

**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

Check if different
than previously
reported. (ACC)

WASHINGTON

DC

20024

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00364158

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- ☐ April 15
Quarterly Report (Q1)
- ☐ July 15
Quarterly Report (Q2)
- ☐ October 15
Quarterly Report (Q3)
- ☐ January 31
Year-End Report (YE)
- ☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)
- ☐ Termination Report
(TER)

(b) Monthly
Report
Due On:

- ☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11)
(Non-Election
Year Only)
- ☐ Mar 20 (M3) ☐ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12)
(Non-Election
Year Only)
- ☐ Apr 20 (M4) ☐ Jul 20 (M7) ☐ Oct 20 (M10) ☐ Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:

- ☐ Primary (12P) ☒ General (12G) ☐ Runoff (12R)
- ☐ Convention (12C) ☐ Special (12S)

Election on

11

08

2016

in the
State of(d) 30-Day
POST-Election
Report for the:

- ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on

in the
State of

5. Covering Period

10

01

2016

through

10

19

2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

SCHILLING, MARY, , ,

Type or Print Name of Treasurer

Signature of Treasurer

SCHILLING, MARY, , ,

[Electronically Filed]

Date

10

25

2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office
Use
Only**FEC FORM 3X**
Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

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

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
10 / 01 / 2016 To: M M / D D / Y Y Y Y Y Y
10 / 19 / 2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2016		324208.25
(b) Cash on Hand at Beginning of Reporting Period.....	342476.23	
(c) Total Receipts (from Line 19)	26093.61	440940.88
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	368569.84	765149.13
7. Total Disbursements (from Line 31).....	171236.49	567815.78
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	197333.35	197333.35
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

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

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

Report Covering the Period:

From:

M M / D D / Y Y Y Y Y Y
10 01 2016

To:

M M / D D / Y Y Y Y Y Y
10 19 2016

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).....

19801.11

318650.40

(ii) Unitemized

6292.50

119790.48

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

26093.61

438440.88

(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)

26093.61

438440.88

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

2500.00

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))

26093.61

440940.88

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

26093.61

440940.88

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 05/2016)

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	1321.77	13098.06
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1321.77	13098.06
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	61000.00	367500.00
24. Independent Expenditures (use Schedule E)	108914.72	108914.72
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	5203.00
(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	5203.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	73100.00
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)) ..	171236.49	567815.78
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	171236.49	567815.78

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

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)	26093.61	438440.88
34. Total Contribution Refunds (from Line 28(d))	0.00	5203.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	26093.61	433237.88
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	1321.77	13098.06
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	1321.77	13098.06

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

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

FOR LINE NUMBER: PAGE 6 OF 35

(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)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. AEBY, TOD C., , ,

Mailing Address 44-138 KAHINANI WAY

City
KANE OHE

State
HI

Zip Code
96744

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UNIVERSITY OF HAWAII

Occupation (for Individual)
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 / 2016

Transaction ID : SA11AI.34823

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ANDERSON, TED L., , ,

Mailing Address 516 LEANNE WAY

City
FRANKLIN

State
TN

Zip Code
37069

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
VANDERBILT UNIVERSITY

Occupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 14 / 2016

Transaction ID : SA11AI.34878

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ARNOLD, THOMAS F., , ,

Mailing Address 1145 14TH AVENUE WEST

City
DICKINSON

State
ND

Zip Code
58601

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CATHOLIC HEALTH INITIATIVES

Occupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

3900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 06 / 2016

Transaction ID : SA11AI.34793

Amount of Each Receipt this Period

625.00

☐ Memo Item

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

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

775.00

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

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

FOR LINE NUMBER: PAGE 7 OF 35

(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)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. BHALALA, MIBHALI M., , ,

Mailing Address 806 CAPE COD DRIVE

City
REDWOOD CITY

State
CA

Zip Code
94065

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
TIDEWATER PHYSICIANS

Occupation (for Individual)
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 / 03 / 2016

Transaction ID : SA11AI.34675

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BRABSON, LEONARD A., , ,

Mailing Address 939 EAST EMERALD AVENUE

City
KNOXVILLE

State
TN

Zip Code
37917

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
HMA PHYSICIAN SERVICES

Occupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2401.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 15 / 2016

Transaction ID : SA11AI.34900

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BRILL, KEITH R., , ,

Mailing Address 5502 SOUTH FORT APACHE ROAD

City
LAS VEGAS

State
NV

Zip Code
89148

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WOMEN'S SPECIALTY CARE

Occupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 18 / 2016

Transaction ID : SA11AI.34934

Amount of Each Receipt this Period

65.00

☐ Memo Item

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

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

665.00

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

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

FOR LINE NUMBER: PAGE 8 OF 35

(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)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. BULLOCK, HOLLY N., , ,

Mailing Address 175 G STREET

City

SALT LAKE CITY

State

UT

Zip Code

84103

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 07 / 2016

Transaction ID : SA11AI.34826

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CHEEK, BEN H., , ,

Mailing Address 231 CASCADE ROAD

City

COLUMBUS

State

GA

Zip Code

31904

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 ▼

2416.65

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 14 / 2016

Transaction ID : SA11AI.34880

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. COHEN, MARGUERITE P., , ,

Mailing Address 620 SOUTHEAST 55TH AVENUE

City

PORTLAND

State

OR

Zip Code

97215

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

WOMEN'S HEALTHCARE ASSOCIATES

Occupation (for Individual)

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 07 / 2016

Transaction ID : SA11AI.34701

Amount of Each Receipt this Period

1300.00

☐ Memo Item

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

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

2000.00

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

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

FOR LINE NUMBER: PAGE 9 OF 35

(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)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CONRY, JEANNE A., , ,

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 (for Individual)
KAISER PERMANENTE

Occupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4217.76

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 01 / 2016

Transaction ID : SA11AI.34666

Amount of Each Receipt this Period

391.11

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CROWE, SUSAN D., , ,

Mailing Address 180 ARCADIA AVENUE

City
SANTA CLARA

State
CA

Zip Code
95051

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
STANFORD UNIVERSITY

Occupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

490.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 07 / 2016

Transaction ID : SA11AI.34829

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CRUZ, WENDY S., , ,

Mailing Address 17200 GOLDEN VIEW DRIVE

City
ANCHORAGE

State
AK

Zip Code
99516

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WOMEN'S CARE OF ALASKA

Occupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 03 / 2016

Transaction ID : SA11AI.34677

Amount of Each Receipt this Period

750.00

☐ Memo Item

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

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

1241.11

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 35

(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)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. DANTAS, STELLA, , ,

Mailing Address 6906 SOUTHWEST WINDEMERE LOOP

City
PORTLAND

State
OR

Zip Code
97225

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NORTHWEST PERMANENTE

Occupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1290.33

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 03 / 2016

Transaction ID : SA11AI.34678

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DARDARIAN, THOMAS S., , ,

Mailing Address 108 CETON COURT

City
BROOMAIL

State
PA

Zip Code
19008

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MAIN LINE WOMEN'S HEALTH CARE

Occupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 17 / 2016

Transaction ID : SA11AI.34932

Amount of Each Receipt this Period

210.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DAVIDSON, EZRA C., , ,

Mailing Address 37 SCARBOROUGH WAY

City
RANCHO MIRAGE

State
CA

Zip Code
92270

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
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 / 03 / 2016

Transaction ID : SA11AI.34679

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

660.00

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 35

(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)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. DEFRANCESCO, HELEN, , ,

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 (for Individual)
WOMEN'S HEALTH CONNECTICUT

Occupation (for Individual)
NURSE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 03 / 2016

Transaction ID : SA11AI.34681

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DUNNINGTON, HELEN A., , ,

Mailing Address 4810 IMOGENE STREET

City
HOUSTON

State
TX

Zip Code
77096

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 11 / 2016

Transaction ID : SA11AI.34809

Amount of Each Receipt this Period

125.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ELLINGTON, DAVID R., , ,

Mailing Address 1507 GROVE PLACE

City
BIRMINGHAM

State
AL

Zip Code
35209

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UNIVERSITY OF ALABAMA

Occupation (for Individual)
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 / 15 / 2016

Transaction ID : SA11AI.34931

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

1375.00

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

Use separate schedule(s)
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Detailed Summary Page

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(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)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. FENTON, DOUGLAS K., , ,

Mailing Address 2921 MANAGUA PLACE

City
CARLSBAD

State
CA

Zip Code
92009

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 ▼

249.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 07 / 2016

Transaction ID : SA11AI.34831

Amount of Each Receipt this Period

209.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. FLOWERS, COY A., , ,

Mailing Address 1322 MAPLEWOOD AVENUE

City
RONCEVERTE

State
WV

Zip Code
24970

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
GREENBRIAR PHYSICIANS

Occupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 14 / 2016

Transaction ID : SA11AI.34884

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. FUJIMOTO, CHRYSTIE K., , ,

Mailing Address 2750 LOWREY AVENUE

City
HONOLULU

State
HI

Zip Code
96822

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 ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 07 / 2016

Transaction ID : SA11AI.34832

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

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

759.00

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

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

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(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)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GELLHAUS, MELANIE, , ,

Mailing Address 906 TAMARACK TRAIL

City
IOWA CITY

State
IA

Zip Code
52245

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UNIVERSITY OF IOWA

Occupation (for Individual)
REGISTERED NURSE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 07 / 2016

Transaction ID : SA11AI.34833

Amount of Each Receipt this Period

350.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GIOIA-FLYNT, LYNDIA, , ,

Mailing Address 142 HONEYSUCKLE LANE

City
BOONE

State
NC

Zip Code
28607

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
APPALACHIAN MEDICAL

Occupation (for Individual)
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
10 / 14 / 2016

Transaction ID : SA11AI.34885

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HAMPTON, R. MOSS, , ,

Mailing Address 3930 EDGEBROOK COURT

City
MIDLAND

State
TX

Zip Code
79707

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
TEXAS TECH UNIVERSITY

Occupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2200.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 11 / 2016

Transaction ID : SA11AI.34810

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

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

1600.00

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

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

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(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)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HAMPTON, R. MOSS, , ,

Mailing Address 3930 EDGEBROOK COURT

City
MIDLAND

State
TX

Zip Code
79707

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
TEXAS TECH UNIVERSITY

Occupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 11 / 2016

Transaction ID : SA11AI.34811

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HARRIS, KAREN E., , ,

Mailing Address 2800 NORTHWEST 29TH STREET

City

GAINESVILLE

State

FL

Zip Code

32605

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
FLORIDA WOMEN'S PHYSICIANS

Occupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 16 / 2016

Transaction ID : SA11AI.34936

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HAYES, CYNTHIA R., , ,

Mailing Address 1821 NORTH 19TH STREET

City

BOISE

State

ID

Zip Code

83702

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ST. LUKE'S REGIONAL MEDICAL

Occupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

825.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 03 / 2016

Transaction ID : SA11AI.34684

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

625.00

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

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

FOR LINE NUMBER: PAGE 15 OF 35

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HERDE, CHRISTINE M., , ,

Mailing Address 2507 SOUTH ROAD

City
POUGHKEEPSIE

State
NY

Zip Code
12601

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 ▼

1260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 04 / 2016

Transaction ID : SA11AI.34669

Amount of Each Receipt this Period

125.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HERRELL, HOWARD, , ,

Mailing Address 315 NORTH MAIN STREET

City
GREENVILLE

State
TN

Zip Code
37744

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
TAKOMA REGIONAL HOSPITAL

Occupation (for Individual)
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 / 13 / 2016

Transaction ID : SA11AI.34921

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HESS, SHANNON L., , ,

Mailing Address 1475 MEDICAL PARKWAY

City
CARSON CITY

State
NV

Zip Code
89703

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CARSON MEDICAL GROUP

Occupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 03 / 2016

Transaction ID : SA11AI.34685

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

875.00

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

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

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

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(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)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HICKS, VERDA J., , ,

Mailing Address 14110 PEMBROKE LANE

City
LEAWOOD

State
KS

Zip Code
66224

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MIDWEST CANCER CARE

Occupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 14 / 2016

Transaction ID : SA11AI.34886

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HOLLIER, LISA M., , ,

Mailing Address 6612 MERCER STREET

City
HOUSTON

State
TX

Zip Code
77005

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 ▼

4655.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 11 / 2016

Transaction ID : SA11AI.34812

Amount of Each Receipt this Period

1960.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HOLLIER, LISA M., , ,

Mailing Address 6612 MERCER STREET

City
HOUSTON

State
TX

Zip Code
77005

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 ▼

4805.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 11 / 2016

Transaction ID : SA11AI.34813

Amount of Each Receipt this Period

150.00

☐ Memo Item

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

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

2210.00

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

Use separate schedule(s)
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(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)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. JACOBSEN, JUDITH A., , ,

Mailing Address 10010 37TH COURT

City
KIRKLAND

State
WA

Zip Code
98033

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 ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 03 / 2016

Transaction ID : SA11AI.34686

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. JOSEPH, GERALD F., , ,

Mailing Address 800 NORTH GENERAL PATTON STREET

City
HAMMOND

State
LA

Zip Code
70401

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
OCHSNER HEALTH CENTER

Occupation (for Individual)
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 / 14 / 2016

Transaction ID : SA11AI.34887

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. KALLEN, AMANDA, , ,

Mailing Address 333 CEDER STREET

City
NEW HAVEN

State
CT

Zip Code
06510

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
YALE UNIVERSITY

Occupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 13 / 2016

Transaction ID : SA11AI.34923

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

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

370.00

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. KAUFMAN, LEAH A., , ,

Mailing Address 8525 WOODBOX ROAD

City
MANLIUS

State
NY

Zip Code
13104

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SUNY UPSTATE

Occupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 16 / 2016

Transaction ID : SA11AI.34937

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. KIMELMAN, JUDITH M., , ,

Mailing Address 9242 SOUTHEAST 46TH STREET

City
MERCER ISLAND

State
WA

Zip Code
98040

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SEATTLE OB/GYN GROUP

Occupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 03 / 2016

Transaction ID : SA11AI.34687

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. KOMOROWSKI, LEANNE K., , ,

Mailing Address 1750 GEORGE BELL CIRCLE

City
ANCHORAGE

State
AK

Zip Code
99515

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SOUTH CENTRAL FOUNDATION

Occupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 03 / 2016

Transaction ID : SA11AI.34688

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

250.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. KOPELMAN, J. JOSHUA, , ,

Mailing Address 7600 LANDMARK WAY

 City
 GREENWOOD VILLAGE

 State
 CO

 Zip Code
 80111

 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 ▼

 330.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y
 10 / 03 / 2016

Transaction ID : SA11AI.34689

Amount of Each Receipt this Period

 75.00
☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. KOUTROUVELIS, GAYLE O., , ,

Mailing Address 11924 SPORTSMAN ROAD

 City
 GALVESTON

 State
 TX

 Zip Code
 77554

 FEC ID number of contributing
 federal political committee.

 C

 Name of Employer (for Individual)
 UT MEDICAL BRANCH

 Occupation (for Individual)
 PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

 925.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y
 10 / 07 / 2016

Transaction ID : SA11AI.34704

Amount of Each Receipt this Period

 225.00
☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. KOUTROUVELIS, GAYLE O., , ,

Mailing Address 11924 SPORTSMAN ROAD

 City
 GALVESTON

 State
 TX

 Zip Code
 77554

 FEC ID number of contributing
 federal political committee.

 C

 Name of Employer (for Individual)
 UT MEDICAL BRANCH

 Occupation (for Individual)
 PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

 1025.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y
 10 / 16 / 2016

Transaction ID : SA11AI.34938

Amount of Each Receipt this Period

 100.00
☐ Memo Item

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

 400.00
TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
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(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)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MCCracken, Clayton H., , ,

Mailing Address 2914 GLENWOOD LANE

 City
 BILLINGS

 State
 MT

 Zip Code
 59102

 FEC ID number of contributing
 federal political committee.

C

 Name of Employer (for Individual)
 BILLINGS CLINIC

 Occupation (for Individual)
 PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3010.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y
 10 / 03 / 2016

Transaction ID : SA11AI.34692

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MCHUGH, JOHN P., , ,

Mailing Address P.O. BOX 157

 City
 CORONA DEL MAR

 State
 CA

 Zip Code
 92625

 FEC ID number of contributing
 federal political committee.

C

 Name of Employer (for Individual)
 OB HOSPITALIST GROUP

 Occupation (for Individual)
 PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y
 10 / 03 / 2016

Transaction ID : SA11AI.34693

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MEHTA, AASTA, , ,

Mailing Address 201 NORTH 8TH STREET

 City
 PHILADELPHIA

 State
 PA

 Zip Code
 19106

 FEC ID number of contributing
 federal political committee.

C

 Name of Employer (for Individual)
 LEHIGH VALLEY PHYSICIAN GROUP

 Occupation (for Individual)
 PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2240.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y
 10 / 12 / 2016

Transaction ID : SA11AI.34791

Amount of Each Receipt this Period

210.00

☐ Memo Item

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

660.00

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

660.00

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

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

FOR LINE NUMBER: PAGE 21 OF 35

(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)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MENDEZ, MELISSA D., , ,

Mailing Address P.O. BOX 220450

City
EL PASO

State
TX

Zip Code
79913

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
TEXAS TECH UNIVERSITY

Occupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 11 / 2016

Transaction ID : SA11AI.34814

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MERCER, LAURA T., , ,

Mailing Address 1952 EAST LUKE AVENUE

City
PHOENIX

State
AZ

Zip Code
85016

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ARIZONA OB/GYN AFFILIATES

Occupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2550.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 07 / 2016

Transaction ID : SA11AI.34841

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MITCHELL, BRENDA L., , ,

Mailing Address 1 WINDSOR DRIVE

City
HUNTINGTON

State
WV

Zip Code
25705

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MARSHALL HEALTH

Occupation (for Individual)
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 / 15 / 2016

Transaction ID : SA11AI.34907

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

800.00

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

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

FOR LINE NUMBER: PAGE 22 OF 35

(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)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MORGAN, ALETHIA E., , ,

Mailing Address 3075 SOUTH BIRCH STREET

City
DENVER

State
CO

Zip Code
80222

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 ▼

3800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 14 / 2016

Transaction ID : SA11AI.34801

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. PALMER, ROBERT H., , ,

Mailing Address 2331 FAIRVIEW AVENUE EAST

City
SEATTLE

State
WA

Zip Code
98102

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
OBSTETRIX MEDICAL GROUP

Occupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 07 / 2016

Transaction ID : SA11AI.34845

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. POWELL, HARTAJ K., , ,

Mailing Address 4103 EDGEVALE COURT

City
CHEVY CHASE

State
MD

Zip Code
20815

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CAPITAL WOMEN'S CARE

Occupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1175.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 15 / 2016

Transaction ID : SA11AI.34904

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

450.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 OF 35

(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)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. PRABHAKARAN, SUJATHA, , ,

Mailing Address 1100 IMPERIAL DRIVE

 City
 SARASOTA

 State
 FL

 Zip Code
 34236

 FEC ID number of contributing
 federal political committee.

C

 Name of Employer (for Individual)
 PLANNED PARENTHOOD

 Occupation (for Individual)
 PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y
 10 / 16 / 2016

Transaction ID : SA11AI.34940

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. PRAGER, SARAH W., , ,

Mailing Address 7531 30TH AVENUE NORTHEAST

 City
 SEATTLE

 State
 WA

 Zip Code
 98115

 FEC ID number of contributing
 federal political committee.

C

 Name of Employer (for Individual)
 UNIVERSITY OF WASHINGTON

 Occupation (for Individual)
 PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y
 10 / 03 / 2016

Transaction ID : SA11AI.34694

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. PURITZ, HOLLY S., , ,

Mailing Address 7940 NORTH SHORE ROAD

 City
 NORFOLK

 State
 VA

 Zip Code
 23505

 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 ▼

2090.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y
 10 / 07 / 2016

Transaction ID : SA11AI.34848

Amount of Each Receipt this Period

209.00

☐ Memo Item

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

509.00

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 35

(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)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. REMMENG, STEVEN W., , ,

Mailing Address 16995 PRINCETON ROAD

City
ADAMS

State
NE

Zip Code
68301

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UNIVERSITY OF NEBRASKA

Occupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2735.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 17 / 2016

Transaction ID : SA11AI.34933

Amount of Each Receipt this Period

209.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. RING, BRANDI, , ,

Mailing Address 3755 SOUTH EMPORIA WAY

City
AURORA

State
CO

Zip Code
80014

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 ▼

672.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 11 / 2016

Transaction ID : SA11AI.34815

Amount of Each Receipt this Period

84.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ROONEY, KATHLEEN, , ,

Mailing Address 2425 42ND STREET

City
SACRAMENTO

State
CA

Zip Code
95817

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 07 / 2016

Transaction ID : SA11AI.34849

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

793.00

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

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

FEC Schedule A (Form 3X) Rev. 06/2016

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 26 OF 35

(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)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SMITH, PATRICIA A., , ,

Mailing Address 738 FONTAINE STREET

City

ALEXANDRIA

State

VA

Zip Code

22302

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

GWU MEDICAL FACULTY ASSOCIATES

Occupation (for Individual)

PHYSICIAN

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1150.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 16 / 2016

Transaction ID : SA11AI.34942

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SMITH, STEPHEN J., , ,

Mailing Address 1235 OLD YORK ROAD

City

ABINGTON

State

PA

Zip Code

19001

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

ABINGTON PERINATAL ASSOCIATES

Occupation (for Individual)

PHYSICIAN

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 06 / 2016

Transaction ID : SA11AI.34795

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. STEVENS, KATELYN, , ,

Mailing Address P.O. BOX 1701

City

KAILUA

State

HI

Zip Code

96734

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

UNIVERSITY OF HAWAII

Occupation (for Individual)

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 / 07 / 2016

Transaction ID : SA11AI.34853

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

400.00

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

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

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

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(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)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. STEWART, GAYLE M., , ,

Mailing Address 498 EAST 11TH AVENUE

City

SALT LAKE CITY

State

UT

Zip Code

84103

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

ROCKY MOUNTAIN WOMEN'S CENTER

Occupation (for Individual)

PHYSICIAN

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 07 / 2016

Transaction ID : SA11AI.34707

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. STONE, DANA G., , ,

Mailing Address 1730 HUNTINGTON AVENUE

City

OKLAHOMA CITY

State

OK

Zip Code

73116

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYED

Occupation (for Individual)

PHYSICIAN

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 09 / 2016

Transaction ID : SA11AI.34798

Amount of Each Receipt this Period

210.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. STONE, DANA G., , ,

Mailing Address 1730 HUNTINGTON AVENUE

City

OKLAHOMA CITY

State

OK

Zip Code

73116

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYED

Occupation (for Individual)

PHYSICIAN

Receipt For:

☐ Primary
☐ Other (specify)

☐ General

Aggregate Year-to-Date ▼

2200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 14 / 2016

Transaction ID : SA11AI.34892

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

610.00

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 28 OF 35

(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)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SULLIVAN, KATHLEEN T., , ,

Mailing Address 711 TCHOUPITOU LAS STREET

City
NEW ORLEANS

State
LA

Zip Code
70130

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
OCHSNER MEDICAL CENTER

Occupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 14 / 2016

Transaction ID : SA11AI.34893

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. TILDON-BURTON, JANICE, , ,

Mailing Address 1700 TALLEY ROAD

City
WILMINGTON

State
DE

Zip Code
19803

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 ▼

2090.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 08 / 2016

Transaction ID : SA11AI.34797

Amount of Each Receipt this Period

209.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. TRUONG, YEN, , ,

Mailing Address 4030 HERON PLACE

City
FREMONT

State
CA

Zip Code
94555

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 ▼

675.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 03 / 2016

Transaction ID : SA11AI.34698

Amount of Each Receipt this Period

350.00

☐ Memo Item

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

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

659.00

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

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

FOR LINE NUMBER: PAGE 29 OF 35

(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)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. VINEYARD, DAVID D., , ,

Mailing Address 324 BURROWS

City
NACOGDOCHES

State
TX

Zip Code
75965

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 ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 11 / 2016

Transaction ID : SA11AI.34820

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. VINEYARD, DAVID D., , ,

Mailing Address 324 BURROWS

City
NACOGDOCHES

State
TX

Zip Code
75965

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 ▼

355.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 14 / 2016

Transaction ID : SA11AI.34799

Amount of Each Receipt this Period

5.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WACHTEL, JOHN S., , ,

Mailing Address 811 LA MESA DRIVE

City
PORTOLA VALLEY

State
CA

Zip Code
94028

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
STANFORD UNIVERSITY

Occupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1090.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 11 / 2016

Transaction ID : SA11AI.34821

Amount of Each Receipt this Period

90.00

☐ Memo Item

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

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

345.00

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)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WHITE, EMILY M., , ,

Mailing Address 60 EAST MANNING STREET

City
PROVIDENCE

State
RI

Zip Code
02906

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
PROVIDENCE COMMUNITY HEALTH

Occupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 06 / 2016

Transaction ID : SA11AI.34796

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. YELVERTON, ROBERT, , ,

Mailing Address 2526 JETTON AVENUE

City
TAMPA

State
FL

Zip Code
33629

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 ▼

560.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 16 / 2016

Transaction ID : SA11AI.34943

Amount of Each Receipt this Period

70.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

☐ Memo Item

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

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

170.00

19801.11

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 31 OF 35

<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

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)

A. FIRST NATIONAL MERCHANT SOLUTIONS

Mailing Address 1620 DODGE STREET

City
OMAHAState
NEZip Code
68197Purpose of Disbursement
CREDIT CARD TRANSACTION FEES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		04		2016

FEC Identification Number

C**Transaction ID : SB21B.34665**

Amount of Each Disbursement this Period

109.84

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. SAGE PAYMENT SOLUTIONS

Mailing Address 1750 OLD MEADOW ROAD

City
MCLEANState
VAZip Code
22102Purpose of Disbursement
CREDIT CARD TRANSACTION FEES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		03		2016

FEC Identification Number

C**Transaction ID : SB21B.34664**

Amount of Each Disbursement this Period

1107.52

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. SQUARE, INC.

Mailing Address 901 MISSION STREET

City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
CREDIT CARD TRANSACTION FEES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		13		2016

FEC Identification Number

C**Transaction ID : SB21B.34877**

Amount of Each Disbursement this Period

0.55

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1217.91

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 32 OF 35

<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)

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

Full Name (Last, First, Middle Initial)

A. SQUARE, INC.

Mailing Address 901 MISSION STREET

City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
CREDIT CARD TRANSACTION FEES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
10		14		2016

FEC Identification Number

C**Transaction ID : SB21B.34897**

Amount of Each Disbursement this Period

66.72

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. SQUARE, INC.

Mailing Address 901 MISSION STREET

City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
CREDIT CARD TRANSACTION FEES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
10		15		2016

FEC Identification Number

C**Transaction ID : SB21B.34898**

Amount of Each Disbursement this Period

31.09

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. SQUARE, INC.

Mailing Address 901 MISSION STREET

City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
CREDIT CARD TRANSACTION FEES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
10		16		2016

FEC Identification Number

C**Transaction ID : SB21B.34899**

Amount of Each Disbursement this Period

6.05

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

103.86

1321.77

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 33 OF 35

<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)

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

Full Name (Last, First, Middle Initial)

A. HOUSE MAJORITY PAC

Mailing Address 700 13TH STREET, NW

City
WASHINGTONState
DCZip Code
20005Purpose of Disbursement
CONTRIBUTION

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C C00495028**Transaction ID : SB23.34741**

Amount of Each Disbursement this Period

60000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WALBERG FOR CONGRESS

Mailing Address P.O. BOX 1362

City
JACKSONState
MIZip Code
49204Purpose of Disbursement
CONTRIBUTION

Candidate Name

WALBERG, TIMOTHY L., , ,Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☐ Primary ☒ General
☐ Other (specify)

State: MI District: 07

Date of Disbursement

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

FEC Identification Number

C C00390724**Transaction ID : SB23.34659**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	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).....▶

61000.00

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

61000.00

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 34 OF 35
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00364158 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <div style="float: right;"> New report Amends report filed on MM / DD / YYYY </div>					
Full Name of Payee <input type="checkbox"/> Memo Item FREEDOM FORCE, LLC			Date of Public Distribution/Dissemination MM / DD / YYYY		
Mailing Address 1050 CONNECTICUT AVENUE, NW			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">31575.00</div>		
City WASHINGTON	State DC	Zip Code 20035	Transaction ID : SE.34861 Date of Disbursement or Obligation MM / DD / YYYY <div style="display: flex; justify-content: space-around;"> 10 14 2016 </div>		
Purpose of Expenditure DIGITAL ADS			Category/ Type 		
Name of Federal Candidate: DOLD, JR., ROBERT J., , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 10 State: IL		
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">31575.00</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <input type="checkbox"/> Memo Item FREEDOM FORCE, LLC			Date of Public Distribution/Dissemination MM / DD / YYYY		
Mailing Address 1050 CONNECTICUT AVENUE, NW			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">18425.00</div>		
City WASHINGTON	State DC	Zip Code 20035	Transaction ID : SE.34863 Date of Disbursement or Obligation MM / DD / YYYY <div style="display: flex; justify-content: space-around;"> 10 14 2016 </div>		
Purpose of Expenditure RADIO ADS			Category/ Type 		
Name of Federal Candidate: DOLD, JR., ROBERT J., , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 10 State: IL		
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">50000.00</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block;">50000.00</div>		
(a) SUBTOTAL of Unitemized Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		
(a) TOTAL Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature SCHILLING, MARY, , ,		[Electronically Filed]		Date MM / DD / YYYY <div style="display: flex; justify-content: space-around;"> 10 25 2016 </div>	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 35 OF 35
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00364158 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report ▶ New report Amends report filed on				<div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>	
Full Name of Payee <input type="checkbox"/> Memo Item MAMMEN GROUP, INC.			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>		
Mailing Address 1901 L STREET, NW			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">29760.00</div>		
City WASHINGTON	State DC	Zip Code 20036	Transaction ID : SE.34869 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>		
Purpose of Expenditure RADIO ADS		Category/ Type <div style="border: 1px solid black; padding: 2px;"></div>	<div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>		
Name of Federal Candidate: HEINZ, MATTHEW G., , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: AZ		
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; text-align: right;">29760.00</div>		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶			2016		
Full Name of Payee <input type="checkbox"/> Memo Item MAMMEN GROUP, INC.			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>		
Mailing Address 1901 L STREET, NW			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">29154.72</div>		
City WASHINGTON	State DC	Zip Code 20036	Transaction ID : SE.34871 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>		
Purpose of Expenditure MAILING		Category/ Type <div style="border: 1px solid black; padding: 2px;"></div>	<div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>		
Name of Federal Candidate: HEINZ, MATTHEW G., , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: AZ		
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; text-align: right;">58914.72</div>		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶			2016		
(a) SUBTOTAL of Itemized Independent Expenditures			<div style="border: 1px solid black; padding: 2px; text-align: right;">58914.72</div>		
(a) SUBTOTAL of Unitemized Independent Expenditures			<div style="border: 1px solid black; padding: 2px; text-align: right;"></div>		
(a) TOTAL Independent Expenditures			<div style="border: 1px solid black; padding: 2px; text-align: right;">108914.72</div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature SCHILLING, MARY, , ,		[Electronically Filed]		Date <div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>	
<div style="border: 1px solid black; padding: 2px; text-align: right;">10</div>		<div style="border: 1px solid black; padding: 2px; text-align: right;">25</div>		<div style="border: 1px solid black; padding: 2px; text-align: right;">2016</div>	