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Image# 201702099047595040

FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3X For	Other Than An A	Authorized Commi	ittee	Office	e Use Only
1. NAME OF COMMITTEE (in full)	PE OR PRINT ▼	Example: If ty over the lines		12FE4M5	
THE AMERICAN CONG	RESS OF OB-G	YNS PAC (OB-	GYN PAC)		
ADDRESS (number and street)	409 12TH STREET, SW	<i>!</i>			
Check if different than previously reported. (ACC)	WASHINGTON			DC 20	024
2. FEC IDENTIFICATION NUM	BER ▼	CITY ▲	Ş	STATE A	ZIP CODE ▲
C C00364158	3	. IS THIS REPORT	NEW (N) OR	AMENDE (A)	ED
4. TYPE OF REPORT (Choose One)  (a) Quarterly Reports:	Report Due On:	Feb 20 (M2)  Mar 20 (M3)  Apr 20 (M4)	May 20 (M5)  Jun 20 (M6)  Jul 20 (M7)	Aug 20 (M Sep 20 (M Oct 20 (M	9) Dec 20 (M12) (Non-Election Year Only)
April 15 Quarterly Report (Q1)  July 15 Quarterly Report (Q2)  October 15 Quarterly Report (Q3)  January 31	(c) 12-Day PRE-Election Report for the			General (12G) Special (12S)	Runoff (12R)
Year-End Report (YE)  July 31 Mid-Year Report (Non-election Year Only) (MY)  Termination Report	(d) 30-Day POST-Electio Report for the		30G)	Runoff (30R)	State of Special (30S)
(TER)	Ele	ection on	/ D D /	Y Y Y Y	in the State of
5. Covering Period 01	01 20	17 through	n 01		2017
I certify that I have examined this I Type or Print Name of Treasurer	Report and to the bes SCHILLING, MARY, , ,	t of my knowledge an	d belief it is tru	e, correct and com	plete.
Signature of Treasurer	NG, MARY, , ,	[Electronic	ally Filed]	ate 02 /	09 / 2017
NOTE: Submission of false, erroneou	s, or incomplete inform	ation may subject the p	person signing th	is Report to the pen	alties of 52 U.S.C. § 30109
Office Use				FE	EC 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)

01 2017 01 31 2017 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 272752.40 January 1. 2017 (b) Cash on Hand at 272752.40 Beginning of Reporting Period..... 46027.27 46027.27 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 318779.67 318779.67 6(a) and 6(c) for Column B)..... 45613.23 45613.23 7. Total Disbursements (from Line 31)...... Cash on Hand at Close of 8. Reporting Period 273166.44 273166.44 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 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)

Write or Type Committee Name

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

R	eport Covering the Period: From:		01 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	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)	16147.11	16147.11
	(ii) Unitemized	29880.16	29880.16
	(iii) TOTAL (add Lines 11(a)(i) and (ii)▶	46027.27	46027.27
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
10	11(a)(iii), (b), and (c)) (Carry  Totals to Line 33, page 5)  Transfers From Affiliated/Other	46027.27	46027.27
12.	Party Committees	0.00	0.00
13.	All Loans Received	0.00	0.00
	Loan Repayments Received  Offsets To Operating Expenditures	0.00	0.00
16.	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made to Federal Candidates and Other	0.00	0.00
17	Political Committees	0.00	0.00
	(Dividends, Interest, etc.) Transfers from Non-Federal and Levin Funds	0.00	0.00
	(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))▶	46027.27	46027.27
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)▶	46027.27	46027.27

## **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	Total This Period					
Operating Expenditures:     (a) Allocated Federal/Non-Federal     Activity (from Schoolule H4)		Calendar Year-to-Date				
Activity (from Schedule H4)  (i) Federal Share	0.00	0.00				
•						
(ii) Non-Federal Share		0.00				
(b) Other Federal Operating  Expenditures	613.23	613.23				
(c) Total Operating Expenditures	1 1 1 1 1 1 1 1 1	642.02				
(add 21(a)(i), (a)(ii), and (b))  Transfers to Affiliated/Other Party	613.23	613.23				
Committees		0.00				
<ul> <li>Contributions to Federal Candidates/Committees and Other Political Committees</li> </ul>	44000.00	44000.00				
. Independent Expenditures	4 4 4 4	45 45 45				
(use Schedule E)		0.00				
(52 U.S.C. § 30116(d)) (use Schedule F)		0.00				
6. Loan Repayments Made		0.00				
. Loans Made		0.00				
<ul> <li>Refunds of Contributions To:         <ul> <li>(a) Individuals/Persons Other</li> <li>Than Political Committees</li> </ul> </li> </ul>	0.00	0.00				
	7.00	0.00				
(b) Political Party Committees	0.00	0.00				
(c) Other Political Committees (such as PACs)		0.00				
(d) Total Contribution Refunds		7 7				
(add Lines 28(a), (b), and (c))	0.00	0.00				
. Other Disbursements (Including						
Non-Federal Donations)		1000.00				
<ul> <li>Federal Election Activity (52 U.S.C.</li> <li>(a) Allocated Federal Election Activ (from Schedule H6)</li> </ul>						
(i) Federal Share		0.00				
(ii) "Levin" Share		0.00				
(b) Federal Election Activity Paid Entirely With Federal Funds	222	2.22				
(c) Total Federal Election Activity (	0.00	0.00				
Lines 30(a)(i), 30(a)(ii) and 30(li	b)) <b>&gt;</b>	0.00				
Total Disbursements (add Lines 21(						
23, 24, 25, 26, 27, 28(d), 29 and 36	0(c)) 45613.23	45613.23				
Total Federal Disbursements	oVii)					
(subtract Line 21(a)(ii) and Line 30( from Line 31)						
	45613.23	45613.23				

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

. = 0 . 0.111 0.51 (1.1011 0.0.1=0.10)						
III. Net Contributions/ Operating Expenditures						
33. Total Contributions (other than loans) (from Line 11(d), page 3)	. 46027.27	46027.27				
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00				
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	46027.27	46027.27				
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	613.23	613.23				
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00				
38. Net Operating Expenditures (subtract Line 37 from Line 36)	613.23	613.23				

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

F	ЭR	LINE	NU	MBER	:	PAGE	6	OF	20
(c	he	ck only	or	ie)					
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		13		14		15	16	6	17

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

or for commercial purposes, other	than using the name and address of any political committee	to solicit contributions from such committee.
NAME OF COMMITTEE (In Fu THE AMERICAN CO	NGRESS OF OB-GYNS PAC (OB-GYN PA	AC)
ARNOLD, THOMAS F., , ,  Mailing Address 2500 FAIRWA  City DICKINSON  FEC ID number of contributing federal political committee.  Name of Employer (for Individu CATHOLIC HEALTH INITIATIVE Receipt For:  Primary Other (specify)	State Zip Code 58601  C  Idal) Occupation (for Individual) PHYSICIAN  Aggregate Year-to-Date   625.00	Date of Receipt  01 06 2017  Transaction ID: SA11AI.38766  Amount of Each Receipt this Period  625.00  Memo Item
Full Name of Individual (Last, F BREEDEN, JAMES T., , Mailing Address 1775 CHAPAR  City CARSON CITY  FEC ID number of contributing federal political committee.  Name of Employer (for Individu CARSON MEDICAL GROUP  Receipt For:  Primary General Other (specify)	State Zip Code NV 89703  C  Occupation (for Individual) PHYSICIAN  Aggregate Year-to-Date   RAL DRIVE	Date of Receipt  O1 23 2017  Transaction ID: SA11AI.38727  Amount of Each Receipt this Period  5000.00  Memo Item
Full Name of Individual (Last, F. CONRY, JEANNE A., Mailing Address 8204 CANTER  City GRANITE BAY  FEC ID number of contributing federal political committee.  Name of Employer (for Individu KAISER PERMANENTE Receipt For: Primary Other (specify)	State Zip Code 95746  C Occupation (for Individual) PHYSICIAN  Aggregate Year-to-Date   State Zip Code 95746	Date of Receipt  O1
SUBTOTAL of Receipts This Pag	ge (optional)	6016.11
TOTAL This Period (last page thi	is line number only)	7 7 7

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

F	OR	OR LINE NUMBER:					7	OF	20
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		13		14		15	16	6	17

THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)  Full Name of Individual (I.ast, First, Middle Initial) or Full Organization Name DARDARIAN, THOMAS S  Mailing Address 108 CETON COURT  City State Zip Code PAC (OB-GYN PAC)  FEC ID number of contributing (Ederal political committee).  FEC ID number of contributing (I.ast, First, Middle Initial) or Full Organization Name Physician (I.ast, First, Middle Initial) or Full Organization Name FEC (ID number of contributing (I.ast, First, Middle Initial) or Full Organization Name FEC (ID number of contributing (I.ast, First, Middle Initial) or Full Organization Name FEC (ID number of contributing (I.ast, First, Middle Initial) or Full Organization Name FEC (ID number of contributing (I.ast, First, Middle Initial) or Full Organization Name FEC (ID number of contributing (I.ast, First, Middle Initial) or Full Organization Name FEC (ID number of contributing (I.ast, First, Middle Initial) or Full Organization Name FEC (ID number of contributing (I.ast, First, Middle Initial) or Full Organization Name FEC (ID number of contributing (I.ast, First, Middle Initial) or Full Organization Name FERNANDEZ, RUBEN,  Mailing Address 605 YORKTOWN DRIVE  City State Zip Code No Zip Code N		the name and address of any political committee t	
A, DARDARIAN, THOMAS S  Mailing Address 108 CETON COURT  City State PA 19008  FEC ID number of contributing tederal political committee.  Name of Employer (for Individual) PHYSICIAN  Mailing Address 2921 MANAGUA PLACE  City CARLSBAD  Name of Individual (Last, First, Middle Initial) or Full Organization Name  SCRIPPS COASTAL MEDICAL GROUP  Full Name of Individual (Last, First, Middle Initial) Occupation (for Individual) PHYSICIAN  Name of Employer (for Individual)  Name of Employer (for Individual)  Name of Employer (for Individual)  Name of Individual (Last, First, Middle Initial) or Full Organization Name  C	, ,	SS OF OB-GYNS PAC (OB-GYN PA	vC)
City BROOMAIL  FEC ID number of contributing federal political committee.  Name of Employer (for Individual)  MAIN LINE WOMEN'S HEALTH CARE PHYSICIAN  Fecupit For: Primary General Other (specify) ▼ A25.00  Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  FENTON, DOUGLAS K.,, Mailing Address 2921 MANAGUA PLACE City CARLSBAD CA 92009  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) SCRIPPS COASTAL MEDICAL GROUP PHYSICIAN  Receipt For: Primary General Other (specify) ▼ A25.00  Date of Receipt this Period  Transaction ID: SA11AL38763.  Amount of Each Receipt this Period  Date of Receipt this Period  Date of Receipt this Period  Transaction ID: SA11AL38763.  Amount of Each Receipt this Period  Date of Receipt this Period  PHYSICIAN  Date of Receipt this Period  Date of Rec	A. DARDARIAN, THOMAS S., , ,	e Initial) or Full Organization Name	Date of Receipt
BROOMAIL    PA   19008			
FEC ID number of contributing federal political committee.  Name of Employer (for Individual)  Name Name Name Name Name  Aggregate Year-to-Date ▼  Privary General Ofther (specify) ▼  Aggregate Year-to-Date ▼  Other (specify) ▼  Date of Receipt  Other (specify) ▼  Other (specify) ▼  Date of Receipt  Other (specify) ▼  Other (specify) ▼  Date of Receipt  Other (specify) ▼  Other (specify) ▼  Other (specify) ▼  Date of Receipt  Other (specify) ▼  Other (specify	•		
MAIN LINE WOMEN'S HEALTH CARE Receipt For:    Primary   General   Aggregate Year-to-Date ▼	•	C	
Primary General Other (specify) ▼ 425.00  Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  FERTON, DOUGLAS K., , , Mailing Address 2921 MANAGUA PLACE  City State Zip Code CARLSBAD CARLSB	, , , ,		Memo Item
Aggregate Year-to-Date ▼  City CARLSBAD Cher (specify) ▼  FUIL Name of Individual (Last, First, Middle Initial) or Full Organization Name  FEC ID number of contributing federal political committee.  Primary General Other (specify) ▼  City CARLSBAD CA 92009  Name of Employer (for Individual) PHYSICIAN  Receipt For: Primary General Other (specify) ▼  City CHAPEL HILL State Zip Code CHAPEL HILL NC 27516  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) Coccupation (for Individual) PHYSICIAN  Name of Employer (for Individual) Coccupation (for Individual) PHYSICIAN  Name of Employer (for Individual) Coccupation (for Individual) PHYSICIAN  Name of Employer (for Individual) Coccupation (for Individual) PHYSICIAN  Name of Employer (for Individual) Coccupation (for Individual) PHYSICIAN  Name of Employer (for Individual) Coccupation (for Individual) PHYSICIAN  Name of Employer (for Individual) Coccupation (for Individual) PHYSICIAN  Name of Employer (for Individual) Coccupation (for Individual) PHYSICIAN  Name of Employer (for Individual) Coccupation (for Individual) PHYSICIAN  Name of Employer (for Individual) Coccupation (for Individual) PHYSICIAN  Name of Employer (for Individual) Coccupation (for Individual) PHYSICIAN  Name of Employer (for Individual) Coccupation (for Individual) PHYSICIAN  Name of Employer (for Individual) Coccupation (for Individual) PHYSICIAN  Name of Employer (for Individual) Coccupation (for Individual) PHYSICIAN  Name of Employer (for Individual) PHYSICIAN  Name	Primary General	0.0	
City CARLSBAD  COCupation (for Individual) PHYSICIAN  Aggregate Year-to-Date ▼  City CHAPEL HILL  CIty CHAPEL HILL  NC 27516  CARLSBAD  CARLSBAD  CARLSBAD  CARLSBAD  COCupation (for Individual) FEC ID number of contributing federal political committee.  Name of Employer (for Individual) FAST TRACK LEADERSHIP Receipt For:  Primary Ceneral  CARLSBAD  CARLSBAD  COCupation (for Individual) EDUCATOR  Aggregate Year-to-Date ▼  CARLSBAT RACK LEADERSHIP COCUPATION  Aggregate Year-to-Date ▼  CARLSBATIAL ASS68  Amount of Each Receipt this Period  CARLSBATIAL ASS69  Amount of Each Receipt this Period  CAR	FENTON, DOUGLAS K., , ,	e Initial) or Full Organization Name	†
Name of Employer (for Individual) SCRIPPS COASTAL MEDICAL GROUP Receipt For:	City CARLSBAD FEC ID number of contributing	CA 92009	01 07 2017  Transaction ID : SA11AI.38763  Amount of Each Receipt this Period
Primary	Name of Employer (for Individual) SCRIPPS COASTAL MEDICAL GROUP	Occupation (for Individual)	
Mailing Address 605 YORKTOWN DRIVE  City CHAPEL HILL  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) FAST TRACK LEADERSHIP Receipt For: Primary Other (specify)  Date of Receipt  M M M / 30 / 2017  Transaction ID : SA11Al.38696  Amount of Each Receipt this Period  Memo Item  Memo Item  Subtrotal of Receipts This Page (optional)	Primary General		
City State NC 27516  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) FAST TRACK LEADERSHIP EDUCATOR  Receipt For:  Primary General Other (specify)  Subtotal of Receipts This Page (optional).  Other (specify)	FERNANDEZ, RUBEN, , ,	e Initial) or Full Organization Name	†
Name of Employer (for Individual)  FAST TRACK LEADERSHIP  Receipt For:  Primary Other (specify)  Aggregate Year-to-Date ▼  SUBTOTAL of Receipts This Page (optional).  Occupation (for Individual)  EDUCATOR  Aggregate Year-to-Date ▼  250.00	City CHAPEL HILL FEC ID number of contributing	NC 27516	Transaction ID : SA11AI.38696  Amount of Each Receipt this Period
SUBTOTAL of Receipts This Page (optional)	Name of Employer (for Individual)  FAST TRACK LEADERSHIP  Receipt For:  Primary General	EDUCATOR  Aggregate Year-to-Date ▼  250.00	Memo Item
SOBTOTAL OF Necepts This Page (optional)	SURTOTAL of Possints This Poss (antional		884.00
TOTAL This Period (last page this line number only)		<u> </u>	

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 GALLAGHER, JOHN J., , , Date of Receipt Mailing Address 220 CASE AVENUE 2017 10 City State Zip Code Transaction ID: SA11AI.38754 PΑ **SHARON** 16146 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Name of Employer (for Individual) Memo Item Occupation (for Individual) PRIMARY HEALTH NETWORK **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. IRIYE, ANNIE I., , , Date of Receipt Mailing Address 2103 CRAIG ROAD SOUTHEAST 01 17 2017 City State Zip Code Transaction ID: SA11AI.38736 **OLYMPIA** WA 98501 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) GROUP HEALTH **PHYSICIAN** Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1000.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name KUMAR SAURARH Date of Receipt

C. KOWAK, SAUKADI I, , ,	Date of neceipt							
Mailing Address 5 MAHOGANY RUN								
City	State	Zip Code	Transaction ID : SA11AI.38758					
FARMINGTON	MO	63640	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		200.00					
Name of Employer (for Individual)	Occupa	ation (for Individual)	Memo Item					
BJC MEDICAL GROUP	PHYSIC	CIAN	_					
Receipt For: Primary General Other (specify)								
SUBTOTAL of Receipts This Page (optional)		<b>&gt;</b>	1700.00					
TOTAL This Period (last page this line number	only)	······	7 7 7					
			FEC Schedule A (Form 3X) Rev. 06/20					

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

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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 MEHTA, AASTA, , , Date of Receipt Mailing Address 1001 TOWAMENCIN AVENUE 2017 City Zip Code State Transaction ID: SA11AI.38749 PA LANSDALE 19446 Amount of Each Receipt this Period FEC ID number of contributing C 210.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) LEHIGH VALLEY PHYSICIAN GROUP **PHYSICIAN** Receipt For: Aggregate Year-to-Date ▼ Primary General 210.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. NEIMAN, WADE A., , , Date of Receipt Mailing Address 1300 CRENSHAW COURT 2017 City State Zip Code Transaction ID: SA11AI.38724 LYNCHBURG VA 24503 Amount of Each Receipt this Period FEC ID number of contributing 5000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) WOMEN'S HEALTH SERVICES **PHYSICIAN** Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 5000.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. NGUYEN, HOA N., , , Date of Receipt Mailing Address 1150 NORTH 35TH AVENUE 26 2017 City Zip Code State Transaction ID: SA11AI.38722 FL **HOLLYWOOD** 33021 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) GYN ONCOLOGY & UROGYNECOLOGY **PHYSICIAN** Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify)

SUBTOTAL of Receipts This Page (optional)		_	,	_	_	,	_	57	10.00	)	
TOTAL This Period (last page this line number only)	_	_	7	_	_	7	_	_	4	_	

Name of Employer (for Individual)

General

UNIVERSITY OF NEBRASKA

Other (specify)

Receipt For:

Primary

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

				MBER	:	PAGE	 10	OF	20
(c	he	ck only	or	ne)					
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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 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 POWELL, HARTAJ K., , , Date of Receipt Mailing Address 4103 EDGEVALE COURT 2017 City Zip Code State Transaction ID: SA11AI.38728 MD **CHEVY CHASE** 20815 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) CAPITAL WOMEN'S CARE **PHYSICIAN** Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. PURITZ, HOLLY S., , , Date of Receipt Mailing Address 7940 NORTH SHORE ROAD 01 2017 City State Zip Code Transaction ID: SA11AI.38765 **NORFOLK** VA 23505 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) THE GROUP FOR WOMEN **PHYSICIAN** Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 209.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. REMMENGA, STEVEN W., , , Date of Receipt Mailing Address 16995 PRINCETON ROAD 17 2017 City Zip Code State Transaction ID: SA11AI.38737 NE **ADAMS** 68301 Amount of Each Receipt this Period FEC ID number of contributing C 209.00 federal political committee.

SUBTOTAL of Receipts This Page (optional)			Ī	Ī	,	Ī	Ī	,		668	3.00	
TOTAL This Period (last page this line number	only)	Ī	Ξ	Ξ	7	Ξ	_	7	Ξ		-	

209.00

Occupation (for Individual)

**PHYSICIAN** 

Aggregate Year-to-Date ▼

Memo Item

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

	FOR LINE NUMBER:						•	11	OF	20
(	che	ck only	or	ne)						
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		13		14		15		16	6	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

STONE, DANA G., , ,  Mailing Address 1730 HUNTINGTON AVENU	E		Date of Receipt  01 09 2017
City	State	Zip Code	Transaction ID : SA11AI.38759
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	I	pation (for Individual)	Memo Item
Receipt For:  Primary General  Other (specify) ▼		/ear-to-Date ▼ 210.00	
Full Name of Individual (Last, First, Middle In STRATHY, JANETTE H., , ,	itial) or Full Org	ganization Name	Date of Receipt
Mailing Address 3209 GALLERIA			01 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City EDINA	State MN	Zip Code 55435	Transaction ID : SA11AI.38717  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		500.00
Name of Employer (for Individual) RETIRED		pation (for Individual) SICIAN	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate \	/ear-to-Date ▼ 500.00	
Full Name of Individual (Last, First, Middle In SULLIVAN, KATHLEEN T., , ,	itial) or Full Org	ganization Name	Date of Receipt
Mailing Address 2820 NAPOLEON AVENUE			01 27 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City NEW ORLEANS	State LA	Zip Code 70115	Transaction ID : SA11AI.38720  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer (for Individual) LAKESIDE WOMEN'S CENTER		pation (for Individual) SICIAN	Memo Item
Receipt For: Primary General Other (specify)	Aggregate \	/ear-to-Date ▼ 250.00	

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

F	OR	LINE	NU	MBER	:	PAGE	_ ′	12	OF	20
(0	che	ck only	or	ie)						
	X	11a		11b		11c		12		
		13		14		15		16		17

	ing the name and address of any political committee	
NAME OF COMMITTEE (In Full) THE AMERICAN CONGRE	ESS OF OB-GYNS PAC (OB-GYN I	PAC)
Full Name of Individual (Last, First, Mic  A. TILDON-BURTON, JANICE, , ,  Mailing Address 1700 TALLEY ROAD  City WILMINGTON  FEC ID number of contributing federal political committee.  Name of Employer (for Individual)  SELF-EMPLOYED  Receipt For:  Primary General Other (specify)	State Zip Code DE 19803  C  Occupation (for Individual) PHYSICIAN  Aggregate Year-to-Date  209.00	Date of Receipt  O1 08 2017  Transaction ID : SA11AI.38762  Amount of Each Receipt this Period  209.00  Memo Item
Full Name of Individual (Last, First, Mic B	Idle Initial) or Full Organization Name	Date of Receipt
City	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	
Full Name of Individual (Last, First, Mic C.	ddle Initial) or Full Organization Name	Date of Receipt
Mailing Address  City	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	
Name of Employer (for Individual)  Receipt For:	Occupation (for Individual)	Memo Item
Primary General Other (specify)	Aggregate Year-to-Date ▼	
SUBTOTAL of Receipts This Page (option		209.00

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SCHEDULE B (FEC Form 3X)		Hea congrete cohedule(s) FOR LINE NUMBER: PAGE 1:				
ITEMIZED DISBURSEMENTS		parate schedule(s) n category of the	(0110011 01	· ′		
		d Summary Page	<b>X</b> 21h		23 26	27
[			288		28c 29	30b
Any information copied from such Reports and Stat or for commercial purposes, other than using the n						
NAME OF COMMITTEE (In Full)						
THE AMERICAN CONGRESS O	F OB-G	YNS PAC (OI	B-GYN PA	AC)		
Full Name (Last, First, Middle Initial)						
A. SAGE PAYMENT SOLUTIONS				Date of D		YYYY
Mailing Address 1750 OLD MEADOW ROAD	dress 1750 OLD MEADOW ROAD				04	2017
City MCLEAN	State VA	Zip Code 22102			ification Number	
Purpose of Disbursement CREDIT CARD TRANSACTION FEES				C	- Mary ID ODOM	2.07700
Candidate Name			Category/ Type		action ID : SB21I FEach Disbursem	
	sement For:	Canaral	.,,,,,		<b>T</b>	613.23
Senate President	Other (sp	General ecify) ▼		Memo	Item	
State: District:						
Full Name (Last, First, Middle Initial) <b>B.</b>				Date of D	isbursement	YYY
Mailing Address						
City	State	Zip Code		FEC Ident	ification Number	
Purpose of Disbursement				C		
Candidate Name			Category/ Type	Amount of	f Each Disbursem	ent this Period
	ement For:				7 7	45
Senate President	Other (sp	General ecify)		Memo	ı Item	
State: District:				L WOME		
Full Name (Last, First, Middle Initial) C.					isbursement	
Mailing Address				MM	D D / Y	YYY
City	State	Zip Code		FEC Ident	ification Number	
Purpose of Disbursement				C		
Candidate Name			Category/ Type	Amount of	Each Disbursem	ent this Period
Office Sought: House Disburs Senate	ement For:	General	-76-		7	
President State: District:	Other (sp	ecify) 🔻		Memo	Item	
SUBTOTAL of Disbursements This Page (optional	<b>.</b>			<u> </u>		613.23
COSTOTAL OF DISDUISEMENTS THIS Page (optional	,		·····		T	
TOTAL This Period (last page this line number on	lv)					613.23

SCHEDULE B (FEC Form 3X)	Use separate sched	ule(s) FOR LINE (check only	NUMBER: PAGE 14 OF 20
ITEMIZED DISBURSEMENTS	for each category of Detailed Summary F	the 21b	22 <b>X</b> 23 26 27 28b 28c 29 30b
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam			
NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS OF			
Full Name (Last, First, Middle Initial)  A. BILL CASSIDY FOR U.S. SENATE	Ē		Date of Disbursement
Mailing Address P.O. BOX 80505			01 31 2017
,	State Zip Code LA 70898		FEC Identification Number
CONTRIBUTION  Candidate Name		Category	Transaction ID : SB23.38703  Amount of Each Disbursement this Period
	nent For: 2020	Category/ Type	2500.00
	Primary Gene Other (specify) ▼	eral	Memo Item
Full Name (Last, First, Middle Initial)  B. CHARLIE DENT FOR CONGRESS		Date of Disbursement	
Mailing Address P.O. BOX 442			01 31 2017
ALLENTOWN	State Zip Code PA 18105		FEC Identification Number
Purpose of Disbursement CONTRIBUTION Candidate Name		Category/	Transaction ID : SB23.38706 Amount of Each Disbursement this Period
	nent For: 2018	Туре	2500.00
	Primary Gene Other (specify)	eral	Memo Item
Full Name (Last, First, Middle Initial)  C. CHC BOLD PAC			Date of Disbursement
Mailing Address P.O. BOX 75357			01 31 2017
,	State Zip Code DC 20013	ļ	FEC Identification Number  C C00365536
Candidate Name	Transaction ID : SB23.38715 Amount of Each Disbursement this Period		
President	nent For: Primary Gene Other (specify) ▼	Type eral	5000.00 Memo Item
State: District:			
SUBTOTAL of Disbursements This Page (optional)		<u> </u>	10000.00
TOTAL This Period (last page this line number only).			

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 15 OF 20 (check only one)
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 22 <b>x</b> 23 26 27
	Detailed Suffillary Fage	28a 28b 28c 29 30b
Any information copied from such Reports and Statem or for commercial purposes, other than using the name		by any person for the purpose of soliciting contributions committee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS OF	OB-GYNS PAC (OB-C	SYN PAC)
Full Name (Last, First, Middle Initial)  A. CLARKE FOR CONGRESS  Mailing Address 111-36 200TH STREET		Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
HOLLIS Purpose of Disbursement CONTRIBUTION Candidate Name CLARKE, YVETTE D., , ,		FEC Identification Number  C C00415331  Transaction ID : SB23.37731  Amount of Each Disbursement this Period
Senate x	nent For: 2018  Primary General  Other (specify) ▼	Memo Item
Full Name (Last, First, Middle Initial)  3. DEBBIE WASSERMAN SCHULTZ  Mailing Address 1071 TWIN BRANCH LANE	FOR CONGRESS	Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
WESTON Purpose of Disbursement CONTRIBUTION  Candidate Name  WASSERMAN SCHULTZ, DEBBIE  Office Sought:    X	State Zip Code 33326  C  C  Then the For: 2018  C General  Other (specify)	FEC Identification Number  C C00385773  Transaction ID : SB23.37738  Amount of Each Disbursement this Period  2500.00  Memo Item
Full Name (Last, First, Middle Initial)  FRIENDS OF CHRIS MURPHY  Mailing Address P.O. BOX 127		Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
CHESHIRE Purpose of Disbursement CONTRIBUTION  Candidate Name MURPHY, CHRISTOPHER S., , ,  Office Sought: House Disbursem	State Zip Code O6410  CT C  Connent For: 2018  Primary General	FEC Identification Number  C C00492645  Transaction ID: SB23.37734  Amount of Each Disbursement this Period  2500.00
	Other (specify) ▼  Convention	Memo Item
SUBTOTAL of Disbursements This Page (optional)  TOTAL This Period (last page this line number only)		5500.00

SCHEDULE B (FEC Form 3X)		FOR LINE I	
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one) 22 <b>X</b> 23 26 27
	Detailed Summary Page	28a	28b 28c 29 30b
Any information copied from such Reports and Staten			
or for commercial purposes, other than using the name	ne and address of any politica	al committee to	solicit contributions from such committee.
THE AMERICAN CONGRESS OF	OB-GYNS PAC (OE	B-GYN PAC	C)
Full Name (Last, First, Middle Initial)			Data of Disharanana
A. FRIENDS OF SHERROD BROWN			Date of Disbursement
Mailing Address P.O. BOX 15293			01 18 2017
,	State Zip Code		FEC Identification Number
WASHINGTON Purpose of Disbursement	DC 20003		
CONTRIBUTION			C C00264697
Candidate Name		Category/	Transaction ID : SB23.37730  Amount of Each Disbursement this Period
BROWN, SHERROD, , ,		Type	
	ment For: 2018		2500.00
	Primary General  Other (specify)		Manager 1
State: OH District: 00			Memo Item
Full Name (Last, First, Middle Initial)			
B. JENKINS FOR CONGRESS			Date of Disbursement
Mailing Address P.O. BOX 727			01 31 2017
,	State Zip Code WV 25711		FEC Identification Number
Purpose of Disbursement	25711		C C00548271
CONTRIBUTION			Transaction ID : SB23.38710
Candidate Name		Category/	Amount of Each Disbursement this Period
JENKINS, EVAN H., , ,  Office Sought: Y House Disbursen	ment For: 2018	Туре	2500.00
	Primary General		2300.00
	Other (specify)		Mome Item
State: WV District: 03			Memo Item
Full Name (Last, First, Middle Initial)			Data of Dishamanan
C. KAINE FOR VIRGINIA			Date of Disbursement
Mailing Address 1751 POTOMAC GREENS DRIVE			01 31 2017
City	State Zip Code		FEC Identification Number
ALEXANDRIA	VA 22314		The Identification Number
Purpose of Disbursement CONTRIBUTION			C C00495358
Candidate Name		Category/	Transaction ID: SB23.38711  Amount of Each Disbursement this Period
KAINE, TIMOTHY M., , ,		Type	
	nent For: 2018		1000.00
X Senate President	Primary General Other (specify) ▼		
State: VA District: 00	Carol (opcony)		Memo Item
SUBTOTAL of Disbursements This Page (optional)		······	6000.00
TOTAL This Period (last page this line number only)			

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TEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the Detailed Summary Page	21h	7 one) 22 <b>X</b> 23 26 27 28b 28c 29 30b
Any information copied from such Reports and State or for commercial purposes, other than using the na			
NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS OF	F OB-GYNS PAC (C	B-GYN PA	C)
Full Name (Last, First, Middle Initial)  A. NEW DEMOCRAT COALITION P	AC		Date of Disbursement
Mailing Address 700 13TH STREET, NW			01 18 2017
City WASHINGTON Purpose of Disbursement CONTRIBUTION Candidate Name	State Zip Code 20005		FEC Identification Number  C C00409730  Transaction ID : SB23.37739
	ement For:  Primary General  Other (specify)	Category/ Type	Amount of Each Disbursement this Period 5000.00  Memo Item
Full Name (Last, First, Middle Initial)  8. RYAN COSTELLO FOR CONGR  Mailing Address P.O. BOX 3154	ESS		Date of Disbursement  O1
City WEST CHESTER Purpose of Disbursement CONTRIBUTION Candidate Name COSTELLO, RYAN A., , ,	State Zip Code PA 19381	Category/ Type	FEC Identification Number  C C00554899  Transaction ID : SB23.37733  Amount of Each Disbursement this Period
Office Sought:    X   House   Disburse	ement For: 2018 Primary General Other (specify)		2500.00 Memo Item
Full Name (Last, First, Middle Initial)  RYAN COSTELLO FOR CONGRI	ESS		Date of Disbursement
Mailing Address P.O. BOX 3154  City WEST CHESTER	State Zip Code PA 19381		FEC Identification Number  C C00554899

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ITEMIZED DISBURSEMENTS		(check only one)  21b 22 <b>X</b> 23 26 27  28a 28b 28c 29 30b  by any person for the purpose of soliciting contributions
or for commercial purposes, other than using the name  NAME OF COMMITTEE (In Full)		
` '		committee to solicit contributions from such committee.
/==	OB-GYNS PAC (OB-0	GYN PAC)
Full Name (Last, First, Middle Initial)  A: RYAN COSTELLO FOR CONGRES  Mailing Address P.O. BOX 3154	SS	Date of Disbursement  01 31 2017
	tate Zip Code	
,	PA 19381	FEC Identification Number  C C00554899
CONTRIBUTION  Candidate Name  COSTELLO, RYAN A., , ,	C	Transaction ID : SB23.38705  Category/ Type  Amount of Each Disbursement this Period
Office Sought:    X   House   Disburseme     Senate   X   P	ent For: 2018  Primary General  Other (specify) ▼	1000.00 Memo Item
Full Name (Last, First, Middle Initial)  B. TAMMY FOR ILLINOIS  Mailing Address P.O. BOX 10793		Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
,	zate Zip Code IL 60610	FEC Identification Number  C C00574889
CONTRIBUTION  Candidate Name  DUCKWORTH, L TAMMY, , ,	C	Transaction ID : SB23.38709 Category/ Type  Amount of Each Disbursement this Period
X Senate X P	ent For: 2022 Primary General Other (specify)	5000.00  Memo Item
Full Name (Last, First, Middle Initial)  C. TOM O'HALLERAN FOR CONGRES	SS	Date of Disbursement
Mailing Address P.O. BOX 20375		01 18 2017
SEDONA	zate Zip Code AZ 86341	FEC Identification Number
Purpose of Disbursement CONTRIBUTION Candidate Name O'HALLERAN, TOM, , ,		Category/ Type  Category/ Type  Category/ Type  Country  Country
Senate P	ent For: 2018 Primary General Other (specify) ▼	1000.00  Memo Item

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SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 19 OF	= 20	
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(orlook offly offo)		
	Detailed Summary Page			
Any information copied from such Reports and States	ments may not be sold or u	used by any person for the purpose of soliciting contribution		
		tical committee to solicit contributions from such committee		
NAME OF COMMITTEE (In Full)				
THE AMERICAN CONGRESS OF	OB-GYNS PAC (O	)B-GYN PAC)		
Full Name (Last, First, Middle Initial)				
A. TOMORROW IS MEANINGFUL PA	Date of Disbursement	7		
Mailing Address P.O. BOX 347	. I	01 18 2017		
City HAYMARKET	State Zip Code VA 20168	FEC Identification Number		
Purpose of Disbursement	20100	C C00495887		
CONTRIBUTION		Transaction ID : SB23,37740		
Candidate Name		Category/ Amount of Each Disbursement this Pe	eriod	
		Type		
Office Sought: House Disburser Senate		1000.00		
President	Primary ☐ General  Other (specify) ▼	Memo Item		
State: District:				
Full Name (Last, First, Middle Initial)		Data of Dishurasanant		
B. TUESDAY GROUP POLITICAL AC	STION COMMITTE			
Mailing Address 209 PENNSYLVANIA AVENUE, S	SE .	01 31 2017		
City	State Zip Code			
WASHINGTON	DC 20003	FEC Identification Number		
Purpose of Disbursement CONTRIBUTION		C C00433060		
	Transaction ID : SB23.38716			
Candidate Name		Category/ Amount of Each Disbursement this Pe	eriod	
Office Sought: House Disburser	ment For:	Type 5000.00		
Senate	Primary General	4 4 4	_	
President	Other (specify)	Memo Item		
State: District:		Ivieno item		
Full Name (Last, First, Middle Initial)		Date of Disbursement		
C. WALORSKI FOR CONGRESS				
Mailing Address P.O. BOX 954		01 31 2017		
City	State Zip Code	FEC Identification Number		
MISHAWAKA	IN 46546			
Purpose of Disbursement CONTRIBUTION		C C00468579  Transaction ID : SB23.38714		
Candidate Name		Category/ Amount of Each Disbursement this Pe	eriod	
WALORSKI SWIHART, JACKIE, ,	-	Type 1000.00		
Consts	ment For: 2018  Primary General	1000.00		
President	Other (specify)	п.,		
State: IN District: 02	- (-1,)/ <b>V</b>	Memo Item		
CURTOTAL of Dichard Till B. ( )		7000.00	$\overline{}$	
SUBTOTAL of Disbursements This Page (optional)		7000.00		
TOTAL This Period (last page this line number only)		44000.00	) -	

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SCHEDULE B (FEC Form 3X)			F0D : :::-	NLIMBER: PAGE 20 OF 20	
ITEMIZED DISBURSEMENTS	Use separate schedule(s)			FOR LINE NUMBER: PAGE 20 OF 20 (check only one)	
II LIVIIZED DIGBORGEIVIEN IG		category of the Summary Page	21b	22 23 26 27	
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Any information copied from such Reports and State					
or for commercial purposes, other than using the nat	me and add	ress of any politi	cal committee to	o solicit contributions from such committee.	
NAME OF COMMITTEE (In Full)		NE DAC (O		<b>C</b> \	
THE AMERICAN CONGRESS OF	OB-G 1	NS PAC (O	D-G IN PA	C)	
Full Name (Last, First, Middle Initial)					
A. YEN 4 SENATE	Date of Disbursement				
Mailing Address 9300 NORTH MAY AVENUE				01 27 2017	
				21 2017	
City	State	Zip Code		FEC Identification Number	
OKLAHOMA CITY Purpose of Disbursement	OK	73120		0	
NON-FEDERAL CONTRIBUTION				C	
Candidate Name Category/				Transaction ID : SB29.38694  Amount of Each Disbursement this Period	
			Type	******	
	ment For:	Cananal		1000.00	
Senate President	Primary Other (spe	General			
State: District:	J 0 11.0. (Op 0	<b>5</b> , <b>↓</b>		Memo Item	
Full Name (Last, First, Middle Initial)					
В.				Date of Disbursement	
Mailing Address				M M / D D / Y Y Y Y	
Mailing Address					
City	State	Zip Code		FEC Identification Number	
Purpose of Disbursement					
Talpece of Biodalcomonic			$\Box$	C	
Candidate Name Category/				Amount of Each Disbursement this Period	
Туре					
	ice Sought: House Disbursement For: Senate Primary General				
President	Other (spe			П.,	
State: District:		,		Memo Item	
Full Name (Last, First, Middle Initial)					
C.				Date of Disbursement	
Mailing Address				M M / D D / Y Y Y Y	
City	State	Zip Code		FEC Identification Number	
Purpose of Disbursement				C	
				0	
Candidate Name			Category/	Amount of Each Disbursement this Period	
Office Sought: House Disburse	mont Fam		Type		
	ffice Sought: House Disbursement For: Senate Primary General				
President	Other (spe			Memo Item	
State: District:				INIGINO ILGIN	
				1000.00	
SUBTOTAL of Disbursements This Page (optional).			·····•	1000.00	
TOTAL This Period (last page this line number only	')			1000.00	