NORTH TEXAS Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1300.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 14 / 2011  
**Transaction ID : SA11AI.23443**  
 Amount of Each Receipt this Period  
**100.00**

**B. STEPHEN H. BUSH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4400 KANAWHA AVENUE  
 City CHARLESTON State WV Zip Code 25304  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer WEST VIRGINIA UNIVERSITY Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 26 / 2011  
**Transaction ID : SA11AI.23728**  
 Amount of Each Receipt this Period  
**250.00**

**C. DAVID G. BUTLER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6 RIDGE ROAD  
 City NORWOOD State NJ Zip Code 07648  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer KBV PROFESSIONAL ASSOCIATES Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **400.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 07 / 2011  
**Transaction ID : SA11AI.23227**  
 Amount of Each Receipt this Period  
**300.00**

**SUBTOTAL** of Receipts This Page (optional)..... **650.00**  
**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 OF 56
	<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	<input type="checkbox"/> 17

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

**A. CHARLES A. CASTLE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 645 OAKWOOD LANE  
 City LANCASTER State PA Zip Code 17603  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer LANCASTER GENERAL HOSPITAL Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **400.00**

Date of Receipt **10 / 18 / 2011**  
**Transaction ID : SA11AI.23481**  
 Amount of Each Receipt this Period **100.00**

**B. EVA CHALAS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10 PRESTON LANE  
 City SETAUKET State NY Zip Code 11733  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer WINTHROP UNIVERSITY HOSPITAL Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **10 / 07 / 2011**  
**Transaction ID : SA11AI.23228**  
 Amount of Each Receipt this Period **500.00**

**C. JAMES P. CHANEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1730 HIGHWAY 25 NORTH  
 City AMORY State MS Zip Code 38821  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer PHYSICIANS AND SURGEONS CLINIC Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **350.00**

Date of Receipt **10 / 22 / 2011**  
**Transaction ID : SA11AI.23640**  
 Amount of Each Receipt this Period **50.00**

**SUBTOTAL** of Receipts This Page (optional)..... **650.00**  
**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 13 OF 56  
(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. SCOTT T. CHATHAM**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 405 5TH STREET PLACE  
 City CONOVER State NC Zip Code 28613  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CATAWBA WOMEN'S CENTER Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 14 / 2011  
**Transaction ID : SA11AI.23394**  
 Amount of Each Receipt this Period  
 500.00

**B. BENJAMIN H. CHEEK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1626 SUMMIT DRIVE  
 City COLUMBUS State GA Zip Code 31906  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer OB/GYN ASSOCIATES OF COLUMBUS Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1583.33

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 26 / 2011  
**Transaction ID : SA11AI.23730**  
 Amount of Each Receipt this Period  
 83.33

**C. EILEEN C. CHEN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 661924  
 City ARCADIA State CA Zip Code 91066  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer PACIFIC FERTILITY ASSOCIATES Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 31 / 2011  
**Transaction ID : SA11AI.23606**  
 Amount of Each Receipt this Period  
 300.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 883.33  
**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 14 OF 56
	<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)**

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

Mailing Address 1233 CALIFON COKESBURY ROAD

City CALIFON	State NJ	Zip Code 07830
-----------------	-------------	-------------------

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 ▼  
1200.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	21	/	2011

**Transaction ID : SA11AI.23578**

Amount of Each Receipt this Period  
900.00

**B. MITZI M. CHILDS**  
Full Name (Last, First, Middle Initial)

Mailing Address 20 AUDUBON PLACE

City FAIRHOPE	State AL	Zip Code 36532
------------------	-------------	-------------------

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

Name of Employer EASTERN SHORE OB/GYN	Occupation PHYSICIAN
--	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	14	/	2011

**Transaction ID : SA11AI.23395**

Amount of Each Receipt this Period  
200.00

**C. HARVEY M. COHEN**  
Full Name (Last, First, Middle Initial)

Mailing Address 255 UNION BOULEVARD

City LAKEWOOD	State CO	Zip Code 80228
------------------	-------------	-------------------

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

Name of Employer RED ROCKS OB/GYN	Occupation PHYSICIAN
--------------------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	07	/	2011

**Transaction ID : SA11AI.23347**

Amount of Each Receipt this Period  
500.00

<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 15 OF 56
	<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)**

**A. JEANNE A. CONRY**  
 Full Name (Last, First, Middle Initial)  
 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 PERMANENTE MEDICAL GROUP Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 07 / 2011  
**Transaction ID : SA11AI.23231**  
 Amount of Each Receipt this Period  
 50.00

**B. DEBORAH L. CONWAY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7703 FLOYD CURL DRIVE  
 City SAN ANTONIO State TX Zip Code 78229  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer UNIVERSITY OF TEXAS Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 12 / 2011  
**Transaction ID : SA11AI.23374**  
 Amount of Each Receipt this Period  
 500.00

**C. CHRISTINE F. COOPER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2282 COUNTY STREET 2815  
 City CHICKASHA State OK Zip Code 73018  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer FIVE OAKS MEDICAL GROUP Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 31 / 2011  
**Transaction ID : SA11AI.23608**  
 Amount of Each Receipt this Period  
 1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1550.00
<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 16 OF 56
	<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)**

Full Name (Last, First, Middle Initial) <b>A. ENRIQUE CORTEZ</b>		Date of Receipt
Mailing Address 13223 HUGHES CIRCLE		<input type="text" value="10"/> / <input type="text" value="24"/> / <input type="text" value="2011"/>
City	State	Zip Code
DALLAS	TX	75240
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : <b>SA11AI.23651</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
U.S. ARMY	PHYSICIAN	<input type="text" value="500.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="500.00"/>	

Full Name (Last, First, Middle Initial) <b>B. LYNNE M. COSLETT-CHARLTON</b>		Date of Receipt
Mailing Address 289 HARRIS HILL ROAD		<input type="text" value="10"/> / <input type="text" value="24"/> / <input type="text" value="2011"/>
City	State	Zip Code
SHAVERTOWN	PA	18708
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : <b>SA11AI.23653</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
SELF-EMPLOYED	PHYSICIAN	<input type="text" value="100.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1100.00"/>	

Full Name (Last, First, Middle Initial) <b>C. THOMAS S. DARDARIAN</b>		Date of Receipt
Mailing Address 108 CETON COURT		<input type="text" value="10"/> / <input type="text" value="14"/> / <input type="text" value="2011"/>
City	State	Zip Code
BROOMAIL	PA	19008
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : <b>SA11AI.23446</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
MAIN LINE WOMEN'S HEALTH CARE	PHYSICIAN	<input type="text" value="100.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="700.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="700.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>



**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 17 OF 56
	<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)**

**A. RAYMON E. DARLING**  
Full Name (Last, First, Middle Initial)

Mailing Address 3014 WINDFIELD DRIVE

City NEENAH State WI Zip Code 54956

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

Name of Employer AFFINITY MEDICAL GROUP Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 31 / 2011

**Transaction ID : SA11AI.23610**

Amount of Each Receipt this Period  
 200.00

**B. BRENDA L. DAWLEY**  
Full Name (Last, First, Middle Initial)

Mailing Address 1 WINDSOR DRIVE

City HUNTINGTON State WV Zip Code 25701

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

Name of Employer MARSHALL UNIVERSITY Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 26 / 2011

**Transaction ID : SA11AI.23733**

Amount of Each Receipt this Period  
 300.00

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

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 ▼ 800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 10 / 2011

**Transaction ID : SA11AI.23360**

Amount of Each Receipt this Period  
 100.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 56
	<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)**

**A. MARK S. DEFRANCESCO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 35 TERRELL FARM PLACE  
 City CHESHIRE State CT Zip Code 06410  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer WOMEN'S HEALTH CONNECTICUT Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1550.00**

Date of Receipt **10 / 07 / 2011**  
**Transaction ID : SA11AI.23232**  
 Amount of Each Receipt this Period **50.00**

**B. MARK S. DEFRANCESCO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 35 TERRELL FARM PLACE  
 City CHESHIRE State CT Zip Code 06410  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer WOMEN'S HEALTH CONNECTICUT Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1600.00**

Date of Receipt **10 / 07 / 2011**  
**Transaction ID : SA11AI.23242**  
 Amount of Each Receipt this Period **50.00**

**C. NATHANIEL G. DENICOLA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 821 BARRACKS, CARRIAGE HOUSE  
 City NEW ORLEANS State LA Zip Code 70116  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer TULANE OB/GYN Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **672.00**

Date of Receipt **10 / 14 / 2011**  
**Transaction ID : SA11AI.23447**  
 Amount of Each Receipt this Period **84.00**

**SUBTOTAL** of Receipts This Page (optional)..... **184.00**  
**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 19 OF 56
	<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)**

**A. KERYN M. DIAS**  
Full Name (Last, First, Middle Initial)

Mailing Address 14 GRANT PLACE

City ARLINGTON State TX Zip Code 76013

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

Name of Employer MEDICAL CLINIC OF NORTH TEXAS Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 14 / 2011

**Transaction ID : SA11AI.23398**

Amount of Each Receipt this Period  
 300.00

**B. SHERMAN DUNN**  
Full Name (Last, First, Middle Initial)

Mailing Address 214 AVENUE S

City BROOKLYN State NY Zip Code 11223

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

Name of Employer CONEY ISLAND HOSPITAL Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 18 / 2011

**Transaction ID : SA11AI.23483**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address 1340 HIGHLAND AVENUE

City ROCHESTER State NY Zip Code 14620

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 ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 05 / 2011

**Transaction ID : SA11AI.23288**

Amount of Each Receipt this Period  
 100.00

<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 20 OF 56
	<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)**

**A. LISA ENG**  
Full Name (Last, First, Middle Initial)

Mailing Address 8 78TH STREET

City BROOKLYN State NY Zip Code 11209

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 ▼ 550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 19 / 2011

**Transaction ID : SA11AI.23525**

Amount of Each Receipt this Period  
 50.00

**B. ROYCE B. EVERETT**  
Full Name (Last, First, Middle Initial)

Mailing Address 3366 NORTHWEST EXPRESSWAY

City OKLAHOMA CITY State OK Zip Code 73112

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

Name of Employer WOMEN'S HEALTH CARE ASSOCIATES Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 25 / 2011

**Transaction ID : SA11AI.23706**

Amount of Each Receipt this Period  
 250.00

**C. DOUGLAS K. FENTON**  
Full Name (Last, First, Middle Initial)

Mailing Address 332 SANTA FE DRIVE

City ENCINITAS State CA Zip Code 92024

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

Name of Employer NORTH COAST WOMEN'S CARE Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 01 / 2011

**Transaction ID : SA11AI.23342**

Amount of Each Receipt this Period  
 100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	400.00
<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 21 OF 56
	<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)**

**A. FERNANDO M. FERNANDEZ**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1855 EPPING FOREST WAYS  
 City JACKSONVILLE State FL Zip Code 32217  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NORTH FLORIDA OB/GYN Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 20 / 2011  
**Transaction ID : SA11AI.23678**  
 Amount of Each Receipt this Period  
 250.00

**B. EDMOND G. FEUILLE JR.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8907 WOODCREST CIRCLE  
 City WICHITA State KS Zip Code 67206  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer WICHITA OB/GYN ASSOCIATES Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 21 / 2011  
**Transaction ID : SA11AI.23580**  
 Amount of Each Receipt this Period  
 300.00

**C. DAVID A. FORSTEIN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 117 RAMSFORD LANE  
 City SIMPSONVILLE State SC Zip Code 29681  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer GREENVILLE HOSPITAL SYSTEM Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 14 / 2011  
**Transaction ID : SA11AI.23448**  
 Amount of Each Receipt this Period  
 100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	650.00
<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 22 OF 56
	<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)**

**A. RICHARD P. FRIEDER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1245 16TH STREET  
 City SANTA MONICA State CA Zip Code 90404  
 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 **10 / 20 / 2011**  
**Transaction ID : SA11AI.23680**  
 Amount of Each Receipt this Period **50.00**

**B. RAJIV B. GALA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4200 PERRIER STREET  
 City NEW ORLEANS State LA Zip Code 70725  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer OCHSNER MEDICAL CENTER Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **10 / 05 / 2011**  
**Transaction ID : SA11AI.23293**  
 Amount of Each Receipt this Period **250.00**

**C. PAMELA G. GALLUP**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 2805  
 City TYBEE ISLAND State GA Zip Code 31328  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer UNIVERSITY MEDICAL CENTER Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1250.00**

Date of Receipt **10 / 26 / 2011**  
**Transaction ID : SA11AI.23735**  
 Amount of Each Receipt this Period **250.00**

**SUBTOTAL** of Receipts This Page (optional)..... **550.00**  
**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 23 OF 56
	<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)**

Full Name (Last, First, Middle Initial) <b>A. MICHAEL GERIA</b>		Date of Receipt
Mailing Address 108 DANTON LANE		<input type="text" value="10"/> / <input type="text" value="19"/> / <input type="text" value="2011"/>
City	State	Zip Code
MULLICA HILL	NJ	08062
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
SELF-EMPLOYED	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="500.00"/>	
		Transaction ID : SA11AI.23528
		Amount of Each Receipt this Period
		<input type="text" value="500.00"/>

Full Name (Last, First, Middle Initial) <b>B. MARK S. GRENITZ</b>		Date of Receipt
Mailing Address 220 84TH AVENUE		<input type="text" value="10"/> / <input type="text" value="12"/> / <input type="text" value="2011"/>
City	State	Zip Code
PLANTATION	FL	33324
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
WESTSIDE OB/GYN GROUP	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="300.00"/>	
		Transaction ID : SA11AI.23376
		Amount of Each Receipt this Period
		<input type="text" value="300.00"/>

Full Name (Last, First, Middle Initial) <b>C. ALBERT T. GROS</b>		Date of Receipt
Mailing Address 203 TREE TOP WAY		<input type="text" value="10"/> / <input type="text" value="20"/> / <input type="text" value="2011"/>
City	State	Zip Code
BUDA	TX	78610
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
SOUTH AUSTIN MEDICAL CENTER	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="300.00"/>	
		Transaction ID : SA11AI.23681
		Amount of Each Receipt this Period
		<input type="text" value="300.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="1100.00"/>
<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 24 OF 56
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. TAMMY R. GRUENBERG**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2704 NETHERLAND AVENUE  
 City BRONX State NY Zip Code 10463  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer PHYSICIAN AFFILIATE GROUP Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 07 / 2011  
**Transaction ID : SA11AI.23348**  
 Amount of Each Receipt this Period  
 200.00

**B. PARUL GUPTA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 979 NORTH GEM STREET  
 City TULARE State CA Zip Code 93274  
 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 M / D D D / Y Y Y Y Y Y  
 10 / 25 / 2011  
**Transaction ID : SA11AI.23708**  
 Amount of Each Receipt this Period  
 250.00

**C. LARRY D. GURLEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 300 20TH AVENUE NORTH  
 City NASHVILLE State TN Zip Code 37203  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NASHVILLE GYNECOLOGY CENTER Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 05 / 2011  
**Transaction ID : SA11AI.23300**  
 Amount of Each Receipt this Period  
 300.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	750.00
<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 25 OF 56
	<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)**

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

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 05 / 2011**  
**Transaction ID : SA11AI.23302**  
 Amount of Each Receipt this Period  
**500.00**

**B. LEE A. HAMMOND**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3610 MOONRISE POINT  
 City COLORADO SPRINGS State CO Zip Code 80904  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer COLORADO OBSTETRICS Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **600.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 07 / 2011**  
**Transaction ID : SA11AI.23237**  
 Amount of Each Receipt this Period  
**100.00**

**C. R. MOSS HAMPTON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3950 EDGEBROOK COURT  
 City MIDLAND State TX Zip Code 79707  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer TEXAS TECH Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **450.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 21 / 2011**  
**Transaction ID : SA11AI.23583**  
 Amount of Each Receipt this Period  
**150.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>750.00</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: (check only one)	PAGE 26 OF 56
	<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)**

**A. KATHLEEN E. HEER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1627 WELLS ROAD  
 City MCOLL State SC Zip Code 29570  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer WAVERLY WOMEN'S HEALTH CENTER 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 Y  
 10 / 21 / 2011  
**Transaction ID : SA11AI.23585**  
 Amount of Each Receipt this Period  
**250.00**

**B. RICHARD W. HENDERSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1709 CLEAVER LANE  
 City WILMINGTON State DE Zip Code 19803  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer ST. FRANCIS HOSPITAL Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1750.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 18 / 2011  
**Transaction ID : SA11AI.23487**  
 Amount of Each Receipt this Period  
**250.00**

**C. ROBERT B. HOLDER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2818 EAST EAGLE ROCK DRIVE  
 City SIERRA VISTA State AZ Zip Code 85650  
 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  
 M M / D D / Y Y Y Y Y Y  
 10 / 14 / 2011  
**Transaction ID : SA11AI.23407**  
 Amount of Each Receipt this Period  
**500.00**

**SUBTOTAL** of Receipts This Page (optional)..... **1000.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 27 OF 56
<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)**

Full Name (Last, First, Middle Initial) <b>A. LISA M. HOLLIER</b>		Date of Receipt 10 / 21 / 2011 <b>Transaction ID : SA11AI.23782</b>
Mailing Address 6612 MERCER STREET		Amount of Each Receipt this Period 100.00
City HOUSTON	State TX	Zip Code 77005
FEC ID number of contributing federal political committee. C		
Name of Employer UNIVERSITY OF TEXAS	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) <b>B. ANN L. HONEBRINK</b>		Date of Receipt 10 / 18 / 2011 <b>Transaction ID : SA11AI.23488</b>
Mailing Address 130 VALLEY ROAD		Amount of Each Receipt this Period 500.00
City ARDMORE	State PA	Zip Code 19003
FEC ID number of contributing federal political committee. C		
Name of Employer UNIVERSITY OF PENNSYLVANIA	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1600.00	

Full Name (Last, First, Middle Initial) <b>C. ANN L. HONEBRINK</b>		Date of Receipt 10 / 26 / 2011 <b>Transaction ID : SA11AI.23737</b>
Mailing Address 130 VALLEY ROAD		Amount of Each Receipt this Period 200.00
City ARDMORE	State PA	Zip Code 19003
FEC ID number of contributing federal political committee. C		
Name of Employer UNIVERSITY OF PENNSYLVANIA	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1800.00	

<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: (check only one)	PAGE 28 OF 56
	<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)**

**A. GEORGE P. HUBBELL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 279 OAKMONT COURT  
 City LAKE OZARK State MO Zip Code 65049  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer WOMEN'S HEALTH CONSULTANTS Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1050.00**

Date of Receipt **10 / 05 / 2011**  
**Transaction ID : SA11AI.23304**  
 Amount of Each Receipt this Period **50.00**

**B. TERESA A. HUBKA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1432 WEST WOLFRAM STREET  
 City CHICAGO State IL Zip Code 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 **250.00**

Date of Receipt **10 / 18 / 2011**  
**Transaction ID : SA11AI.23489**  
 Amount of Each Receipt this Period **250.00**

**C. RICHARD T. IVEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3004 MIDLANE STREET  
 City HOUSTON State TX Zip Code 77027  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer BAYLOR COLLEGE OF MEDICINE Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.00**

Date of Receipt **10 / 20 / 2011**  
**Transaction ID : SA11AI.23682**  
 Amount of Each Receipt this Period **300.00**

**SUBTOTAL** of Receipts This Page (optional)..... **600.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 56
	<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)**

**A. RICHARD T. IVEY**  
Full Name (Last, First, Middle Initial)

Mailing Address 3004 MIDLANE STREET

City HOUSTON State TX Zip Code 77027

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

Name of Employer BAYLOR COLLEGE OF MEDICINE Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 21 / 2011

**Transaction ID : SA11AI.23783**

Amount of Each Receipt this Period  
 100.00

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

Mailing Address 2405 SPOONBILL DRIVE

City LEAGUE CITY State TX Zip Code 77573

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

Name of Employer TEXAS TECH UNIVERSITY Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3100.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 05 / 2011

**Transaction ID : SA11AI.23305**

Amount of Each Receipt this Period  
 100.00

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

Mailing Address 2405 SPOONBILL DRIVE

City LEAGUE CITY State TX Zip Code 77573

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

Name of Employer TEXAS TECH UNIVERSITY Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 21 / 2011

**Transaction ID : SA11AI.23591**

Amount of Each Receipt this Period  
 100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<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 30 OF 56
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)**

Full Name (Last, First, Middle Initial) <b>A. JULIA V. JOHNSON</b>		Date of Receipt
Mailing Address 119 BELMONT STREET		<input type="text" value="10"/> / <input type="text" value="06"/> / <input type="text" value="2011"/>
City State Zip Code WORCESTER MA 01605		<b>Transaction ID : SA11AI.23343</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="800.00"/>
Name of Employer UNIVERSITY OF MASSACHUSETTS	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="800.00"/>	

Full Name (Last, First, Middle Initial) <b>B. DAPHNE L. JONES</b>		Date of Receipt
Mailing Address 1536 CLAY AVENUE		<input type="text" value="10"/> / <input type="text" value="14"/> / <input type="text" value="2011"/>
City State Zip Code RUSSELLVILLE AL 35653		<b>Transaction ID : SA11AI.23411</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="300.00"/>
Name of Employer NORTH ALABAMA OB/GYN	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="550.00"/>	

Full Name (Last, First, Middle Initial) <b>C. GERALD F. JOSEPH JR.</b>		Date of Receipt
Mailing Address 1600 SOUTH EADS STREET		<input type="text" value="10"/> / <input type="text" value="05"/> / <input type="text" value="2011"/>
City State Zip Code ARLINGTON VA 22202		<b>Transaction ID : SA11AI.23308</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="20.00"/>
Name of Employer AMERICAN CONGRESS OF OB/GYNS	Occupation VICE PRESIDENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1620.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="400.00"/>
<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 31 OF 56
	<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)**

Full Name (Last, First, Middle Initial) <b>A. LEAH A. KAUFMAN</b>		Date of Receipt
Mailing Address 331 FAIRWAY DRIVE		<input type="text" value="10"/> / <input type="text" value="24"/> / <input type="text" value="2011"/>
City	State	Zip Code
FARMINGDALE	NY	11735
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
LONG ISLAND JEWISH MEDICAL	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="220.00"/>	
		Amount of Each Receipt this Period
		<input type="text" value="50.00"/>

Full Name (Last, First, Middle Initial) <b>B. JUDITH M. KIMELMAN</b>		Date of Receipt
Mailing Address 9242 SOUTHEAST 46TH STREET		<input type="text" value="10"/> / <input type="text" value="21"/> / <input type="text" value="2011"/>
City	State	Zip Code
MERCER ISLAND	WA	98040
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
SEATTLE OB/GYN GROUP	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="450.00"/>	
		Amount of Each Receipt this Period
		<input type="text" value="200.00"/>

Full Name (Last, First, Middle Initial) <b>C. MICHAEL L. KUDLA</b>		Date of Receipt
Mailing Address 4700 PONDEROSA DRIVE		<input type="text" value="10"/> / <input type="text" value="05"/> / <input type="text" value="2011"/>
City	State	Zip Code
LAKE CHARLES	LA	70605
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
RETIRED	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="350.00"/>	
		Amount of Each Receipt this Period
		<input type="text" value="50.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="300.00"/>
<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 32 OF 56
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<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. STEPHEN L. LARSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6545 FRANCE AVENUE  
 City EDINA State MN Zip Code 55435  
 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 ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 17 / 2011  
**Transaction ID : SA11AI.23457**  
 Amount of Each Receipt this Period  
 250.00

**B. ROBERT W. LATER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9600 SOUTH 1300  
 City SANDY State UT Zip Code 84094  
 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  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 17 / 2011  
**Transaction ID : SA11AI.23459**  
 Amount of Each Receipt this Period  
 500.00

**C. HAL C. LAWRENCE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2700 VIRGINIA AVENUE, NW  
 City WASHINGTON State DC Zip Code 20037  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AMERICAN CONGRESS OF OB/GYNS Occupation EXECUTIVE VICE PRESIDENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1510.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 05 / 2011  
**Transaction ID : SA11AI.23310**  
 Amount of Each Receipt this Period  
 10.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	760.00
<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 33 OF 56  
(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. MAURICE N. LEIBMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5101 TANGLE LANE  
 City HOUSTON State TX Zip Code 77056  
 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 Y Y  
 10 / 06 / 2011  
**Transaction ID : SA11AI.23344**  
 Amount of Each Receipt this Period  
 250.00

**B. KENNETH J. LEVENO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5323 HARRY HINES BOULEVARD  
 City DALLAS State TX Zip Code 75390  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer UNIVERSITY OF TEXAS Occupation 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 Y  
 10 / 25 / 2011  
**Transaction ID : SA11AI.23713**  
 Amount of Each Receipt this Period  
 500.00

**C. MARCO A. LOPEZ**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 920 SAN PEDRO AVENUE  
 City SAN ANTONIO State TX Zip Code 78212  
 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 Y Y  
 10 / 20 / 2011  
**Transaction ID : SA11AI.23686**  
 Amount of Each Receipt this Period  
 300.00

**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 34 OF 56
	<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)**

Full Name (Last, First, Middle Initial) <b>A. JACK LUDMIR</b>		Date of Receipt
Mailing Address 726 RIGHTERS MILL ROAD		<input type="text" value="10"/> / <input type="text" value="13"/> / <input type="text" value="2011"/>
City	State	Zip Code
NARBERTH	PA	19072
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.23432</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
UNIVERSITY OF PENNSYLVANIA	PHYSICIAN	<input type="text" value="500.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="500.00"/>	

Full Name (Last, First, Middle Initial) <b>B. CHRISTOPHER M. LYNCH</b>		Date of Receipt
Mailing Address 5201 RENE STREET		<input type="text" value="10"/> / <input type="text" value="05"/> / <input type="text" value="2011"/>
City	State	Zip Code
SHAWNEE	KS	66216
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.23311</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
JOHNSON COUNTY OB/GYN	PHYSICIAN	<input type="text" value="300.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="300.00"/>	

Full Name (Last, First, Middle Initial) <b>C. GEORGE E. MADJITEY</b>		Date of Receipt
Mailing Address 2101 CRAWFORD STREET		<input type="text" value="10"/> / <input type="text" value="24"/> / <input type="text" value="2011"/>
City	State	Zip Code
HOUSTON	TX	77002
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.23659</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
SELF-EMPLOYED	PHYSICIAN	<input type="text" value="250.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="250.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="1050.00"/>
<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 35 OF 56
<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)**

Full Name (Last, First, Middle Initial) <b>A. JAMES N. MARTIN JR.</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 07 / 2011
Mailing Address 2101 EASTOVER DRIVE		<b>Transaction ID : SA11AI.23245</b>
City JACKSON	State MS	Zip Code 39211
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer UNIVERSITY OF MISSISSIPPI	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1420.00	

Full Name (Last, First, Middle Initial) <b>B. JAMES N. MARTIN JR.</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 13 / 2011
Mailing Address 2101 EASTOVER DRIVE		<b>Transaction ID : SA11AI.23434</b>
City JACKSON	State MS	Zip Code 39211
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.00
Name of Employer UNIVERSITY OF MISSISSIPPI	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) <b>C. CURTIS E. MONTGOMERY</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 20 / 2011
Mailing Address 100 MEDICAL CENTER PARKWAY		<b>Transaction ID : SA11AI.23688</b>
City HUNTSVILLE	State TX	Zip Code 77340
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer SAMARITAN WOMEN'S CARE	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).....▶	480.00
<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 36 OF 56
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)**

**A. OWEN C. MONTGOMERY**  
 Full Name (Last, First, Middle Initial)  
 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  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 18 / 2011  
**Transaction ID : SA11AI.23490**  
 Amount of Each Receipt this Period  
 100.00

**B. OWEN C. MONTGOMERY**  
 Full Name (Last, First, Middle Initial)  
 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 ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 19 / 2011  
**Transaction ID : SA11AI.23544**  
 Amount of Each Receipt this Period  
 50.00

**C. JOHN G. MOORE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 205 HIGH BLUFF COURT  
 City DULUTH State GA Zip Code 30097  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer ATLANTA WOMEN'S HEALTHCARE Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 26 / 2011  
**Transaction ID : SA11AI.23740**  
 Amount of Each Receipt this Period  
 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	400.00
<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 37 OF 56
	<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)**

**A. MILINDA M. MORRIS**  
Full Name (Last, First, Middle Initial)

Mailing Address 3521 SHELL AVENUE

City MIDLAND State TX Zip Code 79707

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

Name of Employer TEXAS TECH UNIVERSITY Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 21 / 2011

**Transaction ID : SA11AI.23594**

Amount of Each Receipt this Period  
 500.00

**B. WADE A. NEIMAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 1300 CRENSHAW COURT

City LYNCHBURG State VA Zip Code 24503

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

Name of Employer WOMEN'S HEALTH SERVICES Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2050.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 31 / 2011

**Transaction ID : SA11AI.23626**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address 1037 CROOKED OAKS LANE

City SEABROOK ISLAND State SC Zip Code 29455

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

Name of Employer MARSHALL UNIVERSITY Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 26 / 2011

**Transaction ID : SA11AI.23741**

Amount of Each Receipt this Period  
 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 56
	<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)**

Full Name (Last, First, Middle Initial) <b>A. LUKE NEWTON</b>		Date of Receipt
Mailing Address 314 TRAFALGAR		<input type="text" value="10"/> / <input type="text" value="05"/> / <input type="text" value="2011"/>
City SAN ANTONIO	State TX	Zip Code 78216
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.23315</b>
Name of Employer UNIVERSITY OF TEXAS		Amount of Each Receipt this Period
Occupation PHYSICIAN		<input type="text" value="50.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="550.00"/>	

Full Name (Last, First, Middle Initial) <b>B. LUKE NEWTON</b>		Date of Receipt
Mailing Address 314 TRAFALGAR		<input type="text" value="10"/> / <input type="text" value="21"/> / <input type="text" value="2011"/>
City SAN ANTONIO	State TX	Zip Code 78216
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.23790</b>
Name of Employer UNIVERSITY OF TEXAS		Amount of Each Receipt this Period
Occupation PHYSICIAN		<input type="text" value="140.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="690.00"/>	

Full Name (Last, First, Middle Initial) <b>C. MICHAEL L. NIX</b>		Date of Receipt
Mailing Address 820 TERRACE MOUNTAIN DRIVE		<input type="text" value="10"/> / <input type="text" value="21"/> / <input type="text" value="2011"/>
City AUSTIN	State TX	Zip Code 78746
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.23791</b>
Name of Employer SETON HOSPITAL		Amount of Each Receipt this Period
Occupation PHYSICIAN		<input type="text" value="100.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="350.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="290.00"/>
<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 39 OF 56
	<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)**

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

Mailing Address 1950 PASEO ARENA

City EL PASO	State TX	Zip Code 79936
-----------------	-------------	-------------------

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

Name of Employer SUN CITY WOMEN'S HEALTH	Occupation PHYSICIAN
---	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		20		2011

**Transaction ID : SA11AI.23690**

Amount of Each Receipt this Period  
1000.00

**B. MARGARET C. NORDELL**  
Full Name (Last, First, Middle Initial)

Mailing Address 825 TAMMY DRIVE

City MINOT	State ND	Zip Code 58701
---------------	-------------	-------------------

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

Name of Employer TRINITY HEALTH	Occupation PHYSICIAN
------------------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		14		2011

**Transaction ID : SA11AI.23414**

Amount of Each Receipt this Period  
300.00

**C. COSMAS O. ONUORA**  
Full Name (Last, First, Middle Initial)

Mailing Address 4775 HIGBEE AVENUE

City CANTON	State OH	Zip Code 44718
----------------	-------------	-------------------

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

Name of Employer HALL OF FAME WOMAN'S CLINIC	Occupation PHYSICIAN
---	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		17		2011

**Transaction ID : SA11AI.23466**

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1550.00
<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 40 OF 56
<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. JOHN J. ORRIS**  
Full Name (Last, First, Middle Initial)

Mailing Address 1705 CHANTILLY LANE

City CHESTER SPRINGS State PA Zip Code 19425

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

Name of Employer MAIN LINE FERTILITY Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 07 / 2011

**Transaction ID : SA11AI.23248**

Amount of Each Receipt this Period  
 100.00

**B. KHADRA M. OSMAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 1625 3RD AVENUE

City FT. LAUDERDALE State FL Zip Code 33316

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

Name of Employer MCKENZIE & OSMAN Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 12 / 2011

**Transaction ID : SA11AI.23377**

Amount of Each Receipt this Period  
 250.00

**C. SHARON T. PHELAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 1329 DESERT HILLS PLACE

City ALBUQUERQUE State NM Zip Code 87111

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

Name of Employer UNIVERSITY OF NEW MEXICO Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 20 / 2011

**Transaction ID : SA11AI.23692**

Amount of Each Receipt this Period  
 500.00

<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: (check only one)	PAGE 41 OF 56
	<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)**

Full Name (Last, First, Middle Initial) <b>A. ROBERT W. PHILLIPS</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 09 / 2011
Mailing Address 6061 WEST ROSE GARDEN LANE		<b>Transaction ID : SA11AI.23357</b>
City GLENDALE	State AZ	Zip Code 85308
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer DESERT WEST OB/GYN	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. HARTAJ K. POWELL</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 21 / 2011
Mailing Address 229 CHRYSTIE STREET		<b>Transaction ID : SA11AI.23598</b>
City NEW YORK	State NY	Zip Code 10002
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer NEW YORK UNIVERSITY	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. HOLLY S. PURITZ</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 26 / 2011
Mailing Address 880 KEMPSVILLE ROAD		<b>Transaction ID : SA11AI.23746</b>
City NORFOLK	State VA	Zip Code 23502
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer THE GROUP FOR WOMEN	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).....▶	750.00
<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 42 OF 56
	<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)**

**A. WILLIAM D. PUTMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 832 COVENTRY POINT  
 City SPRINGFIELD State IL Zip Code 62702  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SPRINGFIELD CLINIC Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **350.00**

Date of Receipt **10 / 31 / 2011**  
**Transaction ID : SA11AI.23627**  
 Amount of Each Receipt this Period **100.00**

**B. CAROLYN W. QUIST**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1425 8TH AVENUE  
 City FORT WORTH State TX Zip Code 76104  
 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 **10 / 19 / 2011**  
**Transaction ID : SA11AI.23548**  
 Amount of Each Receipt this Period **250.00**

**C. RICHARD M. ROBINSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1627 COOK ROAD  
 City OXFORD State GA Zip Code 30054  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer GREYSTONE OB/GYN Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt **10 / 07 / 2011**  
**Transaction ID : SA11AI.23250**  
 Amount of Each Receipt this Period **1000.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1350.00</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: (check only one)	PAGE 43 OF 56
	<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)**

**A. LARRY S. ROSEN**  
Full Name (Last, First, Middle Initial)

Mailing Address 6 FAIRHAVEN COURT

City CHERRY HILL State NJ Zip Code 08003

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

Name of Employer SELF-EMPLOYED Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 05 / 2011

**Transaction ID : SA11AI.23317**

Amount of Each Receipt this Period  
 500.00

**B. MICHAEL A. ROTH**  
Full Name (Last, First, Middle Initial)

Mailing Address 42450 WEST 12 MILE ROAD

City NOVI State MI Zip Code 48377

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  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 12 / 2011

**Transaction ID : SA11AI.23379**

Amount of Each Receipt this Period  
 500.00

**C. MIKAELA D. RUSH**  
Full Name (Last, First, Middle Initial)

Mailing Address 1401 MEDICAL PARKWAY

City CEDAR PARK State TX Zip Code 78613

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

Name of Employer CEDAR PARK WOMEN'S CENTER Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 20 / 2011

**Transaction ID : SA11AI.23695**

Amount of Each Receipt this Period  
 300.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1300.00
<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 44 OF 56
	<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)**

Full Name (Last, First, Middle Initial) <b>A. MARK H. SALLEY</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 07 / 2011 <b>Transaction ID : SA11AI.23252</b>
Mailing Address 1666 TANGLEWOOD ROAD		Amount of Each Receipt this Period 200.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B. KATHRYN SAWCHAK</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 05 / 2011 <b>Transaction ID : SA11AI.23318</b>
Mailing Address 2600 HAWTHRONE LANE		Amount of Each Receipt this Period 250.00
City HUTCHINSON	State KS	Zip Code 67502
FEC ID number of contributing federal political committee. C	Name of Employer THE WOMEN'S PLACE	Occupation PHYSICIAN
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. ANTHONY C. SCISCIONE</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 18 / 2011 <b>Transaction ID : SA11AI.23493</b>
Mailing Address 774 CHRISTIANA ROAD		Amount of Each Receipt this Period 250.00
City NEWARK	State DE	Zip Code 19713
FEC ID number of contributing federal political committee. C	Name of Employer CHRISTIANA CARE HEALTH	Occupation 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).....▶	700.00
<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 45 OF 56
	<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	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. WILLIAM T. SCOTT</b>		Date of Receipt
Mailing Address 1919 HOFFNER AVENUE		<input type="text" value="10"/> / <input type="text" value="17"/> / <input type="text" value="2011"/>
City	State	Zip Code
ORLANDO	FL	32809
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.23472</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
WOMEN'S CARE OF FLORIDA	PHYSICIAN	<input type="text" value="500.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="500.00"/>	

Full Name (Last, First, Middle Initial) <b>B. JULIA A. SHAW</b>		Date of Receipt
Mailing Address 65 OLANDER LANE		<input type="text" value="10"/> / <input type="text" value="20"/> / <input type="text" value="2011"/>
City	State	Zip Code
MIDDLETOWN	CT	06457
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.23698</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
YALE UNIVERSITY	PHYSICIAN	<input type="text" value="50.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="300.00"/>	

Full Name (Last, First, Middle Initial) <b>C. MARSHALL D. SHOEMAKER</b>		Date of Receipt
Mailing Address 188 HOSPITAL DRIVE		<input type="text" value="10"/> / <input type="text" value="24"/> / <input type="text" value="2011"/>
City	State	Zip Code
FAIRHOPE	AL	36532
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.23665</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
SELF-EMPLOYED	PHYSICIAN	<input type="text" value="250.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="250.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="800.00"/>
<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 46 OF 56
	<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)**

**A. FRANCINE E. SINOFSKY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 64 CEDAR AVENUE  
 City HIGHLAND PARK State NJ Zip Code 08904  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer OB/GYN GROUP OF EAST BRUNSWICK Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **350.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 21 / 2011  
**Transaction ID : SA11AI.23561**  
 Amount of Each Receipt this Period  
**50.00**

**B. RINDO R. SIRONI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 305 WEST PORPHYRY STREET  
 City BUTTE State MT Zip Code 59701  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CONTINENTAL DIVIDE OB/GYN Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 24 / 2011  
**Transaction ID : SA11AI.23667**  
 Amount of Each Receipt this Period  
**250.00**

**C. LAURA L. SIROTT**  
 Full Name (Last, First, Middle Initial)  
 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 **2000.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 20 / 2011  
**Transaction ID : SA11AI.23699**  
 Amount of Each Receipt this Period  
**1000.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1300.00</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 47 OF 56  
(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. WAYNE A. SLOCUM**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1915 FOREST PARK  
 City TUPELO State MS Zip Code 38801  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer OB/GYN ASSOCIATES Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 05 / 2011  
**Transaction ID : SA11AI.23326**  
 Amount of Each Receipt this Period  
 100.00

**B. BARRY D. SMITH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 238  
 City NORWICH State VT Zip Code 05055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 07 / 2011  
**Transaction ID : SA11AI.23256**  
 Amount of Each Receipt this Period  
 300.00

**C. KIRSTEN M. SMITH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 405 WOODSTOCK LANE  
 City WILMINGTON State DE Zip Code 19808  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CHRISTIANA CARE Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 07 / 2011  
**Transaction ID : SA11AI.23257**  
 Amount of Each Receipt this Period  
 300.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 700.00  
**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 48 OF 56
	<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)**

Full Name (Last, First, Middle Initial) <b>A. KIRSTEN M. SMITH</b>		Date of Receipt
Mailing Address 405 WOODSTOCK LANE		<input type="text" value="10"/> / <input type="text" value="18"/> / <input type="text" value="2011"/>
City	State	Zip Code
WILMINGTON	DE	19808
FEC ID number of contributing federal political committee.		<b>Transaction ID : SA11AI.23498</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="100.00"/>
Name of Employer	Occupation	
CHRISTIANA CARE	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="650.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. MUSA L. SPERANZA</b>		Date of Receipt
Mailing Address 415 HUMPHREY STREET		<input type="text" value="10"/> / <input type="text" value="21"/> / <input type="text" value="2011"/>
City	State	Zip Code
NEW HAVEN	CT	06511
FEC ID number of contributing federal political committee.		<b>Transaction ID : SA11AI.23566</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
Name of Employer	Occupation	
OB/GYN MENOPAUSE MDS	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. CHARLES M. STEDMAN</b>		Date of Receipt
Mailing Address 18 IDLEWOOD PLACE		<input type="text" value="10"/> / <input type="text" value="14"/> / <input type="text" value="2011"/>
City	State	Zip Code
RIVER RIDGE	LA	70123
FEC ID number of contributing federal political committee.		<b>Transaction ID : SA11AI.23421</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="300.00"/>
Name of Employer	Occupation	
WOMEN'S HOSPITAL	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="800.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="650.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>



**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 OF 56
	<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)**

**A. TRAVIS W. STEMBRIDGE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1918 NORTH CRANBROOK STREET  
 City WICHITA State KS Zip Code 67206  
 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 **10 / 21 / 2011**  
**Transaction ID : SA11AI.23567**  
 Amount of Each Receipt this Period **150.00**

**B. ALBERT L. STRUNK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 698 CONSTELLATION COURT  
 City DAVIDSONVILLE State MD Zip Code 21035  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AMERICAN CONGRESS OF OB/GYNS Occupation VICE PRESIDENT  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1100.00**

Date of Receipt **10 / 21 / 2011**  
**Transaction ID : SA11AI.23568**  
 Amount of Each Receipt this Period **100.00**

**C. ERIC S. SURREY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 43 CHARLOU CIRCLE  
 City ENGLEWOOD State CO Zip Code 80111  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer COLORADO CENTER Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.00**

Date of Receipt **10 / 31 / 2011**  
**Transaction ID : SA11AI.23635**  
 Amount of Each Receipt this Period **200.00**

**SUBTOTAL** of Receipts This Page (optional)..... **450.00**  
**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 50 OF 56
	<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)**

**A. KAREN G. SWENSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1305 WEST 34TH STREET  
 City AUSTIN State TX Zip Code 78705  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer WOMEN PARTNERS IN HEALTH Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 586.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 11 / 2011  
**Transaction ID : SA11AI.23368**  
 Amount of Each Receipt this Period  
 84.00

**B. JANICE E. TILDON-BURTON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1700 TALLEY ROAD  
 City WILMINGTON State DE Zip Code 19803  
 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 ▼ 833.30

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 13 / 2011  
**Transaction ID : SA11AI.23439**  
 Amount of Each Receipt this Period  
 83.33

**C. JANICE E. TILDON-BURTON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1700 TALLEY ROAD  
 City WILMINGTON State DE Zip Code 19803  
 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 ▼ 858.30

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 18 / 2011  
**Transaction ID : SA11AI.23499**  
 Amount of Each Receipt this Period  
 25.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	192.33
<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 51 OF 56
	<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)**

**A. ZOE A. TILTON**  
Full Name (Last, First, Middle Initial)

Mailing Address 505 MARINA CIRCLE

City DAVIS State CA Zip Code 95616

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

Name of Employer SUTTER WEST WOMEN'S HEALTH Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 11 / 2011

**Transaction ID : SA11AI.23369**

Amount of Each Receipt this Period  
 300.00

**B. WILLIAM C. TINDALL**  
Full Name (Last, First, Middle Initial)

Mailing Address 2065 SOUTH WOODLAND HILLS LANE

City PINETOP State AZ Zip Code 85935

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  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 19 / 2011

**Transaction ID : SA11AI.23555**

Amount of Each Receipt this Period  
 500.00

**C. ANDREW A. TOLEDO**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 28618

City ATLANTA State GA Zip Code 30358

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 M / D D D / Y Y Y Y Y Y  
 10 / 20 / 2011

**Transaction ID : SA11AI.23701**

Amount of Each Receipt this Period  
 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1300.00
<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 52 OF 56
	<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)**

Full Name (Last, First, Middle Initial) <b>A. EUGENE C. TOY</b>		Date of Receipt
Mailing Address 1115 MARTIN STREET		<input type="text" value="10"/> / <input type="text" value="21"/> / <input type="text" value="2011"/>
City	State	Zip Code
HOUSTON	TX	77018
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.23802</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="500.00"/>
Name of Employer	Occupation	
THE METHODIST HOSPITAL	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. STEPHEN WAN</b>		Date of Receipt
Mailing Address 217 GRAND STREET		<input type="text" value="10"/> / <input type="text" value="25"/> / <input type="text" value="2011"/>
City	State	Zip Code
NEW YORK	NY	10013
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.23723</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="300.00"/>
Name of Employer	Occupation	
SELF-EMPLOYED	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="550.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. TONY S. WEN</b>		Date of Receipt
Mailing Address 301 UNIVERSITY BOULEVARD		<input type="text" value="10"/> / <input type="text" value="13"/> / <input type="text" value="2011"/>
City	State	Zip Code
GALVESTON	TX	77555
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.23440</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
Name of Employer	Occupation	
UNIVERSITY OF TEXAS	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="1050.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 53 OF 56
	<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)**

**A. ALLEN J. WHITE**  
Full Name (Last, First, Middle Initial)

Mailing Address 701 MOUNTAIN TOP

City SAN ANTONIO State TX Zip Code 78255

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

Name of Employer SOUTH TEXAS ONCOLOGY Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 20 / 2011

**Transaction ID : SA11AI.23703**

Amount of Each Receipt this Period  
 300.00

**B. H. DOUGLAS WOODFORD**  
Full Name (Last, First, Middle Initial)

Mailing Address 541 WEST COLLEGE STREET

City FLORENCE State AL Zip Code 35630

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

Name of Employer FLORENCE OB/GYN GROUP Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 11 / 2011

**Transaction ID : SA11AI.23371**

Amount of Each Receipt this Period  
 500.00

**C. ROBERT W. YELVERTON**  
Full Name (Last, First, Middle Initial)

Mailing Address 5830 WEST CYPRESS STREET

City TAMPA State FL Zip Code 33607

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

Name of Employer WOMEN'S CARE FLORIDA Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 26 / 2011

**Transaction ID : SA11AI.23748**

Amount of Each Receipt this Period  
 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	40119.66

**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 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)**

Full Name (Last, First, Middle Initial)

**A. 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:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

**Transaction ID : SB21B.23270**

Amount of Each Disbursement this Period

1	5	7	0	3
---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. 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:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

**Transaction ID : SB21B.23269**

Amount of Each Disbursement this Period

2	5	1	6	8
---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y

Amount of Each Disbursement this Period

--	--	--	--	--

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

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

4	0	8	7	1
---	---	---	---	---

4	0	8	7	1
---	---	---	---	---

**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)**

Full Name (Last, First, Middle Initial)

**A. ALLYSON SCHWARTZ FOR CONGRESS**

Mailing Address P.O. BOX 2232

City State Zip Code  
JENKINTOWN PA 19046

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
**ALLYSON Y. SCHWARTZ**

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify) ▼  
State: PA District: 13

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10	/	24	/	2011

Transaction ID : **SB23.23425**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. CONGRESSMAN WAXMAN CAMPAIGN COMMITTEE**

Mailing Address 6380 WILSHIRE BOULEVARD

City State Zip Code  
LOS ANGELES CA 90048

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
**HENRY A. WAXMAN**

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify) ▼  
State: CA District: 30

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10	/	11	/	2011

Transaction ID : **SB23.23267**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF JEB HENSARLING**

Mailing Address P.O. BOX 820504

City State Zip Code  
DALLAS TX 75382

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
**JEB HENSARLING**

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify) ▼  
State: TX District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10	/	11	/	2011

Transaction ID : **SB23.23264**

Amount of Each Disbursement this Period

2500.00
---------

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

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

6000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF JOHN BARROW**

Mailing Address P.O. BOX 8166

City SAVANNAH State GA Zip Code 31412

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

**JOHN J. BARROW**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: GA District: 12

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			17			2011			

**Transaction ID : SB23.23389**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF ROSA DELAURO**

Mailing Address 12 TRUMBULL STREET

City NEW HAVEN State CT Zip Code 06511

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

**ROSA DELAURO**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: CT District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			24			2011			

**Transaction ID : SB23.23424**

Amount of Each Disbursement this Period

1500.00
---------

Full Name (Last, First, Middle Initial)

**C. WELCH FOR CONGRESS**

Mailing Address P.O. BOX 1682

City BURLINGTON State VT Zip Code 05402

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

**PETER WELCH**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: VT District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			11			2011			

**Transaction ID : SB23.23268**

Amount of Each Disbursement this Period

1000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

3500.00
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**TOTAL** This Period (last page this line number only)..... ▶

9500.00
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