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### **FEC** FORM 3X

### **REPORT OF RECEIPTS AND DISBURSEMENTS**

TOKIN OX F	or Other Than An Au	thorized Committee	Office Use Only
NAME OF     COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, typover the lines.	12FE4M5
THE AMERICAN CON	GRESS OF OB-GYI	NS PAC (OB-GYN P	'AC)
ADDRESS (number and street)	409 12TH STREET, SW		
▼ Check if different			
than previously reported. (ACC)	WASHINGTON		DC 20024 -   -
2. FEC IDENTIFICATION NU	MBER ▼ CI	TY▲	STATE ▲ ZIP CODE ▲
C C00364158		S THIS NEW (N)	OR AMENDED (A)
4. TYPE OF REPORT (Choose One)	Report Due On:	o 20 (M2) May 20	(M6) Sen 20 (M9) Dec 20 (M12)
(a) Quarterly Reports:		20 (M4) Jul 20	(Non-Election Year Only)
April 15 Quarterly Report (Q		7 20 (M4) Jul 20	(M7) Oct 20 (M10) Jan 31 (YE)
July 15 Quarterly Report (Q:	PRE-Election	Primary (12P)	x General (12G) Runoff (12R)
October 15 Quarterly Report (Q	Report for the:	Convention (12C)	Special (12S)
January 31 Year-End Report (YI	E) Election	on on 11 08	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day  POST-Election  Report for the:	General (30G)	Runoff (30R) Special (30S)
Termination Report (TER)	Electi	on on	in the State of
5. Covering Period 10	01 2016	through	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
I certify that I have examined thi	s Report and to the best o	f my knowledge and belief	it is true, correct and complete.
Type or Print Name of Treasurer	SCHILLING, MARY, , ,		
Signature of Treasurer	LLING, MARY, , ,	[Electronically Filed]	Date 10 25 / 2016
NOTE: Submission of false, errone	ous, or incomplete information	on may subject the person sig	gning this Report to the penalties of 52 U.S.C. § 30109
Office			FEC FORM 3X
Use Only			Rev. 05/2016

### SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

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

	WENTO, IN CONCRECT OF C	000000000000000000000000000000000000000	,
Report Co	overing the Period: From:	01 / 2016	To: 10 / 19 / 2016
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Ca	January 1, 2016		324208.25
` '	sh on Hand at ginning of Reporting Period	342476.23	
(c) To	tal Receipts (from Line 19)	26093.61	440940.88
6(0	btotal (add Lines 6(b) and c) for Column A and Lines a) and 6(c) for Column B)	368569.84	765149.13
7. Total D	isbursements (from Line 31)	171236.49	567815.78
Reporti	n Hand at Close of ng Period ct Line 7 from Line 6(d))	197333.35	197333.35
the Cor	and Obligations Owed <b>TO</b> mmittee (Itemize all on le C and/or Schedule D)	0.00	
the Cor	and Obligations Owed <b>BY</b> mmittee (Itemize all on alle C and/or Schedule D)	0.00	
This	s committee has qualified as a multicand	didate 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)

Write or Type Committee Name

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

2016 10 19 2016 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 19801.11 318650.40 (i) Itemized (use Schedule A)..... 6292.50 119790.48 (ii) Unitemized ..... (iii) TOTAL (add 438440.88 26093.61 Lines 11(a)(i) and (ii).....▶ 0.00 0.00 (b) Political Party Committees ..... (c) Other Political Committees 0.00 0.00 (such as PACs)..... (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry 438440.88 26093.61 Totals to Line 33, page 5) .....▶ 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees..... 0.00 0.00 13. All Loans Received ..... 0.00 0.00 14. Loan Repayments Received..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5)..... 16. Refunds of Contributions Made to Federal Candidates and Other 2500.00 0.00 Political Committees..... 17. Other Federal Receipts 0.00 (Dividends, Interest, etc.)..... 0.00 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 (from Schedule H3)..... 0.00 0.00 0.00 (b) Levin Funds (from Schedule H5) ....... (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))....... 440940.88 26093.61 20. Total Federal Receipts 26093.61 440940.88 (subtract Line 18(c) from Line 19) .......▶

#### **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
. Operating Expenditures: (a) Allocated Federal/Non-Federal		Carolinal Toul to Pate
Activity (from Schedule H4)	0.00	0.00
(i) Federal Share	4 4	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
Transfers to Affiliated/Other Party		7
Committees Contributions to	0.00	0.00
Federal Candidates/Committees and Other Political Committees	61000.00	367500.00
Independent Expenditures (use Schedule E)	100014 72	100014 70
Coordinated Party Expenditures (52 U.S.C. § 30116(d))	108914.72	108914.72
(use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
Loans MadeRefunds of Contributions To:	0.00	0.00
(a) Individuals/Persons Other Than Political Committees	0.00	5203.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	0.00	4 4 4
(such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	5000.00
(add Lines 20(a), (b), and (c))	0.00	5203.00
Other Disbursements (Including		72400 00
Non-Federal Donations)	0.00	73100.00
Federal Election Activity (52 U.S.C. § 30101( (a) Allocated Federal Election Activity	20))	
(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	4 4 4	200
(c) Total Federal Election Activity (add	0.00	0.00
Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	171236.49	567815.78
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	171236.49	F070/
	171230.49	567815.78

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016) Page 5 **COLUMN A** COLUMN B III. Net Contributions/ **Total This Period** Calendar Year-to-Date **Operating Expenditures** 33. Total Contributions (other than loans) 26093.61 438440.88 (from Line 11(d), page 3) ..... 34. Total Contribution Refunds 0.00 5203.00 (from Line 28(d))..... 35. Net Contributions (other than loans) 433237.88 26093.61 (subtract Line 34 from Line 33) ..... 36. Total Federal Operating Expenditures 1321.77 13098.06 (add Line 21(a)(i) and Line 21(b)) .......▶ 37. Offsets to Operating Expenditures 0.00 0.00 (from Line 15, page 3)..... 38. Net Operating Expenditures 1321.77 13098.06 (subtract Line 37 from Line 36) ......

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

F	OR	LINE	NU	MBER	:	PAGE		6	OF	35
(check only one)										
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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 NAME OF COMMITTEE (In Full)	g the name and address of any political committee	to solicit contributions from such committee.
THE AMERICAN CONGRES	SS OF OB-GYNS PAC (OB-GYN PA	AC)
Full Name of Individual (Last, First, Middl AEBY, TOD C., , ,	le Initial) or Full Organization Name	Date of Receipt
Mailing Address 44-138 KAHINANI WAY		10 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.34823
KANEOHE	HI 96744	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	50.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
UNIVERSITY OF HAWAII	PHYSICIAN	_
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	550.00	
Full Name of Individual (Last, First, Middl	le Initial) or Full Organization Name	
a. ANDERSON, TED L., , ,	o man, or run organization Name	Date of Receipt
Mailing Address 516 LEANNE WAY		10 14 2016
City	State Zip Code	Transaction ID : SA11AI.34878
FRANKLIN	TN 37069	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer (for Individual) VANDERBILT UNIVERSITY	Occupation (for Individual) PHYSICIAN	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1700.00	
Full Name of Individual (Last, First, Middle, ARNOLD, THOMAS F., , ,	le Initial) or Full Organization Name	Date of Receipt
Mailing Address 1145 14TH AVENUE WE	EST	10 06 2016
City	State Zip Code	Transaction ID : SA11AI.34793
DICKINSON	ND 58601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	625.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
CATHOLIC HEALTH INITIATIVES	PHYSICIAN	<u> </u>
Receipt For:		-
Primary General	Aggregate Year-to-Date ▼	
Other (specify)	3900.00	
	7 - 7 - 7 - 7	
SUBTOTAL of Receipts This Page (optional	al)	775.00
<b>FOTAL</b> This Period (last page this line num	nber only)	

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

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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 of Individual (Last, First, Middle Initial) or Full Organization Name BHALALA, MIBHALI M., , , Date of Receipt Mailing Address 806 CAPE COD DRIVE 03 2016 City Zip Code State Transaction ID: SA11AI.34675 REDWOOD CITY CA 94065 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) TIDEWATER PHYSICIANS **PHYSICIAN** Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. BRABSON, LEONARD A., , , Date of Receipt Mailing Address 939 EAST EMERALD AVENUE 10 15 2016 City State Zip Code Transaction ID: SA11AI.34900 **KNOXVILLE** ΤN 37917 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) HMA PHYSICIAN SERVICES **PHYSICIAN** Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 2401.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. BRILL, KEITH R., , , Date of Receipt Mailing Address 5502 SOUTH FORT APACHE ROAD 18 2016 City Zip Code State Transaction ID: SA11AI.34934 NV LAS VEGAS 89148 Amount of Each Receipt this Period FEC ID number of contributing C 65.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) WOMEN'S SPECIALTY CARE **PHYSICIAN** Receipt For: Aggregate Year-to-Date ▼ Primary General 650.00 Other (specify)

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SUBTOTAL of Receipts This Page (optional)	I		I				66	5.00	Ξ	
TOTAL This Period (last page this line number only)	_	 -	Ξ	_	-	_	_	<del>-</del>	Ξ	
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or for commercial purposes, other than using the	e name and address of any political committee	
NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS	OF OB-GYNS PAC (OB-GYN PA	√C)
Full Name of Individual (Last, First, Middle In BULLOCK, HOLLY N., , ,	nitial) or Full Organization Name	Date of Receipt
Mailing Address 175 G STREET		10 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City SALT LAKE CITY	State Zip Code UT 84103	Transaction ID : SA11AI.34826  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer (for Individual) UNIVERSITY OF UTAH	Occupation (for Individual) PHYSICIAN	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name of Individual (Last, First, Middle In CHEEK, BEN H., , , Mailing Address 231 CASCADE ROAD	itial) or Full Organization Name	Date of Receipt
City	State Zip Code GA 31904	Transaction ID : SA11AI.34880 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer (for Individual)	Occupation (for Individual)	500.00 Memo Item
ST. FRANCIS HOSPITAL  Receipt For:  Primary General  Other (specify) ▼	PHYSICIAN  Aggregate Year-to-Date ▼  2416.65	
Full Name of Individual (Last, First, Middle In COHEN, MARGUERITE P., , , Mailing Address 620 SOUTHEAST 55TH AVE	, ,	Date of Receipt
City PORTLAND	State Zip Code OR 97215	Transaction ID : SA11AI.34701  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1300.00
Name of Employer (for Individual) WOMEN'S HEALTHCARE ASSOCIATES Receipt For:	Occupation (for Individual) PHYSICIAN	Memo Item
Primary General Other (specify)	Aggregate Year-to-Date ▼  2500.00	
SUBTOTAL of Receipts This Page (optional)	<b>•</b>	2000.00
TOTAL This Period (last page this line number	only)	

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	the name and address of any political committee	
NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS	S OF OB-GYNS PAC (OB-GYN PA	√C)
Full Name of Individual (Last, First, Middle CONRY, JEANNE A., , ,		Date of Receipt
Mailing Address 8204 CANTERSHIRE WAY		10 01 Y Y Y Y Y Y Y
City GRANITE BAY	State Zip Code CA 95746	Transaction ID : SA11AI.34666  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	391.11
Name of Employer (for Individual) KAISER PERMANENTE	Occupation (for Individual) PHYSICIAN	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 4217.76	
Full Name of Individual (Last, First, Middle CROWE, SUSAN D., , ,  Mailing Address 180 ARCADIA AVENUE	Initial) or Full Organization Name	Date of Receipt
City SANTA CLARA	State Zip Code CA 95051	10 07 2016  Transaction ID : SA11AI.34829  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer (for Individual) STANFORD UNIVERSITY	Occupation (for Individual)	100.00 Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 490.00	
Full Name of Individual (Last, First, Middle CRUZ, WENDY S., , ,  Mailing Address 17200 GOLDEN VIEW DRI		Date of Receipt
City ANCHORAGE	State Zip Code AK 99516	10 03 2016  Transaction ID : SA11AI.34677  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	750.00
Name of Employer (for Individual) WOMEN'S CARE OF ALASKA Receipt For:	Occupation (for Individual) PHYSICIAN	Memo Item
Primary General Other (specify)	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional).	<b>&gt;</b>	1241.11
TOTAL This Period (last page this line number	er only)	

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	ne name and address of any political committee	
NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS	S OF OB-GYNS PAC (OB-GYN PA	AC)
Full Name of Individual (Last, First, Middle I DANTAS, STELLA, , ,  Mailing Address 6906 SOUTHWEST WINDE		Date of Receipt
		10 03 2016
City PORTLAND	State Zip Code 97225	Transaction ID : SA11AI.34678  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer (for Individual) NORTHWEST PERMANENTE	Occupation (for Individual) PHYSICIAN	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1290.33	
Full Name of Individual (Last, First, Middle I  DARDARIAN, THOMAS S., , ,  Mailing Address 108 CETON COURT	nitial) or Full Organization Name	Date of Receipt
City BROOMAIL	State Zip Code PA 19008	10 17 2016  Transaction ID : SA11AI.34932  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	210.00
Name of Employer (for Individual) MAIN LINE WOMEN'S HEALTH CARE	Occupation (for Individual) PHYSICIAN	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 2100.00	
Full Name of Individual (Last, First, Middle I DAVIDSON, EZRA C., , ,	nitial) or Full Organization Name	Date of Receipt
Mailing Address 37 SCARBOROUGH WAY		10 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City RANCHO MIRAGE	State Zip Code CA 92270	Transaction ID : SA11AI.34679  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) PHYSICIAN	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼  250.00	
SUBTOTAL of Receipts This Page (optional)		660.00
TOTAL This Period (last page this line numbe	er only)	

federal political committee.

UNIVERSITY OF ALABAMA

Other (specify)

Receipt For:

Primary

Name of Employer (for Individual)

General

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

F	OR	LINE	NU	MBER	:	PAGE	_ ′	11	OF	35
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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 of Individual (Last, First, Middle Initial) or Full Organization Name DEFRANCESCO, HELEN, , , Date of Receipt Mailing Address 35 TERRELL FARM PLACE 03 2016 City Zip Code State Transaction ID: SA11AI.34681 CT 06410 **CHESHIRE** Amount of Each Receipt this Period FEC ID number of contributing C 1000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) WOMEN'S HEALTH CONNECTICUT **NURSE** Receipt For: Aggregate Year-to-Date ▼ Primary General 2000.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. DUNNINGTON, HELEN A., , , Date of Receipt Mailing Address 4810 IMOGENE STREET 10 2016 City State Zip Code Transaction ID: SA11AI.34809 **HOUSTON** TX 77096 Amount of Each Receipt this Period FEC ID number of contributing 125.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) BAYLOR COLLÉGE OF MEDICINÉ **PHYSICIAN** Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 325.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. ELLINGTON, DAVID R., , , Date of Receipt Mailing Address 1507 GROVE PLACE 10 15 2016 City Zip Code State Transaction ID: SA11AI.34931 **BIRMINGHAM** ΑL 35209 Amount of Each Receipt this Period FEC ID number of contributing

OUDTOTAL of Descripts This Descriptoral		Т					_	_	_	137!	5.00	Ī
SUBTOTAL of Receipts This Page (optional)	<b></b>	_	-	-		-	-		_	1375		
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300.00

Occupation (for Individual)

**PHYSICIAN** 

Aggregate Year-to-Date ▼

C

250.00

Memo Item

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	the name and address of any political committee	
NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS	S OF OB-GYNS PAC (OB-GYN PA	AC)
Full Name of Individual (Last, First, Middle FENTON, DOUGLAS K., , ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 2921 MANAGUA PLACE		10 07 2016
City CARLSBAD	State Zip Code CA 92009	Transaction ID : SA11AI.34831  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	209.00
Name of Employer (for Individual) SCRIPPS COASTAL MEDICAL GROUP	Occupation (for Individual) PHYSICIAN	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  249.00	
Full Name of Individual (Last, First, Middle FLOWERS, COY A., , ,  Mailing Address 1322 MAPLEWOOD AVENU	, ,	Date of Receipt  10 14 2016
City RONCEVERTE	State Zip Code WV 24970	Transaction ID : SA11AI.34884  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C Convention (for ledicidus)	250.00 Memo Item
Name of Employer (for Individual) GREENBRIAR PHYSICIANS	Occupation (for Individual) PHYSICIAN	Memo item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	
Full Name of Individual (Last, First, Middle FUJIMOTO, CHRYSTIE K., , ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 2750 LOWREY AVENUE		10 07 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City HONOLULU	State Zip Code HI 96822	Transaction ID : SA11AI.34832  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer (for Individual) SELF-EMPLOYED	Occupation (for Individual) PHYSICIAN	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼  800.00	
SUBTOTAL of Receipts This Page (optional).		759.00
TOTAL This Period (last page this line number	er only)	

Name of Employer (for Individual)

General

TEXAS TECH UNIVERSITY

Other (specify)

Receipt For:

Primary

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

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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 of Individual (Last, First, Middle Initial) or Full Organization Name GELLHAUS, MELANIE, , , Date of Receipt Mailing Address 906 TAMARACK TRAIL 2016 City Zip Code State Transaction ID: SA11AI.34833 IΑ **IOWA CITY** 52245 Amount of Each Receipt this Period FEC ID number of contributing C 350.00 federal political committee. Name of Employer (for Individual) Memo Item Occupation (for Individual) UNIVERSITY OF IOWA REGISTERED NURSE Receipt For: Aggregate Year-to-Date ▼ Primary General 1350.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. GIOIA-FLYNT, LYNDA, , , Date of Receipt Mailing Address 142 HONEYSUCKLE LANE 10 14 2016 City State Zip Code Transaction ID: SA11AI.34885 **BOONE** NC 28607 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) APPALACHIAN MEDICAL **PHYSICIAN** Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 250.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. HAMPTON, R. MOSS, , , Date of Receipt Mailing Address 3930 EDGEBROOK COURT 11 2016 City Zip Code State Transaction ID: SA11AI.34810 TX **MIDLAND** 79707 Amount of Each Receipt this Period FEC ID number of contributing C 1000.00 federal political committee.

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2200.00

Occupation (for Individual)

**PHYSICIAN** 

Aggregate Year-to-Date ▼

Memo Item

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Detailed Summary Page 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 of Individual (Last, First, Middle Initial) or Full Organization Name HAMPTON, R. MOSS, , , Date of Receipt Mailing Address 3930 EDGEBROOK COURT 2016 City Zip Code State Transaction ID: SA11AI.34811 TX **MIDLAND** 79707 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) TEXAS TECH UNIVERSITY **PHYSICIAN** Receipt For: Aggregate Year-to-Date ▼ Primary General 2225.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. HARRIS, KAREN E., , , Date of Receipt Mailing Address 2800 NORTHWEST 29TH STREET 10 16 2016 City State Zip Code Transaction ID: SA11AI.34936 **GAINESVILLE** FL 32605 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) FLORIDA WOMÉN'S PHYSICIANS **PHYSICIAN** Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 625.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. HAYES, CYNTHIA R., , , Date of Receipt Mailing Address 1821 NORTH 19TH STREET 10 03 2016 City Zip Code State Transaction ID: SA11AI.34684 ID **BOISE** 83702 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) ST. LUKE'S REGIONAL MEDICAL **PHYSICIAN** Receipt For: Aggregate Year-to-Date ▼ Primary General 825.00 Other (specify) 625.00 SUBTOTAL of Receipts This Page (optional).....

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NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS	OF OB-GY	'NS PAC (OB-GYN P	AC)
Full Name of Individual (Last, First, Middle I HERDE, CHRISTINE M., , ,  Mailing Address 2507 SOUTH ROAD	nitial) or Full Org	ganization Name	Date of Receipt
City	State	Zip Code	10 04 2016
POUGHKEEPSIE	NY	12601	Transaction ID : SA11AI.34669  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		125.00
Name of Employer (for Individual) CAREMOUNT MEDICAL GROUP	'	eation (for Individual) SICIAN	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 1260.00	
Full Name of Individual (Last, First, Middle I HERRELL, HOWARD, , , Mailing Address 315 NORTH MAIN STREET		anization Name	Date of Receipt
City GREENVILLE	State TN	Zip Code 37744	Transaction ID : SA11AI.34921 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer (for Individual) TAKOMA REGIONAL HOSPITAL		oation (for Individual) SICIAN	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 250.00	
Full Name of Individual (Last, First, Middle I, , ,	nitial) or Full Org	anization Name	Date of Receipt
Mailing Address 1475 MEDICAL PARKWAY			10 03 2016
City CARSON CITY	State NV	Zip Code 89703	Transaction ID : SA11AI.34685
FEC ID number of contributing federal political committee.	C	55150	Amount of Each Receipt this Period  500.00
Name of Employer (for Individual) CARSON MEDICAL GROUP	Occup PHYS	pation (for Individual)	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Ye	ear-to-Date ▼ 540.00	
SUBTOTAL of Receipts This Page (optional)		<b>&gt;</b>	875.00
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### SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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	7		
Full Name of Individual (Last, First, Middle In KALLEN, AMANDA, , ,	Date of Receipt		
Mailing Address 333 CEDER STREET			10 13 2016
City	State	Zip Code	Transaction ID : SA11AI.34923
NEW HAVEN	СТ	06510	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		20.00
Name of Employer (for Individual)	Occupa	ation (for Individual)	Memo Item
YALE UNIVERSITY	PHYSIC	CIAN	_
Receipt For:  Primary General	Aggregate Ye	ar-to-Date ▼	
Other (specify)		340.00	
			370.00

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

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

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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 of Individual (Last, First, Middle Initial) or Full Organization Name KAUFMAN, LEAH A., , , Date of Receipt Mailing Address 8525 WOODBOX ROAD 2016 16 City State Zip Code Transaction ID: SA11AI.34937 NY **MANLIUS** 13104 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) SUNY UPSTATE **PHYSICIAN** Receipt For: Aggregate Year-to-Date ▼ Primary General 540.00 Other (specify)

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Full Name of Individual (Last, First, Middle In KIMELMAN, JUDITH M., , ,	Date of Receipt				
Mailing Address 9242 SOUTHEAST 46TH ST	REET		10 03 2016		
City	State	Zip Code	Transaction ID : SA11AI.34687		
MERCER ISLAND	WA	98040	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.		100.00			
Name of Employer (for Individual) SEATTLE OB/GYN GROUP	Occupa PHYSI	ition (for Individual) CIAN	Memo Item		
Receipt For:  Primary General  Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 440.00			
Full Name of Individual (Last, First, Middle In KOMOROWSKI, LEANNE K., , ,	Date of Receipt				
Mailing Address 1750 GEORGE BELL CIRCL	M M / D D / Y Y Y Y				

03 2016 10 City State Zip Code Transaction ID: SA11AI.34688  $\mathsf{AK}$ **ANCHORAGE** 99515 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) SOUTH CENTRAL FOUNDATION **PHYSICIAN** Receipt For: Aggregate Year-to-Date ▼ Primary General 390.00 Other (specify) 250.00

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

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$\overline{\ \ }$	NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS OF	F OP 1		NS DAC (OR CVN DAC	2)
<u>/</u>				·	<i>-</i> ,
۔ ا	Full Name of Individual (Last, First, Middle Initial KOPELMAN, J. JOSHUA, , ,	l) or Full	Orga	nization Name	Date of Receipt
•	Mailing Address 7600 LANDMARK WAY				M = M / D = D / Y = Y = Y
	City	State		Zip Code	10 03 2016  Transaction ID : SA11AI.34689
	GREENWOOD VILLAGE	СО		80111	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С	_		75.00
	Name of Employer (for Individual)		•	ation (for Individual)	Memo Item
	SELF-EMPLOYED  Receipt For:		HYSIC		
	Receipt For:  Primary General	Aggregat	te Ye	ar-to-Date ▼	
	Other (specify)   General		7	330.00	
3.	Full Name of Individual (Last, First, Middle Initial KOUTROUVELIS, GAYLE O., , ,	l) or Full	Orga	nization Name	Date of Receipt
	Mailing Address 11924 SPORTSMAN ROAD				10 07 2016
	City	State		Zip Code	Transaction ID : SA11AI.34704
	GALVESTON	TX		77554	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С	_		225.00
	Name of Employer (for Individual) UT MEDICAL BRANCH		ccupa PHYSI	ation (for Individual)	Memo Item
		Aggregate	te Yea	ar-to-Date ▼	
	Primary General  Other (specify) ▼		•	925.00	
<del>-</del>	Full Name of Individual (Last, First, Middle Initial KOUTROUVELIS, GAYLE O., , ,	l) or Full	Orga	nization Name	Date of Receipt
•	Mailing Address 11924 SPORTSMAN ROAD				10 16 2016
	City	State		Zip Code	Transaction ID : SA11AI.34938
	GALVESTON	TX		77554	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			100.00
	Name of Employer (for Individual) UT MEDICAL BRANCH		ccupa HYSIC	ation (for Individual)	Memo Item
	Receipt For:			ar-to-Date ▼	
	Primary General Other (specify)	المق ال		1025.00	
s	SUBTOTAL of Receipts This Page (optional)				400.00
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	ne name and address of any political committee	
NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS	OF OB-GYNS PAC (OB-GYN P	AC)
Full Name of Individual (Last, First, Middle I MCCRACKEN, CLAYTON H., , ,  Mailing Address 2914 GLENWOOD LANE	nitial) or Full Organization Name	Date of Receipt
		10 03 2016
City BILLINGS	State Zip Code 59102	Transaction ID : SA11AI.34692
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period  200.00
Name of Employer (for Individual) BILLINGS CLINIC	Occupation (for Individual) PHYSICIAN	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 3010.00	
Full Name of Individual (Last, First, Middle I MCHUGH, JOHN P., , , Mailing Address P.O. BOX 157	nitial) or Full Organization Name	Date of Receipt
City CORONA DEL MAR	State Zip Code CA 92625	Transaction ID : SA11Al.34693  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer (for Individual) OB HOSPITALIST GROUP	Occupation (for Individual) PHYSICIAN	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	
Full Name of Individual (Last, First, Middle I MEHTA, AASTA, , ,	nitial) or Full Organization Name	Date of Receipt
Mailing Address 201 NORTH 8TH STREET	Otata Zin Coda	10 12 2016
City PHILADELPHIA	State Zip Code PA 19106	Transaction ID : SA11AI.34791  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	210.00
Name of Employer (for Individual)  LEHIGH VALLEY PHYSICIAN GROUP	Occupation (for Individual) PHYSICIAN	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼  2240.00	
SUBTOTAL of Receipts This Page (optional)		660.00
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Detailed Summary Page 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 of Individual (Last, First, Middle Initial) or Full Organization Name MENDEZ, MELISSA D., , , Date of Receipt Mailing Address P.O. BOX 220450 2016 City Zip Code State Transaction ID: SA11AI.34814 TX **EL PASO** 79913 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) TEXAS TECH UNIVERSITY **PHYSICIAN** Receipt For: Aggregate Year-to-Date ▼ Primary General 290.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** MERCER, LAURA T., , , Date of Receipt Mailing Address 1952 EAST LUKE AVENUE 10 2016 City State Zip Code Transaction ID: SA11AI.34841 **PHOENIX** ΑZ 85016 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) ARIZONA OB/GÝN AFFILIATES **PHYSICIAN** Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 2550.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. MITCHELL, BRENDA L., , , Date of Receipt Mailing Address 1 WINDSOR DRIVE 10 15 2016 City Zip Code State Transaction ID: SA11AI.34907 WV HUNTINGTON 25705 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MARSHALL HEALTH **PHYSICIAN** Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 800.00 SUBTOTAL of Receipts This Page (optional).....

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or for commercial purposes, other than using	the name and address of any political committee	
NAME OF COMMITTEE (In Full) THE AMERICAN CONGRES	S OF OB-GYNS PAC (OB-GYN PA	√C)
Full Name of Individual (Last, First, Middle MORGAN, ALETHIA E., , ,  Mailing Address 3075 SOUTH BIRCH STR		Date of Receipt
		10 14 2016
City DENVER	State Zip Code CO 80222	Transaction ID : SA11AI.34801  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer (for Individual) COPIC	Occupation (for Individual) PHYSICIAN	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  3800.00	
Full Name of Individual (Last, First, Middle  PALMER, ROBERT H., , ,  Mailing Address 2331 FAIRVIEW AVENUE	· · · · · · · · · · · · · · · · · · ·	Date of Receipt
City SEATTLE	State Zip Code WA 98102	Transaction ID : SA11AI.34845  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer (for Individual) OBSTETRIX MEDICAL GROUP	Occupation (for Individual) PHYSICIAN	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  2800.00	
Full Name of Individual (Last, First, Middle POWELL, HARTAJ K., , ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 4103 EDGEVALE COURT		10 15 2016
City CHEVY CHASE	State Zip Code MD 20815	Transaction ID : SA11AI.34904  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer (for Individual) CAPITAL WOMEN'S CARE	Occupation (for Individual) PHYSICIAN	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1175.00	
SUBTOTAL of Receipts This Page (optional)	·	450.00
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Carior (opeonly) \( \psi \)		3.000	
Full Name of Individual (Last, First, Middle In PURITZ, HOLLY S., , ,	Date of Receipt		
Mailing Address 7940 NORTH SHORE ROAD	10 07 2016		
City	State	Zip Code	Transaction ID : SA11AI.34848
NORFOLK	VA	23505	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		209.00
Name of Employer (for Individual) THE GROUP FOR WOMEN	Occup PHYS	ation (for Individual) ICIAN	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Y	ear-to-Date ▼ 2090.00	
SUBTOTAL of Receipts This Page (optional)			509.00

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

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	4	45 45	
Full Name of Individual (Last, First, Middle I ROONEY, KATHLEEN, , ,	nitial) or Full Orga	anization Name	Date of Receipt
Mailing Address 2425 42ND STREET			10 07 2016
City	State	Zip Code	Transaction ID : SA11AI.34849
SACRAMENTO	CA	95817	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		500.00
Name of Employer (for Individual) SELF-EMPLOYED	Occupa PHYSI	ation (for Individual) CIAN	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Ye	ear-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)	793.00		

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	×	11a		11b		11c		12		
11a 11b 13						15		16		17

		person for the purpose of soliciting contributions tee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS	OF OB-GYNS PAC (OB-GYN	PAC)
Full Name of Individual (Last, First, Middle I SEAGO, D. PAUL, , ,  Mailing Address 103 GLENWOOD BEND	nitial) or Full Organization Name	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.34891
MADISON	MS 39110	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer (for Individual) ST. DOMINIC'S HEALTHCARE	Occupation (for Individual) PHYSICIAN	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	
Full Name of Individual (Last, First, Middle I SILLITTI, SAMUEL J., , ,  Mailing Address 2324 BOYLAN ROAD	nitial) or Full Organization Name	Date of Receipt  10 07 2016
City BOZEMAN	State Zip Code MT 59715	Transaction ID : SA11AI.34855  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer (for Individual) BILLINGS CLINIC	Occupation (for Individual) PHYSICIAN	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
Full Name of Individual (Last, First, Middle I SIROTT, LAURA L., , ,	nitial) or Full Organization Name	Date of Receipt
Mailing Address 249 SOUTH BERKELEY AV		10 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City PASADENA	State Zip Code 91107	Transaction ID : SA11AI.34697
FEC ID number of contributing federal political committee.	C 31107	Amount of Each Receipt this Period
Name of Employer (for Individual) SELF-EMPLOYED	Occupation (for Individual) PHYSICIAN	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1975.00	
SUBTOTAL of Receipts This Page (optional)		600.00
TOTAL This Period (last page this line numbe	er only)	

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

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

F	OR	LINE	NU	MBER	:	PAGE	2	26	OF	35	
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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 of Individual (Last, First, Middle Initial) or Full Organization Name SMITH, PATRICIA A., , , Date of Receipt Mailing Address 738 FONTAINE STREET 16 2016 City Zip Code State Transaction ID: SA11AI.34942 VA **ALEXANDRIA** 22302 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) GWU MEDICAL FACULTY ASSOCIATES **PHYSICIAN** Receipt For: Aggregate Year-to-Date ▼ Primary General 1150.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. SMITH, STEPHEN J., , , Date of Receipt Mailing Address 1235 OLD YORK ROAD 10 2016 City State Zip Code Transaction ID: SA11AI.34795 **ABINGTON** PA 19001 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) ABINGTON PERINATAL ASSOCIÁTES **PHYSICIAN** Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 400.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. STEVENS, KATELYN, , , Date of Receipt Mailing Address P.O. BOX 1701 07 2016 City Zip Code State Transaction ID: SA11AI.34853 HI **KAILUA** 96734 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) UNIVERSITY OF HAWAII **PHYSICIAN** Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 400.00 SUBTOTAL of Receipts This Page (optional).....

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

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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 of Individual (Last, First, Middle Initial) or Full Organization Name STEWART, GAYLE M., , , Date of Receipt Mailing Address 498 EAST 11TH AVENUE 07 2016 State Zip Code Transaction ID: SA11AI.34707 UT 84103 SALT LAKE CITY Amount of Each Receipt this Period FEC ID number of contributing C 300.00 federal political committee. Name of Employer (for Individual) Occupation (for Individual) Memo Item **ROCKY MOUNTAIN WOMEN'S CENTER PHYSICIAN** Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 300.00

3.	STONE, DANA G., , ,								
	Mailing Address 1730 HUNTINGTON AVENUE		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						
	City	State Zip Code	Transaction ID : SA11AI.34798						
	OKLAHOMA CITY	OK 73116	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C	210.00						
	Name of Employer (for Individual) SELF-EMPLOYED	Occupation (for Individual) PHYSICIAN	Memo Item						
	Receipt For:	Aggregate Year-to-Date ▼							
	Primary General								
	Other (specify) ▼	2100.00							
٥.	Full Name of Individual (Last, First, Middle Init STONE, DANA $G.,,$	ial) or Full Organization Name	Date of Receipt						
	Mailing Address 1730 HUNTINGTON AVENUE	:	10 14 2016						
	City	State Zip Code	Transaction ID : SA11AI.34892						
	OKLAHOMA CITY	OK 73116	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C	100.00						
	Name of Employer (for Individual) SELF-EMPLOYED	Occupation (for Individual) PHYSICIAN	Memo Item						
	Receipt For:	Aggregate Year-to-Date ▼							
	Primary General Other (specify)	2200.00							
S	SUBTOTAL of Receipts This Page (optional)	<u> </u>	610.00						
Т	OTAL This Period (last page this line number of	only)							
			FEC Schedule A (Form 3X) Rev. 06/20						

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

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

					MBER	:	PAGE	2	28 (	DF	35
	(check only one)										
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Detailed Summary Page 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 of Individual (Last, First, Middle Initial) or Full Organization Name SULLIVAN, KATHLEEN T., , , Date of Receipt Mailing Address 711 TCHOUPITOULAS STREET 2016 City Zip Code State Transaction ID: SA11AI.34893 LA **NEW ORLEANS** 70130 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) OCHSNER MEDICAL CENTER **PHYSICIAN** Receipt For: Aggregate Year-to-Date ▼ Primary General 350.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. TILDON-BURTON, JANICE, , Date of Receipt Mailing Address 1700 TALLEY ROAD 10 80 2016 City State Zip Code Transaction ID: SA11AI.34797 WILMINGTON DE 19803 Amount of Each Receipt this Period FEC ID number of contributing 209.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) SELF-EMPLOYÉD **PHYSICIAN** Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 2090.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. TRUONG, YEN, , , Date of Receipt Mailing Address 4030 HERON PLACE 03 2016 City State Zip Code Transaction ID: SA11AI.34698 CA **FREMONT** 94555 Amount of Each Receipt this Period FEC ID number of contributing C 350.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) KAISER PERMANENTE **PHYSICIAN** Receipt For: Aggregate Year-to-Date ▼ Primary General 675.00 Other (specify) 659.00 SUBTOTAL of Receipts This Page (optional).....

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

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	13	14		15		16		17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

Full Name of Individual (Last, First, Middle VINEYARD, DAVID D., , , Mailing Address 324 BURROWS	e Initial) or Full Organization Name	Date of Receipt
		10 11 2016
City	State Zip Code	Transaction ID : SA11AI.34820
NACOGDOCHES	TX 75965	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
SELF-EMPLOYED	PHYSICIAN	_
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	350.00	
Full Name of Individual (Last, First, Middl	e Initial) or Full Organization Name	+
VINEYARD, DAVID D., , ,	e ililiai) oi i uli Organization Name	Date of Receipt
Mailing Address 324 BURROWS		M M / D D / Y Y Y Y
		10 14 2016
City	State Zip Code	Transaction ID : SA11AI.34799
NACOGDOCHES	TX 75965	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	5.00
Name of Employer (for Individual) SELF-EMPLOYED	Occupation (for Individual) PHYSICIAN	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	355.00	
Full Name of Individual (Last, First, Middl WACHTEL, JOHN S., , ,	le Initial) or Full Organization Name	Date of Receipt
Mailing Address 811 LA MESA DRIVE		M M / D D / Y Y Y Y
J STI LA MEDA DINVE		10 11 2016
City	State Zip Code	Transaction ID : SA11AI.34821
PORTOLA VALLEY	CA 94028	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	90.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
STANFORD UNIVERSITY	PHYSICIAN	_
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	00 0	
Other (specify)	1090.00	
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		13		14		15		16		17

				erson for the purpose of soliciting contributions e to solicit contributions from such committee.
	OF COMMITTEE (In Full) AMERICAN CONGRESS C	F OB-G	YNS PAC (OB-GYN F	PAC)
A. WHI	ame of Individual (Last, First, Middle Initia ΓΕ, ΕΜΙLΥ Μ., , , Address 60 EAST MANNING STREET	al) or Full Or	ganization Name	Date of Receipt
City	The second of th	State	Zip Code	10 06 2016  Transaction ID : SA11AI.34796
-	IDENCE	RI	02906	Amount of Each Receipt this Period
	O number of contributing political committee.	С		100.00
PROV	of Employer (for Individual) IDENCE COMMUNITY HEALTH		pation (for Individual) SICIAN	Memo Item
	ot For:  Primary	Aggregate `	Year-to-Date ▼ 1600.00	
B. YEL	ame of Individual (Last, First, Middle Initia VERTON, ROBERT, , ,	al) or Full Or	ganization Name	Date of Receipt
Mailing	Address 2526 JETTON AVENUE			10 16 2016 _
City TAMP	A	State FL	Zip Code 33629	Transaction ID : SA11AI.34943  Amount of Each Receipt this Period
	O number of contributing political committee.	С		70.00
	of Employer (for Individual) EMPLOYED		pation (for Individual) SICIAN	Memo Item
	of For:  Primary	Aggregate \	Year-to-Date ▼ 560.00	
Full Na	ame of Individual (Last, First, Middle Initia	al) or Full Or	ganization Name	Date of Receipt
	Address			M = M / D = D / Y = Y = Y
City		State	Zip Code	Amount of Each Receipt this Period
	O number of contributing political committee.	С		
Name	of Employer (for Individual)	Occu	pation (for Individual)	Memo Item
	ot For: Primary General Other (specify)			
SUBTOT	AL of Receipts This Page (optional)			170.00
TOTAL	This Period (last page this line number o	nly)		19801.11

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SCHEDULE B (FEC Form 3X)				NUMBER: PAGE 31 OF 35		
ITEMIZED DISBURSEMENTS		Use separate schedule(s) (check only		<i>'</i>		
		d Summary Page	<b>X</b> 21b 28a		23 26 27 28c 29 30b	
Any information copied from such Reports and Sta	tements may	, not be sold or u				
or for commercial purposes, other than using the						
NAME OF COMMITTEE (In Full)						
THE AMERICAN CONGRESS C	F OB-G	YNS PAC (O	B-GYN PA	(C)		
Full Name (Last, First, Middle Initial)						
A. FIRST NATIONAL MERCHANT	SOLUTION	ONS		Date of D	Disbursement	
Mailing Address 1620 DODGE STREET				10	04 2016	
City	State	Zip Code		FEC Ident	tification Number	
OMAHA	NE	68197			inidation (variable)	
Purpose of Disbursement CREDIT CARD TRANSACTION FEES				C		
Candidate Name					saction ID : SB21B.34665	
Canadato Namo			Category/ Type	Amount of	f Each Disbursement this Period	
Office Sought: House Disbur	sement For:		. 7   0	1   1   1	109.84	
Senate	Primary	General				
President	Other (sp	ecify) ▼		Memo	o Item	
State: District:						
Full Name (Last, First, Middle Initial)  B. SAGE PAYMENT SOLUTIONS				Date of D	Disbursement	
5. SAGE PATIMENT SOLUTIONS				M M	/ D D / Y Y Y Y	
Mailing Address 1750 OLD MEADOW ROAD				10	03 2016	
City	State	Zip Code		FEC Ident	tification Number	
MCLEAN	VA	22102			industrial ranger	
Purpose of Disbursement CREDIT CARD TRANSACTION FEES				C		
Candidate Name			Category/		f Each Disbursement this Period	
			Type	Amount	T Lacif Dispuisement this Teriou	
Office Sought: House Disbur	sement For:			1	1107.52	
Senate	Primary	General				
President State: District:	Other (sp	ecity)		Memo	o Item	
Full Name (Last, First, Middle Initial)						
C. SQUARE, INC.				Date of D	Disbursement	
				M = M	/ D D / Y Y Y Y	
Mailing Address 901 MISSION STREET				10	13 2016	
City	State	Zip Code		FFO Island	Attion Many Many	
SAN FRANCISCO	CA	94103		red Ident	tification Number	
Purpose of Disbursement CREDIT CARD TRANSACTION FEES		•	· · ·	C		
Candidate Name			Category/		saction ID: SB21B.34877  f Each Disbursement this Period	
			Type			
	sement For:				0.55	
Senate	Primary	General				
State: District:	Other (sp	есіту) ▼		Memo	) Item	
District.						
SUBTOTAL of Disbursements This Page (optional	l)				1217.91	
1 101 (4)	•			-	7 7	
TOTAL This Period (last page this line number of	nlv)			I .		

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Mailing Address 901 MISSION STREET  City SAN FRANCISCO Purpose of Disbursement CREDIT CARD TRANSACTION FEES  Candidate Name  Office Sought: House Senate Primary General Other (specify)  Full Name (Last, First, Middle Initial)  B. SQUARE, INC.  Mailing Address 901 MISSION STREET  City SAN FRANCISCO Purpose of Disbursement CREDIT CARD TRANSACTION FEES  Candidate Name  Office Sought: House Senate Primary General Other (specify)  Type  Office Sought: Other (specify)  Type  Category/ Type	INE NUMBER: PAGE 32 OF 35	
or for commercial purposes, other than using the name and address of any political committee  NAME OF COMMITTEE (In Full)  THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PA  Full Name (Last, First, Middle Initial)  A. SQUARE, INC.  Mailing Address 901 MISSION STREET  City SAN FRANCISCO Purpose of Disbursement CREDIT CARD TRANSACTION FEES  Candidate Name  Office Sought:  Full Name (Last, First, Middle Initial)  B. SQUARE, INC.  Mailing Address 901 MISSION STREET  City SAN FRANCISCO Purpose of Disbursement CREDIT CARD TRANSACTION FEES  Candidate Name  Other (specify)  Type  Office Sought:  Full Name (Last, First, Middle Initial)  B. SQUARE, INC.  Mailing Address 901 MISSION STREET  City San FRANCISCO Purpose of Disbursement CREDIT CARD TRANSACTION FEES  Candidate Name  Office Sought:  House Senate President State:  District:  Full Name (Last, First, Middle Initial)  C. SQUARE, INC.  Mailing Address 901 MISSION STREET  City San FRANCISCO CA 94103  President State:  District:  Full Name (Last, First, Middle Initial)  C. SQUARE, INC.  Mailing Address 901 MISSION STREET  City San FRANCISCO CA 94103	22 23 26 27	
NAME OF COMMITTEE (In Full)  THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PA  Full Name (Last, First, Middle Initial)  A. SQUARE, INC.  Mailing Address 901 MISSION STREET  City San FRANCISCO CA 94103  Purpose of Disbursement CREDIT CARD TRANSACTION FEES  Candidate Name  Office Sought: House Primary General Other (specify) ▼  Senate President State: District:  Full Name (Last, First, Middle Initial)  B. SQUARE, INC.  Mailing Address 901 MISSION STREET  City San FRANCISCO CA 94103  Purpose of Disbursement CREDIT CARD TRANSACTION FEES  Candidate Name  Office Sought: House Disbursement For: Primary General Other (specify)  Senate President State District:  Full Name (Last, First, Middle Initial)  C. SQUARE, INC.  Mailing Address 901 MISSION STREET  City Senate Primary General Other (specify)  State: District:  Full Name (Last, First, Middle Initial)  C. SQUARE, INC.  Mailing Address 901 MISSION STREET  City State District:  Full Name (Last, First, Middle Initial)  C. SQUARE, INC.		
A. SQUARE, INC.  Mailing Address 901 MISSION STREET  City SAN FRANCISCO CA 94103  Purpose of Disbursement CREDIT CARD TRANSACTION FEES  Candidate Name Category/ Type  Office Sought: House Primary General Other (specify) Full Name (Last, First, Middle Initial)  B. SQUARE, INC.  Mailing Address 901 MISSION STREET  City State Zip Code CA 94103  Purpose of Disbursement CREDIT CARD TRANSACTION FEES  Candidate Name Disbursement For:  Senate Primary General Category/ Type  Office Sought: House Disbursement For:  Senate Primary General Other (specify)  Tother (specify)  State: District:  Full Name (Last, First, Middle Initial)  C. SQUARE, INC.  Mailing Address 901 MISSION STREET  City State Zip Code Category/ Type  Office Sought: House Primary General Other (specify)  State: District:  Full Name (Last, First, Middle Initial)  C. SQUARE, INC.  Mailing Address 901 MISSION STREET  City State Zip Code Category/ SAN FRANCISCO Category/ SAN F		
City SAN FRANCISCO Purpose of Disbursement CREDIT CARD TRANSACTION FEES  Candidate Name  Category/ Type  Office Sought: House Primary General President Other (specify) ▼  Senate Primary General Other (specify) ▼  SQUARE, INC.  Mailing Address 901 MISSION STREET  City State Zip Code SAN FRANCISCO CA 94103  Purpose of Disbursement CREDIT CARD TRANSACTION FEES  Candidate Name  Office Sought: House Disbursement For: Senate Primary General Category/ Type	Date of Disbursement	
SAN FRANCISCO Purpose of Disbursement CREDIT CARD TRANSACTION FEES  Candidate Name  Office Sought: House Senate Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)  B. SQUARE, INC.  Mailing Address 901 MISSION STREET  City State Zip Code SAN FRANCISCO Purpose of Disbursement CREDIT CARD TRANSACTION FEES  Candidate Name  Disbursement For: Senate Primary General Other (specify) Type  Category/Type  Office Sought: House Disbursement For: Senate Primary General Other (specify)  State: District: Prill Name (Last, First, Middle Initial)  C. SQUARE, INC.  Mailing Address 901 MISSION STREET  City Senate Primary General Other (specify)  State: District: Prill Name (Last, First, Middle Initial)  C. SQUARE, INC.  Mailing Address 901 MISSION STREET  City SAN FRANCISCO Purpose of Disbursement	10 14 2016	
CREDIT CARD TRANSACTION FEES  Candidate Name  Office Sought: House Senate Primary General Other (specify) ▼  State: District:  Full Name (Last, First, Middle Initial)  B. SQUARE, INC.  Mailing Address 901 MISSION STREET  City State Zip Code CA 94103  Purpose of Disbursement CREDIT CARD TRANSACTION FEES  Candidate Name  Disbursement For: Senate Primary General Other (specify)  Type  Category/ Type	FEC Identification Number	
Office Sought: House Senate Primary General Other (specify) ▼  State: District: Other (specify) ▼  B. SQUARE, INC.  Mailing Address 901 MISSION STREET  City SAN FRANCISCO CA 94103  Purpose of Disbursement CREDIT CARD TRANSACTION FEES  Candidate Name Category/ Type  Office Sought: House Primary General Category/ Type  Office Sought: House Disbursement For: Senate Primary General Other (specify)  State: District: State Zip Code Category/ Type  Category/ Type  Category/ Type  Category/ Type  Category/ Type  Category/ State Zip Code State Zip	Transaction ID : SB21B.34897 Amount of Each Disbursement this Period	
State: District:  Full Name (Last, First, Middle Initial)  B. SQUARE, INC.  Mailing Address 901 MISSION STREET  City SAN FRANCISCO CA 94103  Purpose of Disbursement CREDIT CARD TRANSACTION FEES  Candidate Name Category/ Type  Office Sought: House Disbursement For: Senate Primary General Other (specify)  State: District:  Full Name (Last, First, Middle Initial)  C. SQUARE, INC.  Mailing Address 901 MISSION STREET  City SAN FRANCISCO CA 94103  Purpose of Disbursement	66.72	
B. SQUARE, INC.  Mailing Address 901 MISSION STREET  City SAN FRANCISCO CA 94103  Purpose of Disbursement CREDIT CARD TRANSACTION FEES  Candidate Name Category/ Type  Office Sought: House Disbursement For: Senate Primary General Other (specify)  State: District:  Full Name (Last, First, Middle Initial)  C. SQUARE, INC.  Mailing Address 901 MISSION STREET  City State Zip Code SAN FRANCISCO CA 94103  Purpose of Disbursement	Memo Item	
SAN FRANCISCO Purpose of Disbursement CREDIT CARD TRANSACTION FEES  Candidate Name  Category/ Type  Office Sought: House Disbursement For: Senate Primary General Other (specify)  State: District:  Full Name (Last, First, Middle Initial)  C. SQUARE, INC.  Mailing Address 901 MISSION STREET  City State Zip Code SAN FRANCISCO Purpose of Disbursement	Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Office Sought:  House Senate President State:  District:  Full Name (Last, First, Middle Initial)  C. SQUARE, INC.  Mailing Address 901 MISSION STREET  City SAN FRANCISCO Purpose of Disbursement  Type  Type  Other (specify)  State Primary Other (specify)  State Coth State CA Putpose of Disbursement	FEC Identification Number  C  Transaction ID : SB21B.34898  Amount of Each Disbursement this Period	
C. SQUARE, INC.  Mailing Address 901 MISSION STREET  City State Zip Code SAN FRANCISCO CA 94103  Purpose of Disbursement	31.09 Memo Item	
City State Zip Code SAN FRANCISCO CA 94103 Purpose of Disbursement	Date of Disbursement	
SAN FRANCISCO CA 94103 Purpose of Disbursement	10 16 2016	
	FEC Identification Number	
CREDIT CARD TRANSACTION FEES  Candidate Name  Category/	Transaction ID : SB21B.34899 Amount of Each Disbursement this Period	
Office Sought:  House  Senate  President  Disbursement For:  Primary  General  Other (specify) ▼	6.05  Memo Item	
State: District:		

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SCHEDULE B (FEC Form 3X)	Han against a to the Co	FOR LINE NUMBER: PAGE 33		
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(orleast orlin)		
	Detailed Summary Page	21b 28a	22 <b>x</b> 23 26 27 28b 28c 29 30b	
Any information copied from such Reports and Statem	lents may not be sold or us			
or for commercial purposes, other than using the nam				
NAME OF COMMITTEE (In Full)	<b>an a</b> vale = 1 a 1 a 1	<b>-</b> :		
angle THE AMERICAN CONGRESS OF	OB-GYNS PAC (O	B-GYN PA	C)	
Full Name (Last, First, Middle Initial)				
A. HOUSE MAJORITY PAC			Date of Disbursement	
Mailing Address 700 13TH STREET, NW			10 12 2016	
Mailing Address 700 13111 3111 EL1, NW			10 12 2010	
,	State Zip Code		FEC Identification Number	
WASHINGTON Purpose of Disbursement	DC 20005		C 000405039	
CONTRIBUTION			C C00495028	
Candidate Name		Category/	Transaction ID: SB23.34741 Amount of Each Disbursement this Period	
Office Sought: House Disbursem	pont For:	Type	60000.00	
	Primary General		00000.00	
	Other (specify) ▼		Memo Item	
State: District:			I wone tem	
Full Name (Last, First, Middle Initial)			Date of Disbursement	
B. WALBERG FOR CONGRESS			M M / D D / Y Y Y Y	
Mailing Address P.O. BOX 1362			10 06 2016	
0.4	75- O-d-			
,	State Zip Code MI 49204		FEC Identification Number	
Purpose of Disbursement	C C00390724			
CONTRIBUTION  Candidate Name	Transaction ID : SB23.34659			
WALBERG, TIMOTHY L., , ,		Category/ Type	Amount of Each Disbursement this Period	
	nent For: 2016	1,700	1000.00	
	Primary General		7 7 7	
President State: MI District: 07	Other (specify)		Memo Item	
Full Name (Last, First, Middle Initial)				
C.			Date of Disbursement	
			M M / D D / Y Y Y Y	
Mailing Address				
City	State Zip Code		FEC Identification Number	
Purpose of Disbursement				
ruipose oi Disbuisement			C	
Candidate Name Category/			Amount of Each Disbursement this Period	
	. =	Type		
Office Sought: House Disbursement For: Senate Primary General				
	Other (specify)		Mome How	
State: District:	., ,,		Memo Item	
			24202.22	
SUBTOTAL of Disbursements This Page (optional)		·····•	61000.00	
TOTAL This Period (last page this line number only).		_	61000.00	

Signature

TEMIZED INDEPENDENT EXPENDITURES			
TEMIZED INDEPENDENT EXPENDITURES			PAGE 34 OF 35 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
THE AMERICAN CONGRESS OF OF	3-GYNS PA	AC (OB-GYN PA	(C)
			C C00364158
Check if 24-hour report 48-hour report	New repo	ort Amends report	t filed on M M / D D / Y Y Y Y
Full Name of Payee FREEDOM FORCE, LLC		☐ Memo It	Date of Public Distribution/Dissemination
Mailing Address 1050 CONNECTICUT AVENUE, N	IW		Amount
City	State	Zip Code	31575.00
WASHINGTON	DC	20035	Transaction ID : SE.34861
Purpose of Expenditure DIGITAL ADS		Category/ Type	Date of Disbursement or Obligation  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		X Support	Office Sought:  House District: 10
DOLD, JR., ROBERT J., , ,		Support Oppose	Office Sought: House District: 10  President Senate State: IL
Calendar Year-To-Date		31575.00	Disbursement For: Primary General
Per Election for Office Sought	7-1-7	0.0.0.00	Other (specify)
Full Name of Payee FREEDOM FORCE, LLC		☐ Memo It	Date of Public Distribution/Dissemination
Mailing Address 1050 CONNECTICUT AVENUE, N	IW		Amount
City	State	Zip Code	18425.00
WASHINGTON	DC	20035	Transaction ID : SE.34863  Date of Disbursement or Obligation
Purpose of Expenditure RADIO ADS		Category/ Type	10 14 2016
Name of Federal Candidate:		<b>x</b> Support	Office Sought: House District: 10
DOLD, JR., ROBERT J., , ,		Oppose	President Senate State: IL
Calendar Year-To-Date Per Election for Office Sought	<b>5</b>	50000.00	Disbursement For: ☐ Primary
(a) SUBTOTAL of Itemized Independent Expenditures	i		50000.00
(a) SUBTOTAL of Unitemized Independent Expenditure	res		·
(a) TOTAL Independent Expenditures			<b>&gt;</b>
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized	•	•
SCHILLING, MARY, , ,	[Electronically Fil	<i>led]</i> Date	10 25 2016

### SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

TEMIZED INDEPENDENT EXPENDITURES				PAGE 35 OF 35 FOR LINE 24 OF FORM 3X	
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼	
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)				C C00364158	
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed	on M M / D D / Y Y Y Y	
Full Name of Payee MAMMEN GROUP, INC.		☐ Memo	Item	Date of Public Distribution/Dissemination	
Maria a Address				M = M / D = D / Y = Y = Y	
Mailing Address 1901 L STREET, NW				Amount	
City	State	Zip Code		29760.00	
WASHINGTON	DC 20036			Transaction ID : SE.34869  Date of Disbursement or Obligation	
Purpose of Expenditure RADIO ADS		Category/ Type		10 17 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Name of Federal Candidate:		<b>X</b> Support	Office	e Sought: X House District: 02	
HEINZ, MATTHEW G., , ,		Oppose		President Senate State: AZ	
Calendar Year-To-Date			Disb	ursement For: Primary X General	
Per Election for Office Sought	7-1-1-7-	29760.00	2016	Other (specify) ▶	
Full Name of Payee MAMMEN GROUP, INC.				Date of Public Distribution/Dissemination	
Mailing Address 1901 L STREET, NW				Amount	
City	State	Zip Code		29154.72	
WASHINGTON	DC	20036		Transaction ID : SE.34871 Date of Disbursement or Obligation	
Purpose of Expenditure MAILING		Category/ Type		10 17 2016	
Name of Federal Candidate:		<b>x</b> Support	Office	e Sought: X House District: 02	
HEINZ, MATTHEW G., , ,		Oppose		President Senate State: AZ	
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	58914.72	Disbu 2016	ursement For:	
•					
(a) SUBTOTAL of Itemized Independent Expenditures			•	58914.72	
(a) CURTOTAL of Unitermized Independent Expanditure	***				
(a) SUBTOTAL of Unitemized Independent Expenditures					
(a) TOTAL Independent Expenditures			•	108914.72	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized				
SCHILLING, MARY, , ,	Electronically Fil	lad1	M	M / DID / YIYIY	
Signature	ъжиописану Ен	eaj Date	e 1	0 25 2016	