

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

American Congress of Obstetricians & Gynecologists 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="2017"/>		272752.40
(b) Cash on Hand at Beginning of Reporting Period.....	499866.79	
(c) Total Receipts (from Line 19)	52628.11	602254.79
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	552494.90	875007.19
7. Total Disbursements (from Line 31).....	31597.01	354109.30
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	520897.89	520897.89
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

American Congress of Obstetricians & Gynecologists 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).....	16082.28	351312.63
(ii) Unitemized	36545.83	245942.16
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	52628.11	597254.79
(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)	52628.11	597254.79
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	5000.00
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)).....▶	52628.11	602254.79
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	52628.11	602254.79

DETAILED SUMMARY PAGE
of Disbursements

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	597.01	13902.63
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	597.01	13902.63
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	31000.00	324000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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	7706.67
(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	7706.67
29. Other Disbursements (Including Non-Federal Donations).....	0.00	8500.00
30. Federal Election Activity (52 U.S.C. § 30101(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)) ..	31597.01	354109.30
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	31597.01	354109.30

DETAILED SUMMARY PAGE
of Disbursements

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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)	52628.11	597254.79
34. Total Contribution Refunds (from Line 28(d))	0.00	7706.67
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	52628.11	589548.12
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	597.01	13902.63
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	597.01	13902.63

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3XA
Transaction ID :

The report has been amended to include an additional unitemized contribution that was processed accidentally, the contribution has since been refunded.

Form/Schedule:
Transaction ID:

**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 32
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
American Congress of Obstetricians & Gynecologists PAC

A. Nicholson, Wanda, Kay, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 101 Manning Dr
 3027 Old Clinic Bldg CB #7570
 City Chapel Hill State NC Zip Code 27514-4220
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of North Carolina Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt **12 / 05 / 2017**
Transaction ID : VPF9SP78700
 Amount of Each Receipt this Period 45.00
 Memo Item

B. Packard, Lisa, Kay, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 903 Camille Ln
 City Mountain View State CA Zip Code 94040-2668
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Palo Alto Medical Foundation Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1205.00

Date of Receipt **12 / 12 / 2017**
Transaction ID : VPF9SP30X10
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Blanchette, Howard, A., , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 31 Winding Ridge Way
 City Danbury State CT Zip Code 06810-5253
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) New York Medical College Occupation (for Individual) Chief of ObGyn
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 295.00

Date of Receipt **12 / 15 / 2017**
Transaction ID : VPF9SP78520
 Amount of Each Receipt this Period 45.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	190.00
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 8 OF 32
	<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)
American Congress of Obstetricians & Gynecologists PAC

A. Koutrouvelis, Gayle, Olson, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11924 Sportsman Rd
 City Galveston State TX Zip Code 77554-9365
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Texas Medical Branch Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3200.00

Date of Receipt 12 / 16 / 2017
Transaction ID : VPF9SP3JDA0
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Puritz, Holly, Suzanne, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7940 N Shore Rd
 City Norfolk State VA Zip Code 23505-1737
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Group for Women Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2508.00

Date of Receipt 12 / 07 / 2017
Transaction ID : VPF9SP1YNJ0
 Amount of Each Receipt this Period 209.00
 Memo Item

C. Chervenak, Donald, Michael, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15 James St
 City Florham Park State NJ Zip Code 07932-1346
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 4980.00

Date of Receipt 12 / 19 / 2017
Transaction ID : VPF9SP423N0
 Amount of Each Receipt this Period 40.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	349.00
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 9 OF 32
	<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)
American Congress of Obstetricians & Gynecologists PAC

A. Sirott, Laura, L., , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 249 S Berkeley Ave
 City Pasadena State CA Zip Code 91107-4734
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3805.00

Date of Receipt **12 / 16 / 2017**
Transaction ID : VPF9SP3JDX0
 Amount of Each Receipt this Period 625.00
 Memo Item

B. Myer, Eilean, L., , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 40 Crestview Dr
 City Florence State MA Zip Code 01062-2614
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Baystate Medical Center Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 790.00

Date of Receipt **12 / 13 / 2017**
Transaction ID : VPF9SP38XZ0
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Holmstrom, Shelly, Welch, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 633 Bosphorous Ave
 City Tampa State FL Zip Code 33606-3915
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USF College of Medicine Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **12 / 10 / 2017**
Transaction ID : VPF9SP29H31
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	775.00
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 10 OF 32
	<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)
American Congress of Obstetricians & Gynecologists PAC

A. Preus, Eve, M., , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 688 N 29th St
 City Boise State ID Zip Code 83702-3809
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Utah Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 12 / 07 / 2017
Transaction ID : VPF9SP1V951
 Amount of Each Receipt this Period 125.00
 Memo Item

B. Conry, Jeanne, Ann, , MD, PhD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8204 Cantershire Way
 City Granite Bay State CA Zip Code 95746-9476
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kaiser Permanente Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.32

Date of Receipt 12 / 01 / 2017
Transaction ID : VPF9SP0RJA1
 Amount of Each Receipt this Period 391.11
 Memo Item
 Excessive contribution refunded in the next period

C. Maclsaac, Laura, , , MD, MPH
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 210 W 101st St # 121
 City New York State NY Zip Code 10025-5059
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mount Sinai Health System Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 585.00

Date of Receipt 12 / 16 / 2017
Transaction ID : VPF9SP77SD1
 Amount of Each Receipt this Period 45.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	448.61
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 11 OF 32
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Congress of Obstetricians & Gynecologists PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Prabhakaran, Sujatha, , MD

Mailing Address 736 Central Ave

City Sarasota	State FL	Zip Code 34236-4042
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Planned Parenthood of SW & Central FL	Occupation (for Individual) 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
 12 / 16 / 2017

Transaction ID : VPF9SP3JDE1

Amount of Each Receipt this Period
 50.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Bonk, Catherine, Mary, , MD

Mailing Address 315 Winn Way

City Decatur	State GA	Zip Code 30030-2111
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Atlanta Gyn & OB	Occupation (for Individual) Physician
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 685.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 18 / 2017

Transaction ID : VPF9SP77RT1

Amount of Each Receipt this Period
 45.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
c. Herde, Christine, Marie, , MD

Mailing Address 139 Jeffrey Ln

City Hurley	State NY	Zip Code 12443-5408
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) CareMount Medical Group	Occupation (for Individual) Physician
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
 2400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 10 / 2017

Transaction ID : VPF9SP29GY1

Amount of Each Receipt this Period
 100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	195.00
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 32
<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)
American Congress of Obstetricians & Gynecologists PAC

A. Alderson, Thomas, L., , DO
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3664 Edinborough Dr

City Rochester Hills	State MI	Zip Code 48306-3632
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) McLaren Women's Health	Occupation (for Individual) 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
12	/	24	/	2017

Transaction ID : VPF9SP4G2Y1

Amount of Each Receipt this Period
100.00

Memo Item

B. Amuzu, Betty, J., , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1020 N 12th St
Ste 3081

City Milwaukee	State WI	Zip Code 53233-1308
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Aurora UW Medical Group	Occupation (for Individual) Physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
235.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	07	/	2017

Transaction ID : VPF9SP77S32

Amount of Each Receipt this Period
45.00

Memo Item

C. Patterson, Brandy, Rene, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4611 Pine Cone Ln

City Belden	State MS	Zip Code 38826-6001
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) OBGYN Associates, PA	Occupation (for Individual) Physician
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
5085.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	20	/	2017

Transaction ID : VPF9SP77Q62

Amount of Each Receipt this Period
45.00

Memo Item

Refunded in the next period

SUBTOTAL of Receipts This Page (optional).....▶	190.00
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 13 OF 32
<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)
American Congress of Obstetricians & Gynecologists PAC

A. Maeder, Margie, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2686 Dahlia St

City Denver	State CO	Zip Code 80207-3048
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Rocky Mountain Women's Care	Occupation (for Individual) 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
12	/	16	/	2017

Transaction ID : VPF9SP3JD92

Amount of Each Receipt this Period
100.00

Memo Item

B. Cannon, Octavia, , , DO
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3643 Canfield Hill Ct

City Charlotte	State NC	Zip Code 28270-1111
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Arboretum Ob-Gyn	Occupation (for Individual) 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
12	/	20	/	2017

Transaction ID : VPF9SP460J2

Amount of Each Receipt this Period
50.00

Memo Item

C. Yelverton, Robert, Ware, , Jr, MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2821 W Fountain Blvd

City Tampa	State FL	Zip Code 33609-4011
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Physician
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
840.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	16	/	2017

Transaction ID : VPF9SP3JDQ2

Amount of Each Receipt this Period
70.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	220.00
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 14 OF 32
	<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)
American Congress of Obstetricians & Gynecologists PAC

A. Foster, Tina, Clark-Samazan, , MD MPH MS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 51

City Post Mills	State VT	Zip Code 05058-0051
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Dartmouth Hitchcock Medical Center	Occupation (for Individual) 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
12	/	12	/	2017

Transaction ID : VPF9SP77R73

Amount of Each Receipt this Period
150.00

Memo Item

B. Rodzak, Jeffrey, Emil, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 137 E Wilson St

City Madison	State WI	Zip Code 53703-3378
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) University of Wisconsin	Occupation (for Individual) Physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1885.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2017

Transaction ID : VPF9SP78783

Amount of Each Receipt this Period
45.00

Memo Item

C. Morgan, Alethia, Ellen, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3075 S Birch St

City Denver	State CO	Zip Code 80222-6712
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) COPIC	Occupation (for Individual) Physician
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
4800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	16	/	2017

Transaction ID : VPF9SP3JDD3

Amount of Each Receipt this Period
1200.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1395.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 32
	<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)
American Congress of Obstetricians & Gynecologists PAC

A. Hogenson, Ellie, Anne, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1919 Lathrop St
Ste 217

City Fairbanks State AK Zip Code 99701-5943

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

Name of Employer (for Individual) Chena Ob-Gyn Occupation (for Individual) Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1045.00

Date of Receipt
12 / 10 / 2017
Transaction ID : VPF9SP77XN3

Amount of Each Receipt this Period
45.00

Memo Item

B. Allswede, Matthew, T., , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 640 Oakwood Dr

City East Lansing State MI Zip Code 48823-3031

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

Name of Employer (for Individual) Spanow Health System Occupation (for Individual) Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt
12 / 10 / 2017
Transaction ID : VPF9SP29GX3

Amount of Each Receipt this Period
100.00

Memo Item

C. Asaad, Radwan, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 37261 Fox Gln

City Farmington Hills State MI Zip Code 48331-1809

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

Name of Employer (for Individual) Hutzal Women's Specialists Occupation (for Individual) Physician

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 999.96

Date of Receipt
12 / 23 / 2017
Transaction ID : VPF9SP4G034

Amount of Each Receipt this Period
83.33

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	228.33
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 16 OF 32
	<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)
American Congress of Obstetricians & Gynecologists PAC

A. Coslett-Charlton, Lynne, M., , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 289 Harris Hill Rd
 City Shavertown State PA Zip Code 18708-9684
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **12 / 06 / 2017**
Transaction ID : VPF9SP1NX54
 Amount of Each Receipt this Period 1250.00
 Memo Item

B. Shah, Swati, J, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1442 Harmony St
 City New Orleans State LA Zip Code 70115-3407
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OBHG Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 345.00

Date of Receipt **12 / 27 / 2017**
Transaction ID : VPF9SP4T0H4
 Amount of Each Receipt this Period 100.00
 Memo Item

c. Bigay-Rodriguez, Felix, U., , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4432 8th St SW
 City Vero Beach State FL Zip Code 32968-4153
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Indian River Medical Center Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00

Date of Receipt **12 / 16 / 2017**
Transaction ID : VPF9SP3JDV4
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1400.00
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 17 OF 32
	<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)
American Congress of Obstetricians & Gynecologists PAC

A. Perry, Tashera, E., , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1110 E Cobblefield Ct
 City Bloomington State IN Zip Code 47401-6305
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Indiana Univ. Health Southern Indiana Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 625.00

Date of Receipt 12 / 20 / 2017
Transaction ID : VPF9SP45YY4
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Ring, Brandi, Nicole, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3755 S Emporia Way Unit L-204
 City Aurora State CO Zip Code 80014-8227
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mile High Ob-Gyn Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1153.00

Date of Receipt 12 / 11 / 2017
Transaction ID : VPF9SP2A805
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Farrell, Maureen, E., , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4344 Santa Monica Ave
 City San Diego State CA Zip Code 92107-2931
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) US Navy Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 12 / 01 / 2017
Transaction ID : VPF9SP0RJ35
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	359.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 18 OF 32
	(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"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Congress of Obstetricians & Gynecologists PAC

A. Chalas, Eva, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 27 Franklin Ct

City Garden City	State NY	Zip Code 11530-6109
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Winthrop University Hospital	Occupation (for Individual) Physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2545.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		02		2017

Transaction ID : VPF9SP111K5

Amount of Each Receipt this Period
750.00

Memo Item

B. Hage, Pierre, S., , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 27 Farmstead Ln

City Trumbull	State CT	Zip Code 06611-1152
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
245.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		10		2017

Transaction ID : VPF9SP789V5

Amount of Each Receipt this Period
45.00

Memo Item

C. Auguste, Tamika, C., , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1150 K St NW
Apt 402

City Washington	State DC	Zip Code 20005-6803
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MedStar Health	Occupation (for Individual) 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
12		18		2017

Transaction ID : VPF9SP3TNV5

Amount of Each Receipt this Period
200.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	995.00
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 19 OF 32
	(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)
American Congress of Obstetricians & Gynecologists PAC

A. Stone, Dana, Gail, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1730 Huntington Ave

City Nichols Hills	State OK	Zip Code 73116-5511
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2730.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		09		2017

Transaction ID : VPF9SP28TF6

Amount of Each Receipt this Period
210.00

Memo Item

B. Smith, Patricia, Amanda, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 738 Fontaine St

City Alexandria	State VA	Zip Code 22302-3607
--------------------	-------------	------------------------

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

Name of Employer (for Individual) George Washington University, Medical	Occupation (for Individual) Physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1965.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		12		2017

Transaction ID : VPF9SP31TQ6

Amount of Each Receipt this Period
250.00

Memo Item

C. Harris, Karen, Eloise, , MD MPH
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2800 NW 29th St

City Gainesville	State FL	Zip Code 32605-2708
---------------------	-------------	------------------------

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

Name of Employer (for Individual) North Florida Women's Physicians	Occupation (for Individual) Physician
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2915.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		16		2017

Transaction ID : VPF9SP3JDT6

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	560.00
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 20 OF 32
	<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)
American Congress of Obstetricians & Gynecologists PAC

A. McCalla, Sandra, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8 Yale Dr
 City Manhasset State NY Zip Code 11030-4045
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Maimonides Medical Center Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 12 / 22 / 2017
Transaction ID : VPF9SP4FSW6
 Amount of Each Receipt this Period 200.00
 Memo Item

B. DeNicola, Nathaniel, G., , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1412 27th St NW
 City Washington State DC Zip Code 20007-3143
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) GW Hospital Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1666.68

Date of Receipt 12 / 30 / 2017
Transaction ID : VPF9SP59Y27
 Amount of Each Receipt this Period 416.67
 Memo Item

C. Blanchard, May, Hsieh, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1316 Belt St
 City Baltimore State MD Zip Code 21230-4760
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Maryland School of Med Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 01 / 2017
Transaction ID : VPF9SP0RJ27
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	641.67
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 21 OF 32
	<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)
American Congress of Obstetricians & Gynecologists PAC

A. Herde, Christine, Marie, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 139 Jeffrey Ln
 City Hurley State NY Zip Code 12443-5408
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CareMount Medical Group Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2400.00

Date of Receipt 12 / 04 / 2017
Transaction ID : VPF9SP11937
 Amount of Each Receipt this Period 175.00
 Memo Item

B. Daniels, Betty, Stewart, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 249 E Highland Ave
 City San Bernardino State CA Zip Code 92404-3707
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Woman To Woman ObGyn Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 12 / 05 / 2017
Transaction ID : VPF9SP78D77
 Amount of Each Receipt this Period 45.00
 Memo Item

C. Cheek, Ben, H., , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 231 Cascade Rd
 City Columbus State GA Zip Code 31904-2873
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) St. Francis Hospital Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1999.96

Date of Receipt 12 / 09 / 2017
Transaction ID : VPF9SP28TA7
 Amount of Each Receipt this Period 83.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	303.33
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 22 OF 32
	<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)
American Congress of Obstetricians & Gynecologists PAC

A. Smith, Patricia, Amanda, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 738 Fontaine St

City Alexandria	State VA	Zip Code 22302-3607
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) George Washington University, Medical	Occupation (for Individual) Physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1965.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	16	/	2017

Transaction ID : VPF9SP3JDB7

Amount of Each Receipt this Period
50.00

Memo Item

B. Ogunyemi, Dotun, Adeboye, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2007 Hazel St

City Birmingham	State MI	Zip Code 48009-6825
--------------------	-------------	------------------------

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

Name of Employer (for Individual) William Beaumont Hospital	Occupation (for Individual) Physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1215.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	18	/	2017

Transaction ID : VPF9SP3TNT7

Amount of Each Receipt this Period
250.00

Memo Item

C. Ivey, Richard, Todd, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4023 Betsy Ln

City Houston	State TX	Zip Code 77027-5105
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Baylor College of Medicine	Occupation (for Individual) Physician
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
695.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	20	/	2017

Transaction ID : VPF9SP460Y7

Amount of Each Receipt this Period
250.00

Memo Item

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 32
	<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)
American Congress of Obstetricians & Gynecologists PAC

A. Brabson, Leonard, Allison, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 939 E Emerald Ave
 Ste 806A
 City Knoxville State TN Zip Code 37917-4577
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tennova Healthcare Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt 12 / 12 / 2017
Transaction ID : VPF9SP30X78
 Amount of Each Receipt this Period 625.00
 Memo Item

B. Flora, Robert, Francis, , MD MBA MPH
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 22668 Beckenham Ct
 City Novi State MI Zip Code 48374-3526
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 12 / 2017
Transaction ID : VPF9SP31T88
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Wolfe, Cheryl, D., , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5000 S East End Ave
 17C
 City Chicago State IL Zip Code 60615-3176
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Rush University Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 12 / 02 / 2017
Transaction ID : VPF9SP111D8
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	975.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 24 OF 32
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Congress of Obstetricians & Gynecologists PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. DeFrancesco, Mark, S., MD, MBA

Mailing Address 35 Terrell Farm Pl

City Cheshire	State CT	Zip Code 06410-2910
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Women's Health Connecticut	Occupation (for Individual) Physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2017

Transaction ID : VPF9SP1Z5T8

Amount of Each Receipt this Period
 625.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Lefler, Stephen, F., MD

Mailing Address 3401 Village Rd

City Fort Smith	State AR	Zip Code 72903-5856
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Mercy Clinic	Occupation (for Individual) Physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 06 / 2017

Transaction ID : VPF9SP1NVX8

Amount of Each Receipt this Period
 20.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Lawrence, Hal, C., III, MD

Mailing Address PO Box 70620

City Washington	State DC	Zip Code 20024-0620
--------------------	-------------	------------------------

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

Name of Employer (for Individual) ACOG	Occupation (for Individual) Executive Vice President
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 05 / 2017

Transaction ID : VPF9SP2RM19

Amount of Each Receipt this Period
 5000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	5645.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 25 OF 32
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Congress of Obstetricians & Gynecologists PAC

A. Fenton, Douglas, K., , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2921 Managua Pl
 City Carlsbad State CA Zip Code 92009-7106
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Scripps Coastal Medical Group Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2508.00

Date of Receipt 12 / 07 / 2017
Transaction ID : VPF9SP1V969
 Amount of Each Receipt this Period 209.00
 Memo Item

B. Lynch, Bernard, A., , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 608 Pressler St
 City Austin State TX Zip Code 78703-5126
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Austin Regional Clinic Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1348.36

Date of Receipt 12 / 20 / 2017
Transaction ID : VPF9SP461G9
 Amount of Each Receipt this Period 208.34
 Memo Item

C. White, Emily, Maureen, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 60 E Manning St
 City Providence State RI Zip Code 02906-4048
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Providence Community Health Center Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 12 / 06 / 2017
Transaction ID : VPF9SP1NVK9
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 517.34
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 26 OF 32
	<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)
American Congress of Obstetricians & Gynecologists PAC

A. Wrightson, Jeffrey, A., , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1109 Pine Island Ct
 City Las Vegas State NV Zip Code 89134-6330
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Well Health Quality Care Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 725.00

Date of Receipt 12 / 09 / 2017
Transaction ID : VPF9SP28TQ9
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Strassner, Howard, T., , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2432 Newport Rd
 City Northbrook State IL Zip Code 60062-6534
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Rush University Medical Center Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 345.00

Date of Receipt 12 / 11 / 2017
Transaction ID : VPF9SP787X9
 Amount of Each Receipt this Period 45.00
 Memo Item

C. Cox, Carol, Swanson, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7737 Still Lakes Dr
 City Odessa State FL Zip Code 33556-2262
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of South Florida Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 12 / 14 / 2017
Transaction ID : VPF9SP78EY9
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	145.00
TOTAL This Period (last page this line number only).....▶	16082.28

**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"/> 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)
American Congress of Obstetricians & Gynecologists PAC

Full Name (Last, First, Middle Initial)

A. First Data

Mailing Address 5565 Glenridge Connector NE
Ste 2000

City Atlanta State GA Zip Code 30342-1651

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
12 / 06 / 2017

FEC Identification Number

C
Transaction ID : VPEAHA72D
Amount of Each Disbursement this Period
4.95

Memo Item

Full Name (Last, First, Middle Initial)

B. First Data

Mailing Address 5565 Glenridge Connector NE
Ste 2000

City Atlanta State GA Zip Code 30342-1651

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
12 / 04 / 2017

FEC Identification Number

C
Transaction ID : VPEAHA72Cz
Amount of Each Disbursement this Period
19.95

Memo Item

Full Name (Last, First, Middle Initial)

C. Sage Payment Solutions

Mailing Address 1750 Old Meadow Rd

City McLean State VA Zip Code 22102-4304

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
12 / 04 / 2017

FEC Identification Number

C
Transaction ID : VPEAHA72D
Amount of Each Disbursement this Period
514.79

Memo Item

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

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

539.69

**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"/> 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)

American Congress of Obstetricians & Gynecologists PAC

Full Name (Last, First, Middle Initial)

A. Amalgamated Bank

Mailing Address 1825 K St NW

City
Washington

State
DC

Zip Code
20006-1202

Purpose of Disbursement
Bank Fees

Candidate Name

Category/
Type

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	2		2	1		2	0	1	7		

FEC Identification Number

C

Transaction ID : VPEAHA72C

Amount of Each Disbursement this Period

57.32

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

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

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

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

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

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

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

57.32

597.01

**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"/> 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)
American Congress of Obstetricians & Gynecologists PAC

Full Name (Last, First, Middle Initial) A. Maloney For Congress		Date of Disbursement MM / DD / YYYY 12 / 19 / 2017
Mailing Address 24 E 93rd St Apt 4B		FEC Identification Number C 000273169 Transaction ID : VPEAHA6XX Amount of Each Disbursement this Period 1000.00
City New York	State NY	Zip Code 10128-0627
Purpose of Disbursement Federal Contribution		Category/ Type
Candidate Name MALONEY, CAROLYN B., , ,		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: NY	District: 12	

Full Name (Last, First, Middle Initial) B. Marie Newman for Congress		Date of Disbursement MM / DD / YYYY 12 / 08 / 2017
Mailing Address 201 S Stone Ave		FEC Identification Number C 000636670 Transaction ID : VPEAHA72DV Amount of Each Disbursement this Period 2500.00
City La Grange	State IL	Zip Code 60525-2220
Purpose of Disbursement Federal Contribution		Category/ Type
Candidate Name NEWMAN, MARIE, , ,		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<input type="checkbox"/> Memo Item
State: IL	District: 03	

Full Name (Last, First, Middle Initial) C. PAC to the Future		Date of Disbursement MM / DD / YYYY 12 / 19 / 2017
Mailing Address 700 13th St NW Ste 600		FEC Identification Number C 000344234 Transaction ID : VPEAHA6XX Amount of Each Disbursement this Period 2500.00
City Washington	State DC	Zip Code 20005-5998
Purpose of Disbursement Federal Contribution		Category/ Type
Candidate Name PAC to the Future		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State:	District:	

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

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

6000.00

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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)
American Congress of Obstetricians & Gynecologists PAC

Full Name (Last, First, Middle Initial) A. Progressive Choices PAC		Date of Disbursement MM / DD / YYYY 12 / 19 / 2017
Mailing Address PO Box 58		FEC Identification Number C00381806 Transaction ID : VPEAHA6XX! Amount of Each Disbursement this Period 4000.00
City Evanston	State IL	Zip Code 60204-0058
Purpose of Disbursement Federal Contribution		Category/ Type
Candidate Name Progressive Choices PAC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Jason Westin for Congress		Date of Disbursement MM / DD / YYYY 12 / 08 / 2017
Mailing Address PO Box 25365		FEC Identification Number C00639286 Transaction ID : VPEAHA72D1 Amount of Each Disbursement this Period 2500.00
City Houston	State TX	Zip Code 77265-5365
Purpose of Disbursement Federal Contribution		Category/ Type
Candidate Name WESTIN, JASON, , ,		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: TX District: 07	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Schakowsky For Congress		Date of Disbursement MM / DD / YYYY 12 / 19 / 2017
Mailing Address PO Box 5130		FEC Identification Number C00327023 Transaction ID : VPEAHA6XX Amount of Each Disbursement this Period 5000.00
City Evanston	State IL	Zip Code 60204-5130
Purpose of Disbursement Federal Contribution		Category/ Type
Candidate Name SCHAKOWSKY, JANICE D, , ,		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IL District: 09	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	11500.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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)
American Congress of Obstetricians & Gynecologists PAC

Full Name (Last, First, Middle Initial)

A. Canon for Indiana

Mailing Address PO Box 714

City
New Albany

State
IN

Zip Code
47151-0714

Purpose of Disbursement
Federal Contribution

Candidate Name
CANON, DANIEL J, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: IN District: 09

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
12			08			2017					

FEC Identification Number

C C00648998

Transaction ID : VPEAHA72D!

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Katherine Clark for Congress

Mailing Address PO Box 361

City
Malden

State
MA

Zip Code
02148-0004

Purpose of Disbursement
Federal Contribution

Candidate Name
CLARK, KATHERINE, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: MA District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
12			11			2017					

FEC Identification Number

C C00541888

Transaction ID : VPEAHA72D!

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Diana DeGette For Congress

Mailing Address PO Box 61337

City
Denver

State
CO

Zip Code
80206-8337

Purpose of Disbursement
Federal Contribution

Candidate Name
DEGETTE, DIANA, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: CO District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
12			11			2017					

FEC Identification Number

C C00311639

Transaction ID : VPEAHA72D!

Amount of Each Disbursement this Period

3000.00

Memo Item

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

5000.00

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

31000.00