Image# 14960657079		PAGE 1 / 68
	<b>EPORT OF RECEIPTS</b> <b>ND DISBURSEMENTS</b> Other Than An Authorized Committee	
1. NAME OF TYP	E OR PRINT V Example: If typing, type	Office Use Only
COMMITTEE (in full)	over the lines.	12FE4M5
	RESS OF OB-GYNS PAC (OB-GYN PAC	;)
ADDRESS (number and street)	09 12TH STREET, SW	
Check if different than previously	VASHINGTON	DC 20024
reported. (ACC)		
2. FEC IDENTIFICATION NUMB		STATE ZIP CODE
C C00364158	3. IS THIS REPORT X (N) OF	AMENDED (A)
<ul> <li><b>4. TYPE OF REPORT</b> (Choose One)</li> <li>(a) Quarterly Reports:</li> </ul>	b) Monthly Report Due On: Mar 20 (M3) Mar 20 (M3)	(Non-Election Year Only)
April 15	X Apr 20 (M4) Jul 20 (M7)	) Oct 20 (M10) Jan 31 (YE)
Quarterly Report (Q1) July 15 Quarterly Report (Q2)	(c) 12-Day PRE-Election	General (12G) Runoff (12R)
October 15 Quarterly Report (Q3)	Report for the: Convention (12C)	Special (12S)
January 31 Year-End Report (YE)	Election on	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day <b>POST</b> -Election General (30G)	Runoff (30R) Special (30S)
Termination Report (TER)	Report for the:	in the State of
5. Covering Period	01 / Y Y Y Y 01 2014 through 03	M / D D / Y Y Y Y 31 2014
I certify that I have examined this R	eport and to the best of my knowledge and belief it is	true, correct and complete.
Type or Print Name of Treasurer	TACIE MONROE	
Signature of Treasurer	ONROE [Electronically Filed]	Date 04 / D D / Y Y Y Y 12 / 2014
NOTE: Submission of false, erroneous	, or incomplete information may subject the person signing	g this Report to the penalties of 2 U.S.C. §437g.
Office Use Only		FEC FORM 3X Rev. 12/2004

04/12/2014 11 : 58

#### SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

Page 2

FEC Form 3X (Rev. 02/2003) Write or Type Committee Name

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

R	Report Covering the Period: From:	03 01 / Y Y Y Y 2014 T	o: 03 / D D / Y Y Y Y 31 2014
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2014		300966.48
	(b) Cash on Hand at Beginning of Reporting Period	260285.39	
	(c) Total Receipts (from Line 19)	119958.83	208762.91
	<ul> <li>(d) Subtotal (add Lines 6(b) and</li> <li>6(c) for Column A and Lines</li> <li>6(a) and 6(c) for Column B)</li> </ul>	380244.22	509729.39
7.	Total Disbursements (from Line 31)	50533.42	180018.59
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	329710.80	329710.80
9.	Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

#### For further information contact:

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

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

1	TAILED SUMMARY PAGE of Receipts	
FEC Form 3X (Rev. 06/2004)		Page <b>3</b>
Write or Type Committee Name THE AMERICAN CONGRESS OF O		
	B-GTNS FAC (OB-GTN FAC)	
Report Covering the Period: From: 03	/ D1 / Y Y Y Y 01 2014 To:	03 / D D / Y Y Y Y 2014
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)	101471.33	148800.08
(ii) Unitemized (iii) TOTAL (add	18487.50	59962.83
Lines 11(a)(i) and (ii)	119958.83	208762.91
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry		000700.04
Totals to Line 33, page 5)	119958.83	208762.91
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
,		
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures	7 7 7	7 7 7 0.00
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other		
Political Committees	0.00	0.00
17. Other Federal Receipts		
(Dividends, Interest, etc.) 18. Transfers from Non-Federal and Levin Funds	0.00	0.00
(a) Non-Federal Account		
(from Schedule H3)	0.00	0.00
(b) Lovin Fundo (from Schodulo HE)	0.00	0.00
(b) Levin Funds (from Schedule H5)	7 7 7	7 7 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))▶	119958.83	208762.91
20. Total Federal Receipts		
(subtract Line 18(c) from Line 19)▶	119958.83	208762.91

#### DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)	of Disbursements	Page 4
II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		Calendar fear-to-Date
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	2533.42	3698.59
(c) Total Operating Expenditures	7 7 2000.12	
(add 21(a)(i), (a)(ii), and (b))► Transfers to Affiliated/Other Party	2533.42	3698.59
Committees	0.00	0.00
Contributions to Federal Candidates/Committees and Other Political Committees	48000.00	174000.00
Independent Expenditures	0.00	0.00
(use Schedule E) Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
	0.00	0.00
Loan Repayments Made	7 7 7	
Loans Made Refunds of Contributions To:	0.00	0.00
(a) Individuals/Persons Other Than Political Committees	0.00	320.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))▶	0.00	320.00
Other Disbursements	0.00	2000.00
	7 7 7 0.00	
<ul><li>Federal Election Activity (2 U.S.C. §431(20))</li><li>(a) Allocated Federal Election Activity</li></ul>		
(from Schedule H6) (i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))►	0.00	0.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and $30(c)$ )	50533.42	180018.5
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	50533.42	180018.59

L

#### **DETAILED SUMMARY PAGE**

of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date			
<ol> <li>Total Contributions (other than loans) (from Line 11(d), page 3)</li> </ol>	119958.83	208762.91			
<ol> <li>Total Contribution Refunds (from Line 28(d))</li> </ol>	0.00	320.00			
<ol> <li>Net Contributions (other than loans) (subtract Line 34 from Line 33)</li> </ol>	119958.83	208442.91			
add Line 21(a)(i) and Line 21(b))	2533.42	3698.59			
<ul> <li>Offsets to Operating Expenditures (from Line 15, page 3)</li> </ul>	0.00	0.00			
8. Net Operating Expenditures (subtract Line 37 from Line 36)	2533.42	3698.59			

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 6 OF

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
Any information copied from such Reports and or for commercial purposes, other than using the			erson for the purpose of soliciting contributions
	S OF OB-GY	'NS PAC (OB-GYN P	AC)
Full Name (Last, First, Middle Initial)         THADDEUS ANDERSON         Mailing Address 2350 SIMPSON STREET         City         DUBUQUE         FEC ID number of contributing federal political committee.         Name of Employer         DUBUQUE OB/GYN         Receipt For:         Primary       General         Other (specify) ▼	State IA C Occupation PHYSICIAN Aggregate Yo	Zip Code 52003 ear-to-Date ▼ 300.00	Date of Receipt
Full Name (Last, First, Middle Initial)         CAROL ARCHIE         Mailing Address 401 LORING AVENUE         City         LOS ANGELES         FEC ID number of contributing federal political committee.         Name of Employer         LINDA S. COHEN, MD         Receipt For:         Primary       General         Other (specify) ▼	State CA C Occupation PHYSICIAN Aggregate Y	Zip Code 90024 ear-to-Date ▼ 300.00	Date of Receipt
Full Name (Last, First, Middle Initial)         C.         THOMAS F. ARNOLD         Mailing Address 1145 14TH AVENUE WEST         City         DICKINSON         FEC ID number of contributing federal political committee.         Name of Employer         CATHOLIC HEALTH INITIATIVES         Receipt For:         Primary       General         Other (specify) ▼	State ND C Occupation PHYSICIAN	Zip Code 58601 ear-to-Date ▼ 625.00	Date of Receipt 03 / 12 / 2014 Transaction ID : SA11AI.13861 Amount of Each Receipt this Period 625.00
SUBTOTAL of Receipts This Page (optional)			1225.00
TOTAL This Period (last page this line numbe	er only)		

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

FOR LINE NUMBER:

(check only one)

PAGE 7 OF

		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
Any information copied from such Reports and or for commercial purposes, other than using th			
NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS	GF OB-G	YNS PAC (OB-GYN P	AC)
Full Name (Last, First, Middle Initial) IEVA BAILEY Mailing Address 2318 WESTFIELD DRIVE			Date of Receipt
City BILLINGS	State MT	Zip Code 59106	03     02     2014       Transaction ID : SA11AI.14039       Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		300.00
Name of Employer SELF-EMPLOYED Receipt For:	Occupation PHYSICIAN		
Primary General Other (specify) ▼		300.00	
Full Name (Last, First, Middle Initial) B. MIBHALI M. BHALALA			Date of Receipt
Mailing Address 806 CAPE COD DRIVE			03 02 2014
City REDWOOD CITY	State CA	Zip Code 94065	Transaction ID : SA11AI.14041 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		300.00
Name of Employer PERMANENTE MEDICAL GROUP	Occupation PHYSICIAN		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) C. DAVID BILLINGS			Date of Receipt
Mailing Address 831 SOUTH BROADWAY			03 02 Y Y Y Y Y 03 02 2014
City MINOT	State ND	Zip Code 58701	Transaction ID : SA11AI.14042 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		500.00
Name of Employer	Occupation		
TRINITY HEALTH	PHYSICIAN	N	
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00	1
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line numbe			1100.00

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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ITEMIZED RECEIPTS	tor each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using th		r 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 (Last, First, Middle Initial)         A.         SHERRY L. BLUMENTHAL         Mailing Address 911 FRASER ROAD         City         GLENSIDE         FEC ID number of contributing         federal political committee.         Name of Employer         SELF-EMPLOYED         Receipt For:         Primary       General         Other (specify) ▼	State     Zip Code       PA     19038       C       Occupation       PHYSICIAN       Aggregate Year-to-Date ▼       300.00	Date of Receipt 03 02 2014 Transaction ID : SA11AI.14043 Amount of Each Receipt this Period 300.00
Full Name (Last, First, Middle Initial)         B.       CONSTANCE BOHON         Mailing Address 15201 ARMINIO COURT         City         DARNESTOWN         FEC ID number of contributing federal political committee.         Name of Employer         CAPITAL WOMEN'S CARE         Receipt For:         Primary       General         Other (specify) ▼	State     Zip Code       MD     20874       C       Occupation       PHYSICIAN       Aggregate Year-to-Date ▼       300.00	Date of Receipt 03 02 2014 Transaction ID : SA11AI.14044 Amount of Each Receipt this Period 300.00
Full Name (Last, First, Middle Initial)         MARYANNE C. BOMBAUGH         Mailing Address 81 CLOWES DRIVE         City         FALMOUTH         FEC ID number of contributing federal political committee.         Name of Employer         RELIANT MEDICAL GROUP         Receipt For:         Primary       General         Other (specify) ▼	State     Zip Code       MA     02540       C       Occupation       PHYSICIAN       Aggregate Year-to-Date ▼       625.00	Date of Receipt 03 / 12 / 2014 Transaction ID : SA11AI.13864 Amount of Each Receipt this Period 625.00
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number		

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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			for each category of the Detailed Summary Page		X         11a         11b         11c         12           13         14         15         16         17
	y information copied from such Reports and St for commercial purposes, other than using the				
	NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS (	DF OB-G	GYNS PAC (OB-GYN	PAC	
Α.	Full Name (Last, First, Middle Initial) LEONARD A. BRABSON				Date of Receipt
	Mailing Address 939 EAST EMERALD AVENU	E State	Zip Code		03 12 2014 Transaction ID : SA11AL13865
	KNOXVILLE	TN	37917		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			625.00
	Name of Employer TENNOVA HEALTHCARE	Occupation PHYSICIAN			
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General Other (specify) ▼		625.00		
В.	Full Name (Last, First, Middle Initial) CYNTHIA A. BRINCAT				Date of Receipt
	Mailing Address 308 NORTH KENILWORTH				03 / D D / Y Y Y Y 2014
	City OAK PARK	State IL	Zip Code 60302		Transaction ID : SA11AI.13970 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			1000.00
	Name of Employer LOYOLA UNIVERSITY	Occupation PHYSICIAN			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00		
<u></u> с.	Full Name (Last, First, Middle Initial) CYNTHIA A. BRINCAT				Date of Receipt
	Mailing Address 308 NORTH KENILWORTH				M M / D D / Y Y Y Y 03 03 2014
	OAK PARK	State IL	Zip Code 60302		Transaction ID : SA11AI.13794 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			300.00
	Name of Employer	Occupation	1		
	LOYOLA UNIVERSITY	PHYSICIAI			
	Receipt For:	Aggregate	Year-to-Date ▼		
	Other (specify)		1300.00	_	
s	UBTOTAL of Receipts This Page (optional)			•	1925.00
т	OTAL This Period (last page this line number of	only)		•	

FOR LINE NUMBER:

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		Detailed Summary Page		11a		11b		11c	12	
· · · · · · · · -				13		14		15	16	17
Any information copied from such Reports ar or for commercial purposes, other than using										
NAME OF COMMITTEE (In Full)		, , , , , , , , , , , , , , , , , , ,								
THE AMERICAN CONGRES	S OF OB-G	YNS PAC (OB-GYN P	PAC)							
Full Name (Last, First, Middle Initial) A. ALBERT L. BROOKS				Date of	f Re	ceipt				
Mailing Address 2000 MOWRY AVENUE			03 18 _ 2014 _							
City	State	Zip Code		Trans	acti	ion ID	):S	A11AI.	14534	
FREMONT	CA	94538		Amoun	t of	Each	Red	ceipt th	is Period	
FEC ID number of contributing federal political committee.	С					7		7	1000	.00
Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN									
Receipt For:	Aggregate	Year-to-Date ▼								
Primary General Other (specify) ▼		1000.00	]							
Full Name (Last, First, Middle Initial) B. ERIN C. BROUSSEAU				Date of	f Re	eceipt				
Mailing Address 85 STRATHMORE ROAD				м м 03	/	C	D 03	/ Y	y y 2014	Y
City	State	Zip Code		Trans	acti	ion ID	): S	A11AI. <sup>,</sup>	13903	
CRANSTON	RI	02905	/	Amoun	t of	Each	Ree	ceipt th	is Period	
FEC ID number of contributing federal political committee.	С					,		7	300	.00
Name of Employer WOMEN & INFANTS HOSPITAL	Occupation PHYSICIAN									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 340.00	]							
Full Name (Last, First, Middle Initial) C. LANCE BRUCK				Date of	f Re	ceipt				
Mailing Address 42 ROCK SHELTER ROA	٨D			м м 03	/	, C	D3	/ Y	ү ү 2014	Y
City	State	Zip Code		Trans	sacti	ion IC	):S	A11AI.	13904	
WACCABAC	NY	10597	/	Amoun	t of	Each	Ree	ceipt th	is Period	
FEC ID number of contributing federal political committee.	C					,		7	500	.00
Name of Employer	Occupation									
STAMFORD HOSPITAL	PHYSICIAN	١								
Receipt For:	Aggregate	Year-to-Date ▼								
Primary General		500.00	1							
Other (specify)		500.00								
SUBTOTAL of Receipts This Page (optional	)					7		7	1800	00
TOTAL This Period (last page this line num	ber only)					,				

FOR LINE NUMBER:

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		Detailed Summary Page		11a		11b	11c	12	
Any information partial framework Departure 10	totom			13	<u> </u>	14	15	16	17
Any information copied from such Reports and S or for commercial purposes, other than using the	name and a	ay not be sold or used by any paddress of any political committee	erson f e to so	or the licit co	pur <sub>l</sub> ntrib	pose of outions f	soliciting	contribu	tions tee.
NAME OF COMMITTEE (In Full)									
THE AMERICAN CONGRESS	OF OB-G	GYNS PAC (OB-GYN P	PAC)						
Full Name (Last, First, Middle Initial) <b>A.</b> DONALD K. BRYAN				Date of	Re	eceipt			
Mailing Address 4361 SAWMILL ROAD				м м 03	_		/ Y	2014	Y
City	State	Zip Code			acti		SA11AI.		
COLUMBUS	ОН	43220	/	Amount	t of	Each R	eceipt th	is Period	
FEC ID number of contributing federal political committee.	С					7	7	250	0.00
Name of Employer	Occupation	1							
KINGSDALE GYNECOLOGICAL	PHYSICIAN	N							
Receipt For:	Aggregate	Year-to-Date ▼							
Other (specify)		250.00							
Full Name (Last, First, Middle Initial) B. JUDITH T. BURGIS				Date of	Re	eceipt			
Mailing Address 2 MEDICAL PARK ROAD				м м 03	/	D D 10	/ Y	y y 2014	Y
City	State	Zip Code		Trans	acti	on ID :	SA11AI.1	13813	
COLUMBIA	SC	29203		Amount	t of	Each R	eceipt th	is Period	
FEC ID number of contributing federal political committee.	С					7	7	600	.00
Name of Employer UNIVERSITY OF SOUTH CAROLINA	Occupation PHYSICIAN								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00	]						
Full Name (Last, First, Middle Initial) C. STEPHEN H. BUSH				Date of	Re	ceint			
Mailing Address 4400 KANAWHA AVENUE				03	/	13	/ Y	y y 2014	Y
City CHARLESTON	State WV	Zip Code 25304					SA11AI.		
FEC ID number of contributing	_	23304	/	Amount	tof	Each R	eceipt th	is Period	
federal political committee.	С					7	y	250	0.00
Name of Employer	Occupation	1							
WEST VIRGINIA UNIVERSITY	PHYSICIAN	N							
Receipt For:	Aggregate	Year-to-Date ▼							
Other (specify)		250.00							
SUBTOTAL of Receipts This Page (optional)								1100	.00
TOTAL This Period (last page this line number	only)	······				,	,		

FOR LINE NUMBER:

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			Detailed Summary Page		11a 13		11b	11c	12	r	17							
	y information copied from such Reports and for commercial purposes, other than using the				or the		pose of	soliciting	g contri	butic	ons							
$\rangle$	NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS	OF OB-G	YNS PAC (OB-GYN F	PAC)														
A.																		
	Mailing Address 27 FRANKLIN COURT																	
	City GARDEN CITY	State NY	Zip Code 11530	A			ion ID : 9 Each Re			od								
	FEC ID number of contributing federal political committee.	С					7	- 7	10	00.0	0							
	Name of Employer WINTHROP UNIVERSITY	Occupation PHYSICIAN																
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	]														
в.	Full Name (Last, First, Middle Initial) BEN H. CHEEK						Date of Receipt											
	Mailing Address 1626 SUMMIT DRIVE						03 12 2014 Transaction ID : SA11AI.13867											
	City COLUMBUS	State GA	Zip Code 31906	A			ion ID : S Each Re			od								
	FEC ID number of contributing federal political committee.				л. I.			00.0	0									
	Name of Employer OB/GYN ASSOCIATES OF COLUMBUS																	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1583.33	]														
с.	Full Name (Last, First, Middle Initial) BEN H. CHEEK				Date of	f Re	eceipt											
	Mailing Address 1626 SUMMIT DRIVE				м м 03	/	D D 19	/ Y	2014									
	City COLUMBUS	State GA	Zip Code 31906				ion ID : S Each Re			od								
	FEC ID number of contributing federal political committee.	С					5			83.3	3							
	Name of Employer																	
	OB/GYN ASSOCIATES OF COLUMBUS Receipt For:	PHYSICIAN																
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1666.66	]														
s	UBTOTAL of Receipts This Page (optional)	· · · · · · · · · · · · · · · · · · ·					7	- 7	25	83.3	3							
т	OTAL This Period (last page this line numbe	r only)					7	7										

SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	;	

FOR LINE NUMBER:

(check only one)

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$				
Any information copied from such Reports and or for commercial purposes, other than using			erson for the purpose of soliciting contributions				
NAME OF COMMITTEE (In Full) THE AMERICAN CONGRES	S OF OB-G	YNS PAC (OB-GYN P	AC)				
Full Name (Last, First, Middle Initial)         A.         DONALD D. CHERVENAK         Mailing Address       16 BOARDWALK AVENUE	DONALD D. CHERVENAK           Mailing Address         16 BOARDWALK AVENUE						
City WINDHAM	State ME	Zip Code 04062	Transaction ID : SA11AI.13776				
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period				
Name of Employer SELF-EMPLOYED Receipt For: Primary General Other (specify)	Occupation PHYSICIAN Aggregate						
B. Hull Name (Last, First, Middle Initial) MARGUERITE P. COHEN Mailing Address 620 SOUTHEAST 55TH A	Date of Receipt						
City PORTLAND FEC ID number of contributing	State OR	Zip Code 97215	03     14     2014       Transaction ID : SA11AI.13777       Amount of Each Receipt this Period				
federal political committee.	Occupation		300.00				
WOMEN'S HEALTHCARE ASSOCIATES          Receipt For:         Primary       General         Other (specify)	PHYSICIAN Aggregate	I Year-to-Date ▼ 300.00					
Full Name (Last, First, Middle Initial) C. SHANNA M. COMBS			Date of Receipt				
Mailing Address 849 SPRINGBROOK DRI	/E		03 03 2014				
City FORT WORTH	State TX	Zip Code 76107	Transaction ID : SA11AI.13912 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		1000.00				
Name of Employer	Occupation						
UNIVERSITY OF NORTH TEXAS Receipt For:	PHYSICIAN						
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1000.00					
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line numb			2400.00				

FOR LINE NUMBER:

(check only one)

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			Detailed Summary Page		(11a 13		11		11c 15		12 16	17					
	y information copied from such Reports and S for commercial purposes, other than using the				for the		pos	se of s	oliciting		ntribut	ions					
$\left\langle \right\rangle$	NAME OF COMMITTEE (IN Full) THE AMERICAN CONGRESS (	OF OB-G	YNS PAC (OB-GYN I	PAC)													
Α.	Full Name (Last, First, Middle Initial) JEANNE A. CONRY				Date of	f Re	ecei	pt									
	Mailing Address 8204 CANTERSHIRE WAY		03 03 _ 2014 _														
	City	State	Zip Code			act	ion		A11AI.								
	GRANITE BAY	CA	95746		Amoun	t of	Ead	ch Re	ceipt th	is P	eriod						
	FEC ID number of contributing federal political committee.	C					7		IJ	_	250.	00					
	Name of Employer	Occupation															
	PERMANENTE MEDICAL GROUP Receipt For:	ERMANENTE MEDICAL GROUP PHYSICIAN															
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 750.00														
В.	Full Name (Last, First, Middle Initial) JEANNE A. CONRY						ecei	pt									
	Mailing Address 8204 CANTERSHIRE WAY		M         M         /         D         D         /         Y														
	City GRANITE BAY	State CA	Zip Code 95746		Transaction ID : SA11AI.13815 Amount of Each Receipt this Period												
	FEC ID number of contributing federal political committee.	C ID number of contributing									2500.00						
	Name of Employer PERMANENTE MEDICAL GROUP	J															
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 3250.00	]													
с.	Full Name (Last, First, Middle Initial)				Date of	f Re	ecei	pt									
	Mailing Address 289 HARRIS HILL ROAD				м м 03	/	Ľ	02	/ Y		)14	Y					
	City SHAVERTOWN	State PA	Zip Code 18708		Trans Amoun				A11AI.								
	FEC ID number of contributing federal political committee.	С					7		у у		2500	00					
	Name of Employer	Occupation	I														
	SELF-EMPLOYED	PHYSICIAN	N														
	Receipt For: Primary General	Aggregate	Year-to-Date ▼														
	Other (specify) ▼		2500.00														
s	UBTOTAL of Receipts This Page (optional)						7		-		5250.	00					
т	OTAL This Period (last page this line number	only)		•			,		J								

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
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 (OB-GYN P	YAC)
A. Full Name (Last, First, Middle Initial) DOUGLAS J. CREEDON Mailing Address 1119 BUCKRIDGE DRIVE City ROCHESTER FEC ID number of contributing federal political committee.	State Zip Code MN 55906	Date of Receipt
MAYO CLINIC F	Decupation PHYSICIAN Aggregate Year-to-Date ▼ 1000.00	]
Full Name (Last, First, Middle Initial) <b>B.</b> JULIE A. CRON Mailing Address 9 GROVE HILL ROAD City GUILFORD FEC ID number of contributing federal political committee.	State Zip Code CT 06437	Date of Receipt 03 13 2014 Transaction ID : SA11AI.14559 Amount of Each Receipt this Period 500.00
Name of Employer COB/GYN & MENOPAUSE PHYSICIANS P	Dccupation HYSICIAN Aggregate Year-to-Date ▼ 500.00	
SANFORD HEALTH	State     Zip     Code       ND     58047       C       Occupation       PHYSICIAN       Aggregate       Year-to-Date       300.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional)		

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

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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Any information copied from such Reports a or for commercial purposes, other than usin				or the		pose of a	soliciting	g contribu	tions				
NAME OF COMMITTEE (In Full) THE AMERICAN CONGRES	SS OF OB-G	GYNS PAC (OB-GYN F	PAC)										
Full Name (Last, First, Middle Initial) A. STELLA DANTAS	lame (Last, First, Middle Initial) ELLA DANTAS g Address 6906 SOUTHWEST WINDEMERE LOOP												
				03 02 2014									
City	State	Zip Code		Trans	act	ion ID : S	SA11AI.	14056					
PORTLAND	OR	97225	A	Amount	t of	Each Re	eceipt th	nis Period					
FEC ID number of contributing federal political committee.	C					·		300					
Name of Employer	Occupation												
KAISER PERMANENTE Receipt For:	PHYSICIAI	N											
Primary General	Aggregate	Year-to-Date ▼	_										
Other (specify)		300.00											
Full Name (Last, First, Middle Initial) B. THOMAS S. DARDARIAN				Date of	Re	eceipt							
Mailing Address 108 CETON COURT		03 16 2014 Transaction ID : SA11AI.14544											
City BROOMAIL	State PA	Zip Code 19008											
FEC ID number of contributing federal political committee.	С			Amount	C OT	Each Re	eceipt th	iis Period 125	_				
Name of Employer MAIN LINE WOMEN'S HEALTH CARE	Occupation PHYSICIAN												
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 375.00	]										
Full Name (Last, First, Middle Initial) C. ROBERT H. DEBBS				Date of	Re	eceipt							
Mailing Address 2 SASSAFRAS COURT				03 10 _2014									
City VOORHEES	State NJ	Zip Code 08043	/			ion ID : S Each Re		. <b>13816</b> his Period					
FEC ID number of contributing federal political committee.	C					7	- 7	209	9.00				
Name of Employer	Occupation	1	_										
UNIVERSITY OF PENNSYLVANIA	PHYSICIAI	N											
Receipt For:	Aggregate	Year-to-Date ▼											
Other (specify) ▼		409.00											
SUBTOTAL of Receipts This Page (optional	al)					,		634	.00				
TOTAL This Period (last page this line num	nber only)					, ,	,						

Use separate schedule(s) for each category of the

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page		X         11a         11b         11c         12           13         14         15         16         17
	y information copied from such Reports and Si for commercial purposes, other than using the				
	NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS (	DF OB-G	GYNS PAC (OB-GY	N PAC	)
Α.	Full Name (Last, First, Middle Initial) MARK S. DEFRANCESCO				Date of Receipt
	Mailing Address 35 TERRELL FARM PLACE	Otata	Zin Oode		03 03 03 2014
	City CHESHIRE	State CT	Zip Code 06410		Transaction ID : SA11AI.13796 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			200.00
	Name of Employer WOMEN'S HEALTH CONNECTICUT	Occupation PHYSICIAN			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.0	00	
в.	Full Name (Last, First, Middle Initial)				Date of Receipt
	Mailing Address 2121 PINE STREET		03 23 2014		
	City PHILADELPHIA	State PA	Zip Code 19103		Transaction ID : SA11AI.14655 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			209.00
	Name of Employer UNIVERSITY OF PENNSYLVANIA	Occupation PHYSICIAN			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 627.0	0	
с.	Full Name (Last, First, Middle Initial) JANE ANN DIMER				Date of Receipt
	Mailing Address 4631 90TH AVENUE				03 12 _2014 _
	City MERCER ISLAND	State WA	Zip Code 98040		Transaction ID : SA11AI.13869 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			250.00
	Name of Employer	Occupation	l		
	GROUP HEALTH PERMANENTE	PHYSICIAN	N		
	Receipt For: Primary General	Aggregate	Year-to-Date ▼		
	Primary General Other (specify) ▼		250.0	00	
s	UBTOTAL of Receipts This Page (optional)			▶	659.00
Т	OTAL This Period (last page this line number of	only)		►	

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				13		14	15	16	17				
Any information copied from such Reports a or for commercial purposes, other than using													
NAME OF COMMITTEE (In Full)	<b>,</b>	, , , , , , , , , , , , , , , , , , ,											
	SS OF OB-G	YNS PAC (OB-GYN P	PAC)										
Full Name (Last, First, Middle Initial) <b>A.</b> DAVID R. ELLINGTON		Date of Receipt											
Mailing Address 1507 GROVE PLACE			03 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y										
City	State	Zip Code		Trans	acti	on ID :	SA11AI	.13914					
BIRMINGHAM	AL	35209	/	Amount	t of	Each F	Receipt th	nis Period					
FEC ID number of contributing federal political committee.	С				,		300	.00					
Name of Employer UNIVERSITY OF ALABAMA	Occupation PHYSICIAN												
Receipt For:	Aggregate	Year-to-Date ▼											
Primary General Other (specify) ▼		300.00	]										
Full Name (Last, First, Middle Initial) B. DENISE M. ELSER		Date of	f Re	ceipt									
Mailing Address 5716 WEST 95TH STRE		03 02 2014											
City	State	Zip Code		Trans	acti	on ID :	SA11AI.	14057					
OAK LAWN	DAK LAWN IL 60453												
FEC ID number of contributing federal political committee.		300.00											
Name of Employer WOMEN'S HEALTH INSTITUTE	I												
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	]										
Full Name (Last, First, Middle Initial) C. LAURIE P. ERICKSON				Date of	f Re	ceipt							
Mailing Address 4940 EAST VALLEY VIS	TA LANE			03 13 _2014 _									
City	State	Zip Code		Trans	acti	ion ID	: SA11AI	.14561					
PARADISE VALLEY	AZ	85253	/	Amount	t of	Each F	Receipt th	nis Period					
FEC ID number of contributing federal political committee.	C					,		1000	.00				
Name of Employer	Name of Employer Occupation												
BANNER HEALTH	PHYSICIAN	N											
Receipt For:	Aggregate	Year-to-Date <b>V</b>											
Primary General Other (specify) ▼		1000.00	]										
SUBTOTAL of Receipts This Page (optiona	l)	······ )				7		1600	00				
TOTAL This Period (last page this line num	ber only)	<b>)</b>				,							

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17			
Any information copied from such Reports and s or for commercial purposes, other than using th					
NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS	OF OB-GYNS PAC (OB-GYN P	AC)			
A. EVE L. ESPEY Mailing Address 712 SUNDOWN PLACE		Date of Receipt			
City	State Zip Code	03 12 2014			
ALBUQUERQUE	NM         87108	Transaction ID : SA11AI.13870           Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	1000.00			
Name of Employer UNIVERSITY OF NEW MEXICO	Occupation PHYSICIAN				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00				
Full Name (Last, First, Middle Initial) B. VICTOR M. FELDBAUM		Date of Receipt			
Mailing Address 7247 MCVAY MANOR					
City GERMANTOWN	StateZip CodeTN38138	Transaction ID : SA11AI.13871 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	300.00			
Name of Employer UNIVERSITY OF TENNESSEE	Occupation PHYSICIAN	_			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00				
Full Name (Last, First, Middle Initial) C. DOUGLAS K. FENTON		Date of Receipt			
Mailing Address 2921 MANAGUA PLACE		03 12 2014			
City CARLSBAD	StateZip CodeCA92009	Transaction ID : SA11AI.13872 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	209.00			
Name of Employer	Occupation	-			
SCRIPPS COASTAL MEDICAL GROUP Receipt For:	PHYSICIAN Aggregate Year-to-Date ▼	_			
Primary   General     Other (specify) ▼	627.00				
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number		1509.00			

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			Detailed Summary Page		11a 13		11b 14	11c 15		12 16	17					
Ar or	y information copied from such Reports and for commercial purposes, other than using the	Statements ma	ay not be sold or used by any p ddress of any political committe	person f e to so	or the licit cor	pur ntrib	pose of soutions fr	soliciting	j co h co	ntribut	ions					
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS	OF OB-G	YNS PAC (OB-GYN F	PAC)												
A.	Full Name (Last, First, Middle Initial) SIRI J. FIEBIGER			[	Date of	Re	eceipt									
	Mailing Address 210 11TH STREET NORTH			03 02 <u>Y Y Y Y Y</u>												
	City FARGO	State ND	Zip Code 58102				ion ID : S Each Re									
	FEC ID number of contributing federal political committee.	С			Anoun					300.	00					
	Name of Employer ESSENTIA HEALTH	Occupation PHYSICIAN														
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 340.00	]												
в.	Full Name (Last, First, Middle Initial) STEVEN FLEISCHMAN						eceipt									
	Mailing Address 189 ANSONIA ROAD						03 01 2014 Transaction ID : SA11AI.13988									
	City WOODBRIDGE	StateZip CodeODBRIDGECT06525								88 Period						
	FEC ID number of contributing federal political committee.		2500.00													
	Name of Employer OB/GYN & MENOPAUSE PHYSICIANS	Occupation PHYSICIAN														
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2500.00	]												
C.	Full Name (Last, First, Middle Initial) ROBERT F. FLORA	1			Date of	Re	eceipt									
	Mailing Address 22668 BECKENHAM COUR	т			03 07 2014											
	City NOVI	State MI	Zip Code 48374				ion ID : S Each Re									
	FEC ID number of contributing federal political committee.	С					1	, j		250	.00					
	Name of Employer	Occupation		_												
	ST. JOHN PROVIDENCE HEALTH	PHYSICIAN	١													
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 290.00	1												
	UBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number						5		-	3050.	00					

Use separate schedule(s) for each category of the

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	for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
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	OB-GYNS PAC (OB-GYN P	AC)
Name of Employer C	State Zip Code CA 91745 C	Date of Receipt 03 / 25 / 2014 Transaction ID : SA11AI.14645 Amount of Each Receipt this Period 500.00
Bossint For:	ggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial)         CHERYL G. FOUNTAIN         Mailing Address 1219 LAKEPOINTE STREET         City         GROSSE POINTE PARK         FEC ID number of contributing federal political committee.	State Zip Code MI 48230	Date of Receipt 03 03 2014 Transaction ID : SA11AI.13915 Amount of Each Receipt this Period 300.00
Name of Employer     C       BEAUMONT HEALTH SYSTEM     Pl	ccupation HYSICIAN ggregate Year-to-Date ▼ 300.00	
Name of Employer     C       DALLAS FORT WORTH FERTILITY     P	State     Zip Code       TX     75039       C     C       Inccupation     Inccupation       HYSICIAN     Inccupate       uggregate     Year-to-Date       2500.00     2500.00	Date of Receipt 03 / 03 / 2014 Transaction ID : SA11AI.13917 Amount of Each Receipt this Period 2500.00
SUBTOTAL of Receipts This Page (optional)		3300.00

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	for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
or for commercial purposes, other than using the		y person for the purpose of soliciting contributions ttee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS	OF OB-GYNS PAC (OB-GYN	I PAC)
Full Name (Last, First, Middle Initial)         THOMAS M. GELLHAUS         Mailing Address 906 TAMARACK TRAIL         City         IOWA CITY         FEC ID number of contributing federal political committee.         Name of Employer         UNIVERSITY OF IOWA         Receipt For:         Primary       General         Other (specify) ▼	State     Zip Code       IA     52245       C       Occupation       PHYSICIAN       Aggregate Year-to-Date ▼	Date of Receipt 03 10 2014 Transaction ID : SA11AI.13824 Amount of Each Receipt this Period 2500.00
B. Full Name (Last, First, Middle Initial) B. SARAH V. GERNHART Mailing Address 1605 SOUTH 213TH CIRCLE		Date of Receipt
City OMAHA FEC ID number of contributing federal political committee. Name of Employer METHODIST PHYSICIANS CLINIC	State Zip Code NE 68022	Transaction ID : SA11AI.13918         Amount of Each Receipt this Period         300.00
Receipt For: Primary General Other (specify) ▼	PHYSICIAN         Aggregate Year-to-Date ▼         300.00	
Full Name (Last, First, Middle Initial)         WILLIAM W. GREENFIELD         Mailing Address 4301 WEST MARKHAM STR         City         LITTLE ROCK         FEC ID number of contributing federal political committee.         Name of Employer         UNIVERSITY OF ARKANSAS         Receipt For:         Primary       General         Other (specify) ▼	REET State Zip Code AR 72223 C Occupation PHYSICIAN Aggregate Year-to-Date ▼ 300.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional)		3100.00
TOTAL This Period (last page this line number	only)	•

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			Detailed Summary Pa		×	11a 13		11b 14	11c 15		12 16	17			
	y information copied from such Reports and Sta for commercial purposes, other than using the														
$\Big\rangle$	NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS C	OF OB-G	YNS PAC (OB-G	SYN PA	C)										
Α.	Full Name (Last, First, Middle Initial) PETER GREENSPAN Mailing Address 3601 NORTHWEST WINDING	WOODS DR	RIVE			Date of	Re	ceipt	/	V	Y	Y			
		State			03 02 2014										
	City LEE'S SUMMIT	Zip Code 64064		Transaction ID : SA11AI.14062 Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С				Amount	U				300.	00			
	Name of Employer UNIVERSITY PHYSICIANS	Occupation PHYSICIAN													
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300	0.00											
В.	Full Name (Last, First, Middle Initial)					Date of	Re	ceipt							
	Mailing Address 2277 FAIR OAKS		Zip Code		03 02 2014										
	City SACRAMENTO	State CA						SA11AI.							
	FEC ID number of contributing federal political committee.	С	95820	]			01	,			2500.	00			
	Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN													
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2500	0.00											
c.	Full Name (Last, First, Middle Initial)					Date of	Re	ceipt							
	Mailing Address 500 SOUTH HELBERTA AVEN	IUE				м м 03	/	13	/ Y		) 14	Y			
	City REDONDO BEACH	State CA	Zip Code 90277						SA11AI						
	FEC ID number of contributing federal political committee.	С		]			0.	,			300.	00			
	Name of Employer	1		1											
	CEDARS-SINAI HOSPITAL	PHYSICIAN	٨												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300	0.00											
s	UBTOTAL of Receipts This Page (optional)								 		3100.	00			
т	OTAL This Period (last page this line number o	nly)		······ •	j			, ,	,						

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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TTEMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
or for commercial purposes, other than using			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) THE AMERICAN CONGRES	S OF OB-G	/NS PAC (OB-GYN F	YAC)
A. Full Name (Last, First, Middle Initial) Mailing Address 12214 HATFIELD COURT	-		Date of Receipt 03 02 2014
City	State FL	Zip Code	Transaction ID : SA11AI.14065
ORLANDO FEC ID number of contributing federal political committee.	С	32837	Amount of Each Receipt this Period
Name of Employer ORLANDO HEALTH Receipt For:	Occupation PHYSICIAN	icar ta Data 💌	
Primary General Other (specify) ▼		ear-to-Date ▼ 300.00	]
Full Name (Last, First, Middle Initial) B. COLE GREVES			Date of Receipt
Mailing Address 12214 HATFIELD COURT			03 02 2014
City ORLANDO	State FL	Zip Code 32837	Transaction ID : SA11AI.14066 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		700.00
Name of Employer ORLANDO HEALTH	Occupation PHYSICIAN		
Receipt For: Primary General Other (specify) ▼	Aggregate Y	′ear-to-Date ▼ 1000.00	]
Full Name (Last, First, Middle Initial) C. NEIL A. HAMILL			Date of Receipt
Mailing Address 3882 SOUTH 177TH AVE	NUE		M M / D D / Y Y Y Y Y 03 09 2014
City OMAHA	State NE	Zip Code 68130	Transaction ID : SA11AI.13806 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		100.00
Name of Employer	Occupation	-	
METHODIST HOSPITAL	PHYSICIAN		
Receipt For: Primary General Other (specify) ▼	Aggregate Y	éear-to-Date ▼ 300.00	]
SUBTOTAL of Receipts This Page (optional)	)		1100.00
TOTAL This Period (last page this line numb	per only)		

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			Detailed Summary Page		11a 13		11b 14		11c		12 16	17		
An or	y information copied from such Reports and SI for commercial purposes, other than using the	tatements ma name and a	ay not be sold or used by any p ddress of any political committee	erson f e to sol	or the	purp ntrib	oose o	of s fro	oliciting	J COR COR CO	ntribut	ions		
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS (	OF OB-G	YNS PAC (OB-GYN P	PAC)										
A.	Full Name (Last, First, Middle Initial) R. MOSS HAMPTON		Date of Receipt											
	Mailing Address 3930 EDGEBROOK COURT				м м	1	D 1		/ Y		) ) 14	Y		
	City	State	Zip Code			acti			A11AI.					
	MIDLAND	ТХ	79707	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С					,		7	_	2500.	00		
	Name of Employer	Occupation												
	TEXAS TECH UNIVERSITY	PHYSICIAN	1											
	Receipt For:	Aggregate	Year-to-Date ▼	_										
	Other (specify) ▼		2500.00											
В.	Full Name (Last, First, Middle Initial)		Date of	Re	ceipt									
	Mailing Address 5673 PEACHTREE DUNWOO			м м 03	/	D 0		/ Y	ү 20	) 14	Y			
	City	State	Zip Code						A11AI.'					
	ATLANTA	GA	30372	/	Amount	of	Each	Re	ceipt th	is P	eriod			
	FEC ID number of contributing federal political committee.	ee.						_	7	_	300.	00		
	Name of Employer GYN & FERTILITY SPECIALISTS	Occupation PHYSICIAN	l											
	Receipt For: Primary General Other (specify) ▼	1												
с.	Full Name (Last, First, Middle Initial)				Date of	Re	ceipt							
	Mailing Address 5673 PEACHTREE DUNWOO	DY ROAD			м м 03	/	D 0		/ Y		) 14	Y		
	City	State GA	Zip Code						A11AI.					
	ATLANTA	GA	30372	/	Amount	of	Each	Re	ceipt th	is P	eriod			
	FEC ID number of contributing federal political committee.	C				_	7	_	7	_	40	.00		
	Name of Employer	Occupation PHYSICIAN												
	GYN & FERTILITY SPECIALISTS Receipt For:		_											
	Primary General	Aggregate	Year-to-Date ▼											
	Other (specify)		340.00											
s	UBTOTAL of Receipts This Page (optional)										2840.	00		
т	OTAL This Period (last page this line number of	only)					,		,					

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

FOR LINE NUMBER:

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		Detailed Summary Page		<b>1</b> 1a		11b		11c		12							
		<b>0</b>			13		14		15		16	17					
	y information copied from such Reports and for commercial purposes, other than using the																
$\setminus$																	
/	THE AMERICAN CONGRESS	OF OB-G	YNS PAC (OB-GYN F	'AC)													
Α.	Full Name (Last, First, Middle Initial) BRUCE W. HARLE				Date of Receipt												
	Mailing Address 7711 LOUIS PASTEUR		м м 03	/		)3	/ Y		014	Y							
	City	State	Zip Code		Trans	act	ion II	) : S	A11AI.	139	22						
	SAN ANTONIO TX 78229						Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С					7		y	_	300.	00					
	Name of Employer SEVEN OAKS WOMEN'S CENTER	Occupation PHYSICIAN															
	Receipt For:	1		-													
	Primary General	Aggregate	Year-to-Date ▼														
	Other (specify)		300.00	4													
в.	Full Name (Last, First, Middle Initial) KAREN E. HARRIS			Date of	f Re	eceipt											
	Mailing Address 6440 WEST NEWBERRY R	OAD			03	/		)2	/ Y		)14	Y					
	City	State	Zip Code		Trans	acti	ion ID	):S	A11AI.								
	GAINESVILLE FL 32605						Each	Re	ceipt th	nis F	Period						
	FEC ID number of contributing federal political committee.				7		3	_	300.	00							
	Name of Employer FLORIDA WOMEN'S PHYSICIANS	Occupation PHYSICIAN															
	Receipt For:	Aggregate	Year-to-Date ▼														
	Primary General																
	Other (specify)		300.00														
C.	Full Name (Last, First, Middle Initial) FRANK N. HARRISON				Date of	f Re	eceipt										
	Mailing Address 3741 HEARTHSTONE COU	IRT			м м 03	/		28	/ Y		)14	Y					
	City	State	Zip Code						A11AI.								
	CHARLOTTE	NC	28211	_	Amoun	t of	Each	Re	ceipt th	nis P	Period						
	FEC ID number of contributing federal political committee.	С					7		Ţ	_	500	.00					
	Name of Employer	Occupation															
	CAROLINAS HEALTH SYSTEM	PHYSICIAN	١														
	Receipt For:	Year-to-Date <b>V</b>															
	Primary General	1500.00	11														
	Other (specify)		1500.00	4													
s	UBTOTAL of Receipts This Page (optional)			•			7				1100.	00					
Т	OTAL This Period (last page this line numbe	r only)		•			,		J _	L							

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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			for each category o Detailed Summary		X         11a         11b         11c         12           13         14         15         16         17					
	y information copied from such Reports and S for commercial purposes, other than using the									
	NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS (	OF OB-G	YNS PAC (OB-	GYN PAC	C)					
Α.	Full Name (Last, First, Middle Initial)         MICHAEL M. HAWKINS         Mailing Address       3018 ARROWHEAD DRIVE				Date of Receipt					
	City TEMPLE	State TX	Zip Code 76506		03     02     2014       Transaction ID : SA11AI.14070       Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С			300.00					
	Name of Employer SCOTT AND WHITE CLINIC	Occupation PHYSICIAN								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	300.00						
В.	Full Name (Last, First, Middle Initial) MICHAEL M. HAWKINS				Date of Receipt					
	Mailing Address 3018 ARROWHEAD DRIVE	State	Zip Code		03 02 2014 Transaction ID : SA11AI.14071					
	TEMPLE	ТХ	76506		Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		300.00						
	Name of Employer SCOTT AND WHITE CLINIC	Occupation PHYSICIAN								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	00.00						
с.	Full Name (Last, First, Middle Initial)				Date of Receipt					
	Mailing Address 4412 TROSTSHIRE CIRCLE				M = M         /         D = D         /         Y = Y = Y = Y         Y           03         03         2014					
	City CHAMPAIGN	State IL	Zip Code 61822		Transaction ID : SA11AI.13925 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С			500.00					
	Name of Employer	Occupation	I							
	CHRISTIE CLINIC	PHYSICIAN	N							
	Receipt For:	Aggregate	Year-to-Date ▼							
	Primary General Other (specify) ▼		, , , , , , , , , , , , , , , , , , ,	500.00						
s	UBTOTAL of Receipts This Page (optional)			····· ►	1100.00					
т	OTAL This Period (last page this line number of	only)		····· ►						

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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ITEMIZED RECEIPTS			for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
	y information copied from such Reports and S for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS	OF OB-G	GYNS PAC (OB-GYN P	AC)
<b>A</b> .	Full Name (Last, First, Middle Initial) RICHARD W. HENDERSON Mailing Address 1709 CLEAVER LANE City WILMINGTON FEC ID number of contributing federal political committee. Name of Employer ST. FRANCIS HOSPITAL Receipt For: Primary General Other (specify)	State DE C Occupation PHYSICIAN Aggregate		Date of Receipt
В.	Full Name (Last, First, Middle Initial) NARIMAN HESHMATI Mailing Address 645 CORNELIA AVENUE City MUKILTEO FEC ID number of contributing federal political committee. Name of Employer EVERETT CLINIC Receipt For: Primary General	State WA C Occupation PHYSICIAN Aggregate	Zip Code 98275	Date of Receipt 03 12 2014 Transaction ID : SA11AI.13875 Amount of Each Receipt this Period 250.00
C.	Greeneral         Other (specify) ▼         Full Name (Last, First, Middle Initial)         GREIGH HIRATA         Mailing Address 2112 HAKANU STREET         City         HONOLULU         FEC ID number of contributing federal political committee.         Name of Employer         SELF-EMPLOYED	State HI Occupation PHYSICIAN		Date of Receipt 03 02 2014 Transaction ID : SA11AI.14072 Amount of Each Receipt this Period 300.00
	UBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number	Aggregate	Year-to-Date ▼ 300.00	1175.00
L '	UIAL THIS FERIOU (last page this line number	only)	••••••	

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

Use separate schedule(s) for each category of the

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(check only one)

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page		11a		11b		11c	12	17	
Any information copied from such Reports and S or for commercial purposes, other than using the				for the		pose		soliciting	contribu	tions
NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS	OF OB-G	GYNS PAC (OB-GYN P	AC)							
Full Name (Last, First, Middle Initial)         LISA M. HOLLIER         Mailing Address 6612 MERCER STREET         City         HOUSTON         FEC ID number of contributing federal political committee.         Name of Employer         BAYLOR COLLEGE OF MEDICINE         Receipt For:         Primary       General         Other (specify) ▼	State TX C Occupation PHYSICIAN Aggregate				/ sact	ion ID	1 ):S	SA11AI.	2014 <b>13993</b> iis Period 2500	
Full Name (Last, First, Middle Initial)         B. STEVEN HOLT         Mailing Address 15366 XENIA COURT         City         THORNTON         FEC ID number of contributing federal political committee.         Name of Employer         HEALTH ONE CLINIC SERVICES         Receipt For:         Primary       General         Other (creatify)	State CO C Occupation PHYSICIAN Aggregate	Vear-to-Date ▼			/ acti	ion ID	2 : S	/ Y SA11AL.	2014 1 <b>4074</b> iis Period 600	_
Other (specify) ▼         Full Name (Last, First, Middle Initial)         JOSEPH HWANG         Mailing Address P.O. BOX 1412         City         MINNETONKA         FEC ID number of contributing federal political committee.         Name of Employer         UNIVERSITY OF MINNESOTA         Receipt For:         Primary       General         Other (specify) ▼	State MN C Occupation PHYSICIAN Aggregate				/ sact	ion ID	)2 ):S	/ Y SA11AI. ceipt th	2014 <b>14075</b> iis Period 1000	
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number		<b>r</b>	• -			ŋ		7	4100	.00

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17							
Any information copied from such Reports and or for commercial purposes, other than using the			erson for the purpose of soliciting contributions e to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS										
Full Name (Last, First, Middle Initial) A. ANNIE I. IRIYE Mailing Address 2103 CRAIG ROAD SOUTH	IF A ST		Date of Receipt							
Maining Address 2103 CRAIG ROAD SOUTH	1EAST		03 12 2014							
City OLYMPIA	State WA	Zip Code 98501	Transaction ID : SA11AI.13877 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		250.00							
Name of Employer GROUP HEALTH PERMANENTE	Occupation PHYSICIAI									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	]							
Full Name (Last, First, Middle Initial) B. ANNIE I. IRIYE			Date of Receipt							
Mailing Address 2103 CRAIG ROAD SOUTH	IEAST		03 16 2014							
City OLYMPIA	State WA	Zip Code 98501	Transaction ID : SA11AI.14545 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		1000.00							
Name of Employer GROUP HEALTH PERMANENTE	Occupation PHYSICIAN									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1250.00	]							
Full Name (Last, First, Middle Initial) C. RICHARD T. IVEY			Date of Receipt							
Mailing Address 4023 BETSY LANE			03 02 2014							
City HOUSTON	State TX	Zip Code 77027	Transaction ID : SA11AI.14077 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		600.00							
Name of Employer	Occupation	1	—							
BAYLOR COLLEGE OF MEDICINE	PHYSICIA	Ν								
Receipt For:	Aggregate	Year-to-Date ▼								
Other (specify)		640.00	1							
SUBTOTAL of Receipts This Page (optional)			1850.00							
TOTAL This Period (last page this line number	er only)									

Use separate schedule(s) for each category of the

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	MIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
or fo	r commercial purposes, other than using the			rson for the purpose of soliciting contributions to solicit contributions from such committee.
	AME OF COMMITTEE (In Full) THE AMERICAN CONGRESS (	OF OB-G	GYNS PAC (OB-GYN P	AC)
A	ull Name (Last, First, Middle Initial) JUDITH JACOBSON lailing Address 10010 NORTHEAST 37TH CO ity KIRKLAND EC ID number of contributing ederal political committee. ame of Employer	DURT State WA C	Zip Code 98033	Date of Receipt 03 14 2014 Transaction ID : SA11AI.13778 Amount of Each Receipt this Period 250.00
_	ELF-EMPLOYED eceipt For: Primary General Other (specify)	PHYSICIAN Aggregate	Year-to-Date ▼ 250.00	
B. <u>l</u> ⊮	ull Name (Last, First, Middle Initial) _YDIA M. JEFFRIES lailing Address 21 WILSON LANE	State	Zip Code	Date of Receipt
_F F fe	AIRVIEW EC ID number of contributing ederal political committee.	C Occupation	28730	Transaction ID : SA11AI.13998         Amount of Each Receipt this Period         2500.00
A	SHEVILLE WOMEN'S MEDICAL eceipt For: Primary General Other (specify) ▼	PHYSICIAN		
<b>c</b> ⊮ ⊂	ull Name (Last, First, Middle Initial) JOHN C. JENNINGS lailing Address 2405 SPOONBILL DRIVE	State TX	Zip Code	Date of Receipt 03 10 2014 Transaction ID : SA11AI.13828
F fe N T	LEAGUE CITY         EC ID number of contributing ederal political committee.         ame of Employer         EXAS TECH UNIVERSITY         eceipt For:         Primary       General         Other (specify) ▼	C Occupation PHYSICIAN		Amount of Each Receipt this Period
SU	BTOTAL of Receipts This Page (optional)			5250.00
то	TAL This Period (last page this line number	only)	•	

Use separate schedule(s) for each category of the

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	×	11a 13		11b 14	11c		12 16	17			
	ny information copied from such Reports and S for commercial purposes, other than using the													
	NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS (	OF OB-G	YNS PAC (OB-GYN P	AC)										
Α.							Date of Receipt							
	Mailing Address 7822 SWINKS MILL COURT		03 / D D / Y Y Y Y 03 02 2014											
	MCLEAN	State VA	Zip Code 22102	/	Transaction ID : SA11AI.14080           Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		100.00										
	Name of Employer FOXHALL OB/GYN ASSOCIATES	Occupation PHYSICIAN												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00											
в.	Full Name (Last, First, Middle Initial) MARILYN JEROME						Date of Receipt							
	Mailing Address 7822 SWINKS MILL COURT						03 03 / Y Y Y Y 03 03 2014							
	City MCLEAN	StateZip CodeVA22102							Transaction ID : SA11AI.13930 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.		300.00											
	Name of Employer FOXHALL OB/GYN ASSOCIATES	i J												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 900.00											
с.	Full Name (Last, First, Middle Initial) HOWARD W. JONES				Date c	of Re	eceipt							
	Mailing Address 1100 VANDERBILT MEDICAL CENTER					/	D 18		20	ү 14	Y			
	City NASHVILLE	State TN	Zip Code 37232	Transaction ID : SA11AI.14539 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С					7		_	1000	.00			
	Name of Employer	Occupation												
	VANDERBILT UNIVERSITY													
	Receipt For:         Primary       General         Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00											
	UBTOTAL of Receipts This Page (optional)			- 1		-	9 I	· · · · ·		1400.	00			

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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			Detailed Summary Page		11a 13	$\vdash$	11b 14	11c	12	17	
	y information copied from such Reports and S for commercial purposes, other than using the				or the		pose of	soliciting	g contribu	tions	
	NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS						/0110115	nom suc	Gommit		
A.	Full Name (Last, First, Middle Initial) THEODORE B. JONES				Date of	f Re	eceipt				
	Mailing Address 1251 LONE PINE ROAD		03 03 2014								
	City BLOOMFIELD HILLS	State MI	Zip Code 48302					SA11AI. Receipt th	<b>.13797</b> nis Period		
	FEC ID number of contributing federal political committee.	С					7		250	0.00	
	Name of Employer WAYNE STATE UNIVERSITY	Occupation PHYSICIAN									
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 290.00	1							
B.	Full Name (Last, First, Middle Initial) HAROLD A. KAMINETZKY				Date of	f Re	eceipt				
	Mailing Address 26 YARMOUTH COURT						D 10		у у 2014	Y	
	City SCOTCH PLAINS								<b>13830</b> his Period		
	FEC ID number of contributing federal political committee.					,	7	1000	.00		
	Name of Employer RETIRED	I									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	]							
с.	Full Name (Last, First, Middle Initial) AMI H. KEATTS				Date of	f Re	eceipt				
	Mailing Address 503 VICTORIA DRIVE				м м 03	/	02		y y 2014	Y	
	City STAUNTON	State VA	Zip Code 24401					<b>SA11AI</b> Receipt th	<b>.14081</b> nis Period		
	FEC ID number of contributing federal political committee.	С		1000.00							
	Name of Employer										
	HARRISONBURG OB/GYN										
	Receipt For:	Aggregate	Year-to-Date ▼								
	Other (specify)		1000.00								
	UBTOTAL of Receipts This Page (optional)					-	7		2250	.00	
1	<b>OTAL</b> This Period (last page this line number	oniy)	······ ]				7				

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

Use separate schedule(s) for each category of the

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page		< 11a 13		11b 14	11c 15		12 16	17		
	y information copied from such Reports and St for commercial purposes, other than using the												
	NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS (	OF OB-G	YNS PAC (OB-GYN	PAC)	I								
Α.	Full Name (Last, First, Middle Initial) KRIS E. KENNEDY Mailing Address 1812 UPPER JAMES COURT						Date of Receipt						
	City		03 02 2014 Transaction ID : SA11AI.14082										
	VIRGINIA BEACH	VA	Zip Code 23454				Each Re						
	FEC ID number of contributing federal political committee.	С					,		_	500.	00		
	Name of Employer RETIRED	Occupation PHYSICIAN											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 540.00										
в.	Full Name (Last, First, Middle Initial) JIMMY P. KHANDALAVALA			Date o	f Rec	eipt							
	Mailing Address 2721 SOUTH 100TH STREET					/	21	/ Y	201	ү 4	Y		
	City OMAHA	State NE	Zip Code 68124		Transaction ID : SA11AI.14156 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С						, j		1000.	00		
	Name of Employer ALEGENT CREIGHTON CLINIC	l											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1040.00										
<u></u> с.	Full Name (Last, First, Middle Initial)				Date o	f Rec	ceipt						
	Mailing Address 1776 BRUSH DRIVE		м м 03	/	D D D 12	/ Y	201	Y 14	Y				
	City CARSON CITY	State NV	Zip Code 89703				on ID : S Each Re						
	FEC ID number of contributing federal political committee.	С					,			2500	.00		
	Name of Employer												
	CARSON MEDICAL GROUP												
	Receipt For:	Aggregate	Year-to-Date ▼										
	Primary General Other (specify) ▼		2500.00										
s	UBTOTAL of Receipts This Page (optional)			•			7	3	4	000.	00		
т	OTAL This Period (last page this line number of	only)		•			,	7					

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

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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			Detailed Summary Page		11a 13	-	11b 14		11c 15	12 16	17	
	y information copied from such Reports and S for commercial purposes, other than using the											
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS	OF OB-G	YNS PAC (OB-GYN P	AC)								
Α.	Full Name (Last, First, Middle Initial) JULIE B. KWATRA				Date of	_	· ·					
	Mailing Address 12946 EAST CIBOLA ROAD		03 13 2014									
	City SCOTTSDALE	State AZ	Zip Code 85259						A11AI.1			
	FEC ID number of contributing federal political committee.	С			Amouri		tacii	nec	eipt thi	s Perioo 60	0.00	
	Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN										
	Receipt For: Primary General Other (specify) ▼											
В.	Full Name (Last, First, Middle Initial) ELLEN LANDSBERGER Mailing Address 565 WEST END AVENUE				Date of		D		/ Y	2014	Y	
	City	Transaction ID : SA11AI.13881										
	NEW YORK FEC ID number of contributing federal political committee.	/	Amount	t of	Each	Rec	eipt thi	s Perioo 300	).00			
	Name of Employer MONTEFIORE MEDICAL CENTER	1										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00									
С.	Full Name (Last, First, Middle Initial) WILMA I. LARSEN				Date of	Re	eceipt					
	Mailing Address 2002 CANYON SPRINGS						D 0	D 2	/ Y	2014	Y	
	City BELTON	State TX	Zip Code 76513						A11AI.1	<b>14083</b> s Period	4	
	FEC ID number of contributing federal political committee.	С			Amourn		,	nec	,eipt till		0.00	
	Name of Employer											
	SCOTT & WHITE HEALTHCARE Receipt For:	PHYSICIAN										
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 600.00									
	UBTOTAL of Receipts This Page (optional)						3		3	1500	0.00	
Т	<b>OTAL</b> This Period (last page this line number	only)	••••••				7		7			

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

FOR LINE NUMBER:

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
	y information copied from such Reports and St for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS (	OF OB-G	GYNS PAC (OB-GYN P	AC)
Α.	Full Name (Last, First, Middle Initial) WILMA I. LARSEN Mailing Address 2002 CANYON SPRINGS	State	Zip Code	Date of Receipt
	BELTON	TX	76513	Transaction ID : SA11AI.14084           Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		300.00
	Name of Employer         SCOTT & WHITE HEALTHCARE         Receipt For:         Primary       General         Other (specify) ▼	Occupation PHYSICIAN Aggregate		
в.	Full Name (Last, First, Middle Initial) MICHAEL J. LEE Mailing Address 3601 SOUTHWEST RIVER PA	Date of Receipt		
	City PORTLAND	State OR	Zip Code 97239	03     02     2014       Transaction ID : SA11AI.14085       Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		300.00
	Name of Employer THE PORTLAND CLINIC	Occupation PHYSICIAN		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 340.00	
<u>с</u> .	Full Name (Last, First, Middle Initial)			Date of Receipt
	Mailing Address 425 EAST DAHLIA AVENUE	03 12 2014		
	City PALMER	State AK	Zip Code 99645	Transaction ID : SA11AI.13883 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		300.00
	Name of Employer	Occupation	1	_
	SELF-EMPLOYED	PHYSICIAN	N	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)		300.00	
s	UBTOTAL of Receipts This Page (optional)			900.00
т	OTAL This Period (last page this line number of	only)	••••••	

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

FOR LINE NUMBER:

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17										
Any information copied from such Reports and or for commercial purposes, other than using t													
NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS	S OF OB-G	GYNS PAC (OB-GYN P	AC)										
Full Name (Last, First, Middle Initial) A. BARBARA LEVY Mailing Address 28511 10TH AVENUE SOU	TH		Date of Receipt										
City	State	Zip Code	03 03 2014 Transaction ID : SA11AI.13938										
FEDERAL WAY	WA	98003	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		500.00										
Name of Employer AMERICAN CONGRESS OF OB/GYNS	Occupation												
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00											
Full Name (Last, First, Middle Initial) B. ABRAHAM LICHTMACHER			Date of Receipt										
Mailing Address 6109 SILVER LEAF DRIVE		03 02 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y											
City ALBUQUERQUE	State NM	Zip Code 87111	Transaction ID : SA11AI.14086 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	ů l												
Name of Employer LOVELACE HEALTH SYSTEM	Occupation PHYSICIAN												
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00											
Full Name (Last, First, Middle Initial) C. SUSAN E. LIPINSKI			Date of Receipt										
Mailing Address 2004 PARK DRIVE			03 02 2014										
City CEDAR FALLS	State IA	Zip Code 50613	Transaction ID : SA11AI.14087 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C		500.00										
Name of Employer	Occupation	1											
PARTNERS IN OB/GYN	PHYSICIA	N											
Receipt For:	Aggregate	Year-to-Date ▼											
Other (specify) ▼		500.00											
SUBTOTAL of Receipts This Page (optional)													

Use separate schedule(s) for each category of the

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page		11a		11b 14		11c 15	12	17
Any information copied from such Reports and or for commercial purposes, other than using th				for the		pose o	of sol	liciting	contribut	tions
NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS	OF OB-G	YNS PAC (OB-GYN P	AC)							
Full Name (Last, First, Middle Initial)         SALVATORE J. LOCOCO         Mailing Address 331 FULTON STREET         City         PEORIA         FEC ID number of contributing federal political committee.         Name of Employer         UNIVERSITY OF ILLINOIS         Receipt For:         Primary       General         Other (specify) ▼	State IL Occupation PHYSICIAN Aggregate				/ sact	02 ion ID	2 : <b>SA</b>		2014 14088 is Period 300	Y .00
B. Full Name (Last, First, Middle Initial) ROBERT P. LORENZ Mailing Address 3226 WELLINGTON COURT City WEST BLOOMFIELD FEC ID number of contributing federal political committee. Name of Employer WILLIAM BEAUMONT HOSPITAL Receipt For:	State MI Occupation PHYSICIAN		Date of Receipt 03 / 26 / 2014 Transaction ID : SA11AI.14631 Amount of Each Receipt this Period 250							ч 00
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	Primary     General       Other (specify) ▼     250.00									
C. GLENN R. MARKENSON Mailing Address 19 CHATHAM ROAD City LONGMEADOW FEC ID number of contributing federal political committee. Name of Employer BAYSTATE HEALTH Receipt For: Primary General Other (specify) ▼	State MA C Occupation PHYSICIAN Aggregate				sact	ion ID	2 : <b>SA</b>	11AI.	2014 13884 is Period 300	
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number			•			7	-	5	850.	00

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			Detailed Summary Page		11a 13	-	11b 14	11c	$\vdash$	12 16	17				
	y information copied from such Reports and S for commercial purposes, other than using the														
$\left\langle \right\rangle$	NAME OF COMMITTEE (IN Full) THE AMERICAN CONGRESS	OF OB-G	YNS PAC (OB-GYN P	AC)											
Α.	Full Name (Last, First, Middle Initial) IVVANEE MARTINEZ Mailing Address 2707 FERN LACY DRIVE				Date o M M					014	Y				
	City SPRING	State TX	Zip Code 77388	Transaction ID : SA11AI.14089 Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С					7		_	400	.00				
	Name of Employer BAYLOR COLLEGE OF MEDICINE Receipt For:	Occupation PHYSICIAN	l												
	Primary General Other (specify) v	Aggregate	Year-to-Date ▼ 400.00												
в.	Full Name (Last, First, Middle Initial) G. SEALY MASSINGILL Mailing Address 3887 SOUTH HILLS CIRCLE				Date o		D . D			Ŷ	Y				
	City FORT WORTH	State TX	Zip Code 76109	03     02     2014       Transaction ID : SA11AI.14090       Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С					7		_	300.	00				
	Name of Employer UNIVERSITY OF NORTH TEXAS	Occupation PHYSICIAN													
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 800.00												
C.	Full Name (Last, First, Middle Initial) ROBIN D. MATTHEWS				Date o	f Re	eceipt								
	Mailing Address 39 FLAT ROCK ROAD	State	Zip Code		03 <b>T</b> reese		02		20	014	Y				
	WAYNESVILLE	NC	28786					SA11AI Receipt th							
	FEC ID number of contributing federal political committee.	С							_	300	.00				
	Name of Employer	Occupation													
	HAYWOOD WOMEN'S MEDICAL CENTER Receipt For:	PHYSICIAN		_											
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00												
s	UBTOTAL of Receipts This Page (optional)		••••••	•			7			1000.	00				
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#### SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the

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			for each category of the Detailed Summary Page		<b>X</b> 11a 13	11b 14	11c	12	17
	ny information copied from such Reports and Si for commercial purposes, other than using the								
$\Big\rangle$	NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS (	OF OB-G	YNS PAC (OB-GYN	PAC	)				
Α.	Mailing Address 1223 SOUTH GEAR AVENUE	- J. MCCOY ess 1223 SOUTH GEAR AVENUE							Y
	City WEST BURLINGTON	State IA	Zip Code 52655			action ID t of Each	-		od
	FEC ID number of contributing federal political committee.	С					7	10	00.00
	Name of Employer         GREAT RIVER WOMEN'S HEALTH         Receipt For:         Primary       General         Other (specify) ▼	Occupation PHYSICIAN Aggregate							
В.	Full Name (Last, First, Middle Initial) CLAYTON H. MCCRACKEN Mailing Address 2914 GLENWOOD LANE	N Ĥ. MĆCRACKEŃ							Y
	City BILLINGS FEC ID number of contributing federal political committee.	number of contributing					) <b>: SA11AI</b> Receipt t	his Perio	od 00.00
	Name of Employer BILLINGS CLINIC	Occupation PHYSICIAN							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2500.00						
C.					Date of	Receipt			
	Mailing Address 19 MAPLE VALLEY ROAD				м м 03	/ D		2014	Y
	City BOSTON	State CT	Zip Code 06043			action ID			od
	FEC ID number of contributing federal political committee.	С						3	00.00
	Name of Employer	Occupation	1						
	OB/GYN GROUP	PHYSICIAN							
	Receipt For: Primary General Other (specify) V	Aggregate	Year-to-Date ▼ 300.00						
	UBTOTAL of Receipts This Page (optional)				[. [.		- 7	380	00.00

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

Use separate schedule(s) for each category of the

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			for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17		
	for commercial purposes, other than using the			erson for the purpose of soliciting contributions e to solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS (	OF OB-G	GYNS PAC (OB-GYN F	PAC)		
Α.	Full Name (Last, First, Middle Initial) JOHN P. MCHUGH Mailing Address P.O. BOX 157 City	State	Zip Code	Date of Receipt 03 / 19 / 2014 Transaction ID : SA11AI.14518		
	CORONA DEL MAR FEC ID number of contributing federal political committee.	CA	92625	Amount of Each Receipt this Period		
	Name of Employer OB HOSPITALIST GROUP Receipt For: Primary General Other (specify) ▼	Occupation PHYSICIAN Aggregate		]		
	Full Name (Last, First, Middle Initial) AASTA MEHTA Mailing Address 201 NORTH 8TH STREET	State	Zip Code	Date of Receipt		
	City PHILADELPHIA FEC ID number of contributing federal political committee.	ELPHIA     PA     19106       number of contributing political committee.     C     C				
	Name of Employer         DREXEL UNIVERSITY         Receipt For:         Primary         General         Other (specify) ▼	Occupation PHYSICIAN Aggregate		]		
C.	Full Name (Last, First, Middle Initial) M. KATHRYN MENARD Mailing Address 212 GLEN HAVEN DRIVE			Date of Receipt		
	City CHAPEL HILL FEC ID number of contributing federal political committee.	State NC	Zip Code 27516	Transaction ID : SA11AI.14094         Amount of Each Receipt this Period         500.00		
	Name of Employer         UNIVERSITY OF NORTH CAROLINA         Receipt For:         Primary       General         Other (specify) ▼	Occupation PHYSICIAN Aggregate		]		
s	UBTOTAL of Receipts This Page (optional)			1009.00		
Т	OTAL This Period (last page this line number	only)				

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17										
Any information copied from such Reports and S or for commercial purposes, other than using the			erson for the purpose of soliciting contributions										
NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS	OF OB-GY	'NS PAC (OB-GYN P	AC)										
Full Name (Last, First, Middle Initial) LAURA T. MERCER			Date of Receipt										
Mailing Address 1952 EAST LUKE AVENUE	01.14	Z'r Orde	M         /         D         /         Y										
City PHOENIX	State AZ	Zip Code 85016	Transaction ID : SA11AI.13838										
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period										
Name of Employer ARIZONA OB/GYN AFFILIATES	Occupation PHYSICIAN		_										
Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 2500.00											
Full Name (Last, First, Middle Initial) B. KENNETH W. MERKITCH	KENNETH W. MERKITCH												
Mailing Address W5732 HEATHERWOOD PL													
City LA CROSSE	State WI	Zip Code 54601	Transaction ID : SA11AI.13782 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		600.00										
Name of Employer GUNDERSEN HEALTH SYSTEM	Occupation PHYSICIAN												
Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 600.00											
Full Name (Last, First, Middle Initial) C. PATRICIA M. MILLER	I		Date of Receipt										
Mailing Address 25 VILLAGE BROOK LANE			03 02 2014										
City DERRY	State NH	Zip Code 03038	Transaction ID : SA11AI.14095 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		300.00										
Name of Employer	Occupation		-										
SELF-EMPLOYED	PHYSICIAN												
Receipt For:	Aggregate Ye	ear-to-Date 🔻											
Primary     General       Other (specify) ▼		325.00											
SUBTOTAL of Receipts This Page (optional)		••••••	. 3400.00										
TOTAL This Period (last page this line number	only)	••••••											

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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			Detailed Summary Page	×	11a 13		11b 14	┝	11c 15		12 16	17				
	y information copied from such Reports and Sta for commercial purposes, other than using the								soliciting		ntribut	ons				
>	NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS (															
<b>A</b> .	Full Name (Last, First, Middle Initial) FONDA A. MITCHELL Mailing Address 4280 KINGSTON GATE COVE			Date of Receipt												
		01-11-	7'- 0	Ľ	20	014										
	City ATLANTA	State GA	Zip Code 30341						SA11AI. eceipt th							
	FEC ID number of contributing federal political committee.	С					7			_	300.	00				
	Name of Employer SOUTHEAST PERMANENTE MEDICAL	Occupation PHYSICIAN														
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00													
в.	Full Name (Last, First, Middle Initial) OWEN C. MONTGOMERY			Date of Receipt												
	Mailing Address 450 CHAPEL HEIGHTS ROAD						03 06 / Y Y Y Y Y 03 06									
	City SEWELL	State NJ	Zip Code 08080	Transaction ID : SA11AI.13804 Amount of Each Receipt this Period												
	FEC ID number of contributing federal political committee.	С			Amoun		,		,		209.	00				
	Name of Employer DREXEL UNIVERSITY	Occupation PHYSICIAN														
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 627.00													
с.	Full Name (Last, First, Middle Initial)				Date o	f Re	eceipt									
	Mailing Address 3075 SOUTH BIRCH STREET			03 12								Y				
	City DENVER	State CO	Zip Code 80222						SA11AI.							
	FEC ID number of contributing federal political committee.	С					7		7		625	00				
	Name of Employer	Occupation	1													
	COPIC Receipt For:	PHYSICIAN														
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 625.00													
s	UBTOTAL of Receipts This Page (optional)							_			1134.	00				
	OTAL This Period (last page this line number o						,	_	,							

FOR LINE NUMBER:

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		Detailed Summary Page		11a		11b	11c	12			
				13		14	15	16	17		
Any information copied from such Reports or for commercial purposes, other than us	and Statements mains the name and a	ay not be sold or used by any p address of any political committe	person fe e to sol	or the licit cor	purp ntrib	pose of soutions fr	soliciting om such	l contribu	tions ee.		
NAME OF COMMITTEE (In Full)	-										
THE AMERICAN CONGRI	ESS OF OB-G	GYNS PAC (OB-GYN F	PAC)								
Full Name (Last, First, Middle Initial) A. ARJANG NAIM				Date of	f Re	eceipt					
Mailing Address 503 FOOTHILL ROAD				м м 03	/	□ □ □ 26	/ Y	2014	Y		
City	State	Zip Code		Trans	acti	ion ID : S	SA11AI.	14632			
BEVERLY HILLS	CA	90210	A	Amount	t of	Each Re	eceipt th	is Period			
FEC ID number of contributing federal political committee.	C					7	7	500	.00		
Name of Employer	Occupation	1									
SELF-EMPLOYED	PHYSICIAN	N									
Receipt For:	Aggregate	Year-to-Date ▼									
Primary General Other (specify) ▼		500.00	]								
Full Name (Last, First, Middle Initial) B. JOSHUA NATHAN											
Mailing Address 11516 DURLAND AVE	iling Address 11516 DURLAND AVENUE							2014	Y		
City	State	Zip Code		03 Trans	acti	02 ion ID : S	SA11AL.				
SEATTLE	WA	98125	A					is Period			
FEC ID number of contributing federal political committee.	C					,		250	.00		
Name of Employer THE EVERETT CLINIC	Occupation PHYSICIAN										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00									
Full Name (Last, First, Middle Initial) C. JOSEPH A. OGBURN				Date of	f Re	eceipt					
Mailing Address 13204 HIDDEN VALL	EY ROAD			м м 03	/	02	/ Y	y y 2014	Y		
City	State	Zip Code		Trans	act	ion ID : S	SA11AI.	14100			
ALBUQUERQUE	NM	87111	A	Amount	t of	Each Re	eceipt th	is Period			
FEC ID number of contributing federal political committee.	C					1	7	300	.00		
Name of Employer	Occupation	1									
UNIVERSITY OF NEW MEXICO	PHYSICIAI	N									
Receipt For:	Aggregate	Year-to-Date <b>V</b>									
Other (crestific)		300.00	11								
Other (specify)		300.00									
SUBTOTAL of Receipts This Page (optic	nal)					1		1050.	00		
TOTAL This Period (last page this line n	umber only)		•			7	- 7				

Use separate schedule(s) for each category of the

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17					
Any information copied from such Reports and or for commercial purposes, other than using the								
NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS	S OF OB-G	GYNS PAC (OB-GYN F	PAC)					
A. Full Name (Last, First, Middle Initial) GORDON J. OSTRUM Mailing Address 4745 OGLETOWN STANTO	ON ROAD		Date of Receipt					
City NEWARK	State DE	Zip Code 19713	03     02     2014       Transaction ID : SA11AI.14101       Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		300.00					
Name of Employer WOMEN FIRST Receipt For:	Occupation PHYSICIAI							
Primary General Other (specify) ▼		300.00	1					
Full Name (Last, First, Middle Initial) B. ROBERT H. PALMER Mailing Address 2331 FAIRVIEW AVENUE E	RT H. PALMER							
City SEATTLE	StateZip CodeTLEWA98102							
FEC ID number of contributing federal political committee.	С	300.00						
Name of Employer OBSTETRIX MEDICAL GROUP	Occupation PHYSICIAN							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	]					
Full Name (Last, First, Middle Initial) C. TODD A. PANKRATZ			Date of Receipt					
Mailing Address 2115 NORTH KANSAS AVE			M = M         /         D = D         /         Y = Y = Y         Y           03         02         2014         1					
City HASTINGS	State NE	Zip Code 68901	Transaction ID : SA11AI.14102           Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		1000.00					
Name of Employer	Occupation	ו						
OBSTETRICIANS & GYNECOLOGISTS Receipt For:	PHYSICIAI							
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1000.00	]					
SUBTOTAL of Receipts This Page (optional)			1600.00					
TOTAL This Period (last page this line number	er only)							

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page		< 11a 13		11b		11c 15		12 16	17			
	y information copied from such Reports and S for commercial purposes, other than using the				for the		pose		soliciting		ntribu	tions			
	NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS (	OF OB-G	GYNS PAC (OB-GYN P	PAC)											
Α.	Full Name (Last, First, Middle Initial) AMIT I. PATEL Mailing Address 3822 BOWSER AVENUE			Date of Receipt											
	City DALLAS	State TX	Zip Code 75219												
	FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period											
	Name of Employer MODERN GYNECOLOGY Receipt For: Primary General	Occupation PHYSICIAN Aggregate		_											
	Other (specify)		300.00												
в.	Full Name (Last, First, Middle Initial) HOLLY S. PURITZ		Date o	of Re	eceipt	:									
	Mailing Address 7940 NORTH SHORE ROAD				03 09 2014 Transaction ID : SA11AI.13807										
	City NORFOLK	State VA	Zip Code 23505	_											
	FEC ID number of contributing federal political committee.	C			Amour		J	i ne	eceipt th		100	.00			
	Name of Employer THE GROUP FOR WOMEN	Occupation PHYSICIAN													
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00												
<u>с</u> .	Full Name (Last, First, Middle Initial) MAURA P. QUINLAN				Date of	of Re	eceipt								
	Mailing Address 33 BREWSTER AVENUE				м 03	/		D 02	/ Y	20	ү 14	Y			
	City LA GRANGE PARK	State IL	Zip Code 60926						SA11AI eceipt th			_			
	FEC ID number of contributing federal political committee.	С					7	_	7		300	0.00			
	Name of Employer	Occupation	1												
	MACNEAL HOSPITAL	PHYSICIAN	N												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00												
	UBTOTAL of Receipts This Page (optional)			• - •			7	-	- 1	+	500.	.00			

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			Detailed Summary Page		11a 13		11b 14		1c 5	12	17							
	v information copied from such Reports and Stor commercial purposes, other than using the				or the		pose o	of solid	citing	contribu	utions							
	NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS (																	
	Full Name (Last, First, Middle Initial) NATHAN H. RABHAN				Date of	f Re	eceipt											
I	Mailing Address 10710 MIDLOTHIAN TURNPI	3 10710 MIDLOTHIAN TURNPIKE							M M / D D / Y Y Y Y Y 03 24 _ 2014 _									
	City RICHMOND	State VA	Zip Code 23235				ion ID											
	FEC ID number of contributing federal political committee.	С			mount		Each	Recei	pt this	s Period 260	).00							
	Name of Employer VIRGINIA PHYSICIANS FOR WOMEN	Occupation PHYSICIAN																
Ī	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 260.00															
<b>B.</b> .	Full Name (Last, First, Middle Initial) SUSAN P. RAINE Mailing Address 1408 WENTWORTH STREET				Date of		D		Y	Y Y	Y							
	City     State     Zip Code       HOUSTON     TX     77004						03     02     2014       Transaction ID : SA11AI.14104       Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.					7		7	1000	0.00								
E	Name of Employer BAYLOR COLLEGE OF MEDICINE	ו N																
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00															
	Full Name (Last, First, Middle Initial)				Date of	f Re	eceipt											
I	Mailing Address P.O. BOX 337						21		Y	y y 2014	Y							
(	City LAGUNA BEACH	State CA	Zip Code 92651				ion ID				4							
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period							_							
]	Name of Employer	e of Employer Occupation																
	SELF-EMPLOYED Receipt For:	PHYSICIAN																
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00															
รเ	JBTOTAL of Receipts This Page (optional)						7	-	7	1460	0.00							
тс	OTAL This Period (last page this line number of	only)	••••••		_		,		7									

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page		-		111		11c	12	г									
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or for commercial purposes, other than using the																			
NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS (	OF OB-G	YNS PAC (OB-GYN P	AC)																
Full Name (Last, First, Middle Initial) A. VIRGINIA A. RAUTH										Date of Receipt									
Mailing Address 1309 FOREST COVE DRIVE				03 03 2014															
City	State TX	Zip Code		Transaction ID : SA11AI.13954															
DICKINSON		77539	_ /	Amoun	t of	Ead	ch Red	ceipt th	is Per	iod									
FEC ID number of contributing federal political committee.	С		300.00								0								
Name of Employer UT MEDICAL BRANCH	Occupation PHYSICIAN																		
Receipt For:																			
Primary General Other (specify) ▼		300.00																	
Full Name (Last, First, Middle Initial) B. DALE P. REISNER				Date o	f Re	eceir	pt												
Mailing Address 2007 FEDERAL AVENUE EAS							03         02         2014           Transaction ID : SA11AI.14107												
City																			
SEATTLE	A	Amount of Each Receipt this Period																	
FEC ID number of contributing federal political committee.					3		7	3	800.0	0									
Name of Employer OBSTETRIX MEDICAL GROUP	I																		
Receipt For:	Aggregate	Year-to-Date ▼		-															
Other (specify)		300.00																	
Full Name (Last, First, Middle Initial) C. STEVE ROBISON				Date o	f Re	eceip	pt												
Mailing Address 1170 CABIN COVE				м м 03	/	D	14	/ Y	y 2014										
City IDAHO FALLS	State ID	Zip Code 83404						A11AI.			_								
FEC ID number of contributing federal political committee.		1000.00																	
Name of Employer	Name of Employer Occupation																		
ROSEMARK WOMEN'S CARE																			
Receipt For:	Aggregate	Year-to-Date ▼																	
Other (specify)		1000.00																	
SUBTOTAL of Receipts This Page (optional)		<b>&gt;</b>							16	00.00	D								
TOTAL This Period (last page this line number of						,													

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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			Detailed Summary Page		11a 13	-	11b 14	, –	11c 15	12	Г	17		
	y information copied from such Reports and Sta for commercial purposes, other than using the													
<u> </u>	NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS (								-					
A.	Full Name (Last, First, Middle Initial) JEFFREY E. RODZAK				Date of	f Re	eceip	ot						
	Mailing Address 420 EAST LARKSPUR LANE				03 12 _ 2014 _									
	City ONALASKA	State WI	Zip Code 54650		Trans		ion I	ID : S	6A11AI.	13889				
	FEC ID number of contributing		34030	A	Amoun	t of	Eac	h Re	ceipt th					
	federal political committee.	С				-	7		7	14	00.0	0		
	Name of Employer	Occupation												
	GUNDERSEN HEALTH SYSTEM Receipt For:	PHYSICIAN Aggregate	v Year-to-Date ▼											
	Primary General Other (specify) ▼		1400.00											
	Full Name (Last, First, Middle Initial)			r	Date of	f Re	ocein							
	Mailing Address 3003 TIETON DRIVE				03	_	D	02	/ Y	2014	Y	1		
	City YAKIMA		Transaction ID : SA11AI.14108											
-	FEC ID number of contributing federal political committee.	Amount of Each Receipt this Period												
	Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00											
	Full Name (Last, First, Middle Initial) PAUL R. SCHUELLEIN				Date of	f Re	eceip	ot						
	Mailing Address 460 REGENCY BOULEVARD				м м 03	/	D	D 19	/ Y	2014	Y	1		
	City ROCKY MOUNT	State VA	Zip Code 24151						SA11AI. ceipt th		od			
	FEC ID number of contributing federal political committee.	С			Amoun		1				50.0	0		
	Name of Employer													
	CARILION CLINIC Receipt For:	PHYSICIAN												
	Primary General	Aggregate	Year-to-Date ▼	1.										
	Other (specify)		250.00	4										
S	UBTOTAL of Receipts This Page (optional)						7		- 7	195	50.00	)		
т	OTAL This Period (last page this line number o	only)					,		,					

Use separate schedule(s) for each category of the

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	for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
or for commercial purposes, other than using the		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 (Last, First, Middle Initial)         KRISTIN M. SHANEYFELT         Mailing Address 62 SOUTHPOND ROAD         City         SOUTH GLASTONBURY         FEC ID number of contributing federal political committee.         Name of Employer         CONNECTICUT MULTI-SPECIALTY         Receipt For:         Primary       General         Other (specify)	State       Zip Code         CT       06073         C       Occupation         PHYSICIAN       Aggregate Year-to-Date ▼         250.00	Date of Receipt 03 19 2014 Transaction ID : SA11AI.14523 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) B. FRANCINE H. SINOFSKY Mailing Address 64 CEDAR AVENUE City	State Zip Code	Date of Receipt
HIGHLAND PARK FEC ID number of contributing federal political committee.	NJ 08904	Amount of Each Receipt this Period
OB/GYN GROUP OF EAST BRUNSWICK Receipt For: Primary General Other (specify) ▼	PHYSICIAN Aggregate Year-to-Date ▼ 300.00	
C. Full Name (Last, First, Middle Initial) LAURA SIROTT Mailing Address 249 SOUTH BERKELEY AVE	ENUE	Date of Receipt
City PASADENA FEC ID number of contributing federal political committee. Name of Employer SELF-EMPLOYED Receipt For: □ Primary □ General Other (specify) ▼	State     Zip Code       C     91107       Occupation       PHYSICIAN       Aggregate Year-to-Date ▼       625.00	03     10     2014       Transaction ID : SA11AI.13853       Amount of Each Receipt this Period     625.00
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number		

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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	for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
Any information copied from such Reports and S or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS	OF OB-GYNS PAC (OB-GYN P	AC)
Full Name (Last, First, Middle Initial)         BARRY D. SMITH         Mailing Address P.O. BOX 238         City         NORWICH         FEC ID number of contributing federal political committee.         Name of Employer         RETIRED         Receipt For:         Primary       General	State       Zip Code         VT       05055         C       Occupation         PHYSICIAN       Aggregate Year-to-Date ▼	Date of Receipt
Other (specify) ▼ Full Name (Last, First, Middle Initial) KIRSTEN M. SMITH Mailing Address 405 WOODSTOCK LANE	2500.00	Date of Receipt
City WILMINGTON FEC ID number of contributing federal political committee. Name of Employer CHRISTIANA CARE Receipt For: □ Primary □ General Other (specify) ▼	State     Zip Code       DE     19808       C       Occupation       PHYSICIAN       Aggregate Year-to-Date ▼       500.00	Transaction ID : SA11AI.13957         Amount of Each Receipt this Period         500.00
Full Name (Last, First, Middle Initial)         C. JOHN R. STANLEY         Mailing Address 6022 NEWPORT DRIVE         City         EDMOND         FEC ID number of contributing federal political committee.         Name of Employer         PERINATAL CENTER OF OKLAHOMA         Receipt For:         Primary       General         Other (specify) ▼	State Zip Code OK 73013 C Occupation PHYSICIAN Aggregate Year-to-Date ▼ 1000.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional)		

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17						
	for commercial purposes, other than using the			erson for the purpose of soliciting contributions to solicit contributions from such committee.					
	NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS	OF OB-G	GYNS PAC (OB-GYN P	AC)					
Α.	Full Name (Last, First, Middle Initial) DANA G. STONE			Date of Receipt					
	Mailing Address 1730 HUNTINGTON AVENU	E	Zip Code	03 09 2014					
	OKLAHOMA CITY	OK	73116	Transaction ID : SA11AI.13808					
	FEC ID number of contributing federal political committee.	С		209.00					
	Name of Employer SELF-EMPLOYED Receipt For:	Occupation PHYSICIAN	N						
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 627.00						
В.	Full Name (Last, First, Middle Initial) HOWARD T. STRASSNER			Date of Receipt					
	Mailing Address 2432 NEWPORT ROAD	03 02 2014							
	City	State	Zip Code	Transaction ID : SA11AI.14113					
	NORTHBROOK	IL	60062	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		600.00					
	Name of Employer RUSH UNIVERSITY MEDICAL CENTER	Occupation PHYSICIAN							
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 600.00						
<u></u>	Full Name (Last, First, Middle Initial) RAMON A. SUAREZ			Date of Receipt					
	Mailing Address 725 NORTH ISLAND DRIVE			03 01 2014					
	City ATLANTA	State GA	Zip Code 30327	Transaction ID : SA11AI.14026 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		2500.00					
	Name of Employer	Occupation	1						
	SELF-EMPLOYED	PHYSICIAN	N						
	Receipt For: Primary General	Aggregate	Year-to-Date ▼						
	Other (specify)		2500.00						
s	UBTOTAL of Receipts This Page (optional)			3309.00					
Т	OTAL This Period (last page this line number	only)	••••••						

Use separate schedule(s) for each category of the

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		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
Any information copied from such Reports and S or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS	OF OB-G	YNS PAC (OB-GYN P	AC)
Full Name (Last, First, Middle Initial)         A.         STEVEN A. THOMPSON         Mailing Address 10175 LEVON AVENUE         City         TRUCKEE         FEC ID number of contributing federal political committee.         Name of Employer         TAHOE FOREST WOMEN'S CENTER         Receipt For:         Primary       General         Other (specify)	State CA C Occupation PHYSICIAN Aggregate		Date of Receipt
Full Name (Last, First, Middle Initial) B. JANICE TILDON-BURTON Mailing Address 1700 TALLEY ROAD			Date of Receipt
City <u>WILMINGTON</u> FEC ID number of contributing federal political committee. Name of Employer SELF-EMPLOYED Receipt For: □ Primary □ General Other (specify) ▼	State DE C Occupation PHYSICIAN Aggregate		Transaction ID : SA11AI.13793         Amount of Each Receipt this Period         100.00
Full Name (Last, First, Middle Initial)         PAUL G. TOMICH         Mailing Address 3637 QUINCE COURT         City         DOWNERS GROVE         FEC ID number of contributing federal political committee.         Name of Employer         UNIVERSITY OF NEBRASKA         Receipt For:         Primary       General         Other (specify) ▼	State IL Occupation PHYSICIAN Aggregate		Date of Receipt 03 / 02 / 2014 Transaction ID : SA11AI.14114 Amount of Each Receipt this Period 2500.00
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number			

Use separate schedule(s) for each category of the

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PAGE 54 OF

	for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
or for commercial purposes, other than using the		person for the purpose of soliciting contributions ee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS	OF OB-GYNS PAC (OB-GYN	PAC)
Full Name (Last, First, Middle Initial)         ALYSIA D. TOWNSEND         Mailing Address 1207 2ND STREET NORTH         City         MONROE         FEC ID number of contributing federal political committee.         Name of Employer         MONROE CLINIC	State Zip Code WI 53566 C Occupation PHYSICIAN	Date of Receipt
Receipt For:	Aggregate Year-to-Date ▼ 600.00	
B. Full Name (Last, First, Middle Initial) B. ERIN E. TRACY Mailing Address 5 HIGH STREET City STONEHAM	State Zip Code MA 02180	Date of Receipt 03 12 2014 Transaction ID : SA11AI.13893 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer MASS GENERAL PHYSICIANS Receipt For:	C Occupation PHYSICIAN Aggregate Year-to-Date ▼ 627.00	209.00
C. J. MARTIN TUCKER Mailing Address 291 EAST LAYFAIR DRIVE City FLOWOOD FEC ID number of contributing federal political committee. Name of Employer JACKSON HEALTHCARE FOR WOMEN Receipt For: □ Primary □ General Other (specify) ▼	State       Zip Code         MS       39232         C       Occupation         PHYSICIAN       Aggregate Year-to-Date ▼         1000.00       1000.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional)		

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

FOR LINE NUMBER:

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	for each category of the Detailed Summary Page	
or for commercial purposes, other than using th		any person for the purpose of soliciting contributions mittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS	OF OB-GYNS PAC (OB-GY	N PAC)
A. Full Name (Last, First, Middle Initial) A. ROBERT WAH Mailing Address 3160 FAIRVIEW DRIVE City	State Zip Code	Date of Receipt 03 / 03 / 2014 Transaction ID : SA11AI.13965
FALLS CHURCH FEC ID number of contributing federal political committee.	VA 22042	Amount of Each Receipt this Period
Name of Employer SELF-EMPLOYED Receipt For: Primary General Other (specify) V	Occupation PHYSICIAN Aggregate Year-to-Date ▼ 1000.0	0
B. Full Name (Last, First, Middle Initial) CHUN-YEH WANG Mailing Address 416 WEST LAS TUNAS DRI	VE	Date of Receipt
City SAN GABRIEL FEC ID number of contributing federal political committee.	State Zip Code CA 91776	03     21     2014       Transaction ID : SA11AI.14686       Amount of Each Receipt this Period       250.00
Name of Employer SELF-EMPLOYED Receipt For: Primary General Other (specify) ▼	Occupation PHYSICIAN Aggregate Year-to-Date ▼ 250.00	0
C. Full Name (Last, First, Middle Initial) Mailing Address 806 ALBEMARLE TERRACE	<u> </u>	Date of Receipt
City PORTLAND FEC ID number of contributing federal political committee. Name of Employer NORTHWEST PERMANENTE	State Zip Code OR 97210 C Occupation PHYSICIAN	Transaction ID : SA11AI.14117         Amount of Each Receipt this Period         600.00
Receipt For: Primary General Other (specify) V	Aggregate Year-to-Date ▼ 600.0	0
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number		

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PAGE 56 OF

		Detailed Summary Page		11a		11b	11c	12	
Any information conied from such Deports on	d Statomonto m	av not be sold or used by any		13 for the		14	15 soliciting	16	17
Any information copied from such Reports an or for commercial purposes, other than using	the name and a	ay not be sold or used by any paddress of any political committe	e to so	licit co	pur ntrib	pose of a outions fr	om such	contribu	ee.
NAME OF COMMITTEE (In Full)						_			_
THE AMERICAN CONGRES	S OF OB-G	BYNS PAC (OB-GYN F	PAC)						
Full Name (Last, First, Middle Initial) A. THOMAS WESTOVER				Date of	f Re	eceipt			
Mailing Address 91 HARROWGATE DRIVE				м – м 03	/	03	/ Y	2014	Y
City	State	Zip Code			act	ion ID : \$	SA11AI.		
CHERRY HILL	NJ	08003		Amount	t of	Each Re	eceipt th	is Period	
FEC ID number of contributing federal political committee.	С					7	7	300	.00
Name of Employer	Occupation								
COOPER UNIVERSITY HOSPITAL	PHYSICIAN	N							
Receipt For:	Aggregate	Year-to-Date ▼							
Other (specify)		300.00							
Full Name (Last, First, Middle Initial) <b>B.</b> CONNIE G. WHITE				Date of	f Re	eceipt			
Mailing Address 203 WILKINSON STREET				м м 03	1	02	/ Y	2014	Y
City	State	Zip Code				ion ID : S			
FRANKFORT	KY	40601		Amount	t of	Each Re	eceipt th	is Period	
FEC ID number of contributing federal political committee.	С					7	1	300	.00
Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN								
Receipt For: Primary General	Aggregate	Year-to-Date ▼							
Other (specify)		300.00							
Full Name (Last, First, Middle Initial) C. STEPHANIE WILDER				Date of	f Re	eceipt			
Mailing Address 613 3RD AVENUE				м м 03	/	12	/ Y	у у 2014	Y
City SALT LAKE CITY	State UT	Zip Code 84103				ion ID : S Each Re		<b>13898</b> is Period	
FEC ID number of contributing federal political committee.	С					7		600	.00
Name of Employer	Occupation	1	$\neg$						
UNIVERSITY OF UTAH	PHYSICIAN	N							
Receipt For:	Aggregate	Year-to-Date ▼							
Primary General Other (specify) ▼		600.00	1						
SUBTOTAL of Receipts This Page (optional)	)					7	7	1200	.00
TOTAL This Period (last page this line numb	per only)		•			,			

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17					
	y information copied from such Reports and Sta for commercial purposes, other than using the								
	NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS (	OF OB-G	GYNS PAC (OB-GYN P	AC)					
Α.	Full Name (Last, First, Middle Initial) MICHAEL P. WOODS Mailing Address 2974 105TH STREET			Date of Receipt					
	City	State	Zip Code	03 02 2014 Transaction ID : SA11AI.14119					
	TABOR FEC ID number of contributing federal political committee.	IA C	51653	Amount of Each Receipt this Period					
	Name of Employer       SHENANDOAH MEDICAL CENTER       Receipt For:       Primary       Other (specify) ▼	Occupation PHYSICIAN Aggregate							
в.	Full Name (Last, First, Middle Initial) Mailing Address			Date of Receipt					
	City	State	Zip Code	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С							
	Name of Employer	Occupation							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date V						
C.	Full Name (Last, First, Middle Initial)			Date of Receipt					
	Mailing Address City	State	Zip Code	M = M / D = D / Y = Y = Y = Y					
	FEC ID number of contributing	Amount of Each Receipt this Period							
	federal political committee.	Occupation							
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	y information copied from such Reports and Staten for commercial purposes, other than using the nan														3
	NAME OF COMMITTEE (In Full)	<b></b>			<i></i> .		<b>.</b> .								
	THE AMERICAN CONGRESS OF	OB-GY	NS PAC (O	B-G`	/N	PAC	C)								
Α.	Full Name (Last, First, Middle Initial)						D	ate of	f Dis	sburse	ement				
	Mailing Address P.O. BOX 53852						Ľ	03	/	D 0	D /	Y	ү ү 2014	Y	
	City	State	Zip Code					<b>T</b>	4				770		
	PHOENIX	AZ	85072					Irans	acti	on ID	: SB2	IB.13	5773		
	Purpose of Disbursement CREDIT CARD TRANSACTION FEES						A	mount	t of	Each	Disbur	seme	ent this	Perio	bd
	Candidate Name			Cat T	egor ype	ry/				,		,	25	1.04	
	Office Sought: House Disburser Senate President	nent For: Primary Other (spec	General												
	State: District:		· <b>)</b> / •												
B.	Full Name (Last, First, Middle Initial) AMERICAN EXPRESS						D	ate of	f Dis	sburse	ement				
	Mailing Address P.O. BOX 53852							03	/	2	D / 28	Y	y y 2014	Y	
	PHOENIX	State AZ	Zip Code 85072					Trans	acti	ion ID	) : SB2	1B.14	4690		
	Purpose of Disbursement CREDIT CARD TRANSACTION FEES				-		۸.		ı of	Tach	Diahum		nt this	Daria	. d
	Candidate Name			Cate	egor ype	ry/	A	moun		Each	Disbui	, seme	ent this	7.95	Ja
	Office Sought: House Disburser Senate President	nent For: Primary Other (spec	General Gify) ▼												
_	State: District:														
C.	Full Name (Last, First, Middle Initial) FIRST NATIONAL MERCHANT SC	OLUTIO	NS				_	ate of	f Dis	sburse			Y Y		
	Mailing Address 1620 DODGE STREET						Ľ	03	1		4	T -	2014	- T	
	ОМАНА	State NE	Zip Code 68197					Trans	acti	ion ID	: SB2	1B.13	3774		
	Purpose of Disbursement CREDIT CARD TRANSACTION FEES						A	mount	t of	Each	Disbur	seme	ent this	Perio	bd
	Candidate Name			Cat T	egor ype	ry/								6.02	
	Office Sought: House Disburser Senate President	nent For: Primary Other (spec	General cify) ▼									,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
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IT	TEMIZED DISBURSEMENTS					one)	·	_	i				
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	for commercial purposes, other than using the nam												
$ \land $	NAME OF COMMITTEE (In Full)												
	THE AMERICAN CONGRESS OF	OB-GYNS PAC (OI	B-G\	'N	PAC	C)							
_	Full Name (Last, First, Middle Initial)					Data	4 D:						
А.	FIRST NATIONAL MERCHANT SC	DLUTIONS				Date of		D		V	YY	V	
	Mailing Address 1620 DODGE STREET					03			0		2014	T	
	)	State Zip Code				Tran	sacti	ion ID	: SB2	1B.14 <sup>-</sup>	127		
	OMAHA Purpose of Disbursement	NE 68197											
	CREDIT CARD TRANSACTION FEES ADJ.					Amour	nt of	Each	Disbu	rsemei	nt this	Perio	d
	Candidate Name		Cate	egor	y/						40	9.95	
	Office Sought: House Disburser		Ту	/pe			-	7		7	-43	5.95	
	Office Sought: House Disburser	Primary General											
	President	Other (specify)											
	State: District:												
D	Full Name (Last, First, Middle Initial)					Data	f Di	huro	mont				
В.	SQUARE, INC.					Date o		D		V	Y Y	V	
	Mailing Address 901 MISSION STREET					03			)1		2014	T	
		7. 0. 1						_					
	City S SAN FRANCISCO	State Zip Code CA 94103				Tran	sact	ion ID	) : SB2	1B.14	122		
	Purpose of Disbursement CREDIT CARD TRANSACTION FEES					Amour	nt of	Fach	Disbu	rseme	nt this	Perio	d
	Candidate Name		Cate	aor	v/	/ iniou		Laon	Dioba				ŭ
				/pe	y/			,		7	34	1.83	
	Office Sought: House Disbursen												
		Primary General Other (specify)											
	State: District:	( <b>) )</b>											
_	Full Name (Last, First, Middle Initial)					_							
C.	SQUARE, INC.					Date of	_						
	Mailing Address 901 MISSION STREET					03	1 /	0	2		2014	Y	
	City	State Zip Code				-							
	SAN FRANCISCO	CA 94103				Iran	sact	ion ID	: SB2	1B.14	123		
	Purpose of Disbursement CREDIT CARD TRANSACTION FEES		<b></b>										
	Candidate Name		Cate	egor /pe	y/	Amour	nt of	Each	Disbu	rseme	nt this 873	Perio 8.71	a
	Office Sought: House Disburser	nent For:						1		1			
	Senate	Primary General											
	State: District:	Other (specify)											
						_	-	-				_	_
s	UBTOTAL of Disbursements This Page (optional)							7		7	1165	.59	
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S	CHEDULE B (FEC Form 3X)	· · · · · · · · · · · · · · · · · · ·	FC	DR		NUMBER	:			PAGI	E 60	OF 68		
IT	EMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the		hecl	k only 21b			23		4 [	25	26		
		Detailed Summary Page			210 27	22 28a	$\vdash$	23 28b		4 8c	25	30b		
	y information copied from such Reports and Staten for commercial purposes, other than using the nam													
$\backslash$	NAME OF COMMITTEE (In Full)			/										
	THE AMERICAN CONGRESS OF	OB-GYNS PAC (OB	G'G Y	'N	PAC	(ئ								
~	Full Name (Last, First, Middle Initial)					Date o	of Di	oburor	mont					
А.	SQUARE, INC.							spuise		Y	Y Y	Y		
	Mailing Address 901 MISSION STREET					03			3	Ľ	2014			
	SAN FRANCISCO	StateZip CodeCA94103				Tran	sact	ion ID	: SB2	1B.14	1124			
	Purpose of Disbursement CREDIT CARD TRANSACTION FEES			-		Amour	nt of	Each	Disbu	seme	ent this	Period		
	Candidate Name		Cate T\	egor /pe	ry/							0.82		
	Office Sought: House Disbursen	nent For:	.,	100				,		,				
		Primary General Other (specify)												
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в.	Full Name (Last, First, Middle Initial)					Date o	of Di	churce	mont					
υ.						M		D		Y	Y Y	Y		
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	Office Sought: House Disbursen			/pe	<i>.</i>		-	7	_	7				
		Primary General												
		Other (specify)												
	State: District: Full Name (Last, First, Middle Initial)													
C.						Date o		sburse		Y	YY	Y		
	Mailing Address							L		L				
	City	State Zip Code												
	Purpose of Disbursement			-										
	Candidate Name		Cate Ty	egor /pe	ry/	Amour	nt of	Each	Disbu	seme	ent this	Period		
		nent For: Primary General Other (specify) v						· · · ·		,				
	State: District:													
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SCHEDULE B	(FEC Form 3X)			FO		= NI	JMBER			PA	GE 61	OF 68
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Full Name (Last, First	st, Middle Initial) S FOR CONGRESS						Date o	f Disb	urser	nent		
Mailing Address P.O	. BOX 20622						м м 03	/	D 19		2014	Y
City GREENSBORO	{	State NC	Zip Code 27420				Trans	sactio	n ID :	SB23.14	4137	
Purpose of Disburse CONTRIBUTION	ment						Amoun	t of E	ach [	Disburser	nent this	Period
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Office Sought:	Senate President	nent For: Primary Other (spe	General ccify)									
State: NC D Full Name (Last, First	istrict: 12		Special-Prima	ry		+						
B. BERA FOR C	,						Date o				V V	V
Mailing Address P.C	D. BOX 582496			03	/	19		2014	Y			
City ELK GROVE		State CA	Zip Code 95758				Trans	sactio	n ID :	SB23.14	4140	
Purpose of Disburse CONTRIBUTION	ment						Amoun	t of E	ach [	Disburser	nent this	Period
Candidate Name AMERISH BE	RA			Cate Ty	gory/ pe						100	00.00
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Full Name (Last, First C. BERA FOR C	,						Date o	f Disb	urser	nent		
Mailing Address P.C	). BOX 582496						03	/	26		2014	Y
City ELK GROVE	ę	State CA	Zip Code 95758				Trans	sactio	n ID :	SB23.14	4578	
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Candidate Name AMERISH BE				Cate Ty	gory/ pe			,			100	00.00
Office Sought:	House     Disburser       Senate     Image: Construct to the senate       President     Image: Construct to the senate       istrict:     07	nent For: Primary Other (spe	X General									
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<u> </u>	Full Name (Last, First, Middle Initial)												_			
Α.	<b>BLUMENAUER FOR CONGRESS</b>					Date o	f Dis	burse	ment							
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	Mailing Address 830 NORTHEAST HOLLADAY					03		1(	D	20	14					
	5	State Zip Code				Trans	sactio	on ID	: SB23.1	3775						
	PORTLAND Purpose of Disbursement	OR 97232														
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	EARL BLUMENAUER			tegory Type	//						1000	.00				
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		Primary General														
	President	Other (specify)														
	State: OR District: 03	•••••• (•••••••) •														
_	Full Name (Last, First, Middle Initial)															
В.	BLUMENTHAL FOR CONNECTIC	LIT.				Date o	f Dis	burse	ment							
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	Mailing Address 777 SUMMER STREET					03	ľ.	1			)14					
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	City	State Zip Code				Tran	sacti	on ID	: SB23.	14128						
	STAMFORD	CT 06901				man	Juon		. 0020.	14120						
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		Primary General														
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	Mailing Address 777 SUMMER STREET					03		19		20		1				
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_	Full Name (Last, First, Middle Initial)																
А.	CHARLES BOUSTANY JR. MD FO	JR COI	NGRESS				_	ate of	Dis								
	Mailing Address P.O. BOX 80126						l	03		D 1	9	/ Y		014	Y		
	City S LAFAYETTE	State LA	Zip Code 70598					Trans	acti	on ID	: SB	23.14	1141				
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	Candidate Name			Cate	eaor	rv/	I.		1	-	-	-		4000			
	CHARLES W. BOUSTANY, JR.				ype				_	7	_	7		1000	0.00		
	Senate X President	nent For: Primary Other (spe	General														
	State: LA District: 03																
В.	Full Name (Last, First, Middle Initial) DAVE CAMP FOR CONGRESS						D	Date of	Dis	sburse	ement	t					
	Mailing Address 5915 EASTMAN AVENUE							03	/	D 1	9	/ Y		014	Y		
	MIDLAND	State MI	Zip Code 48640					Trans	acti	ion ID	) : SB	23.14	4142	2			
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	DAVID L. CAMP				ype		J.	-	-	7	_	7		250	5.00		
		nent For: Primary Other (spe	General														
_	Full Name (Last, First, Middle Initial)																
C.	DR. RAUL RUIZ FOR CONGRESS	5					D	Date of	f Dis	sburse	ement						
	Mailing Address P.O. BOX 6116							03	/	D 1	9	/ Y		)14	Y		
	City	State	Zip Code					Trans				22.4	4453				
	LAQUINTA	CA	92248					Trans	acti		. 90	23.14	+153	•			
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	RAUL RUIZ Office Sought: V House Disburser	mant Far		T	ype				-	7	_	7		1000			
	Office Sought: House Disburser Senate President State: CA District: 36	nent For: Primary Other (spe	K General														
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$\setminus$	NAME OF COMMITTEE (In Full)												
	THE AMERICAN CONGRESS OF	OB-GY	NS PAC (O	B-G`	YN	PAC	;)						
_	Full Name (Last, First, Middle Initial)												
А.	FRIENDS OF BOB JOHNSON						Date of						_
	Mailing Address P.O. BOX 16401						03	/ 0	19		20		Y
	City	State	Zip Code				Trono	aatian	п	CD22.4	4422		
	SAVANNAH	GA	31416				Trans	action	ID :	SB23.1	4132		
	Purpose of Disbursement CONTRIBUTION						Amount	of Ead	ch [	Disburse	ment	this F	Period
	Candidate Name			Cat	egory	//						0500	<u></u>
	ROBERT E. JOHNSON				ype	<u></u>						2500	.00
	Office Sought: X House Disburser Senate X President	ment For: Primary Other (spe	General										
	State: GA District: 01												
В.	Full Name (Last, First, Middle Initial) FRIENDS OF DAN MAFFEI						Date of	Disbu	rser	nent			
							M M	/ D		ר / כ	Y	Y	Y
	Mailing Address P.O. BOX 230						03		19		_ 20	14	
	SYRACUSE	State NY	Zip Code 13201				Trans	action	ID :	SB23.1	4135		
	Purpose of Disbursement CONTRIBUTION					11	Amount	of Ead	ch [	Disburse	ment	this F	Period
	Candidate Name			Cat	egory	//						1000	00
	DANIEL B. MAFFEI			T	ype		_	- 7	-			1000	.00
	Office Sought: X House Disburser Senate President	ment For: Primary Other (spe	2014 X General ecify) ▼										
	State: NY District: 24												
C.	Full Name (Last, First, Middle Initial) FRIENDS OF JOE HECK						Date of	Disbu	rser	nent			
	Mailing Address P.O. BOX 750114						03	/ D	19		20		Y
	City	State	Zip Code										
	LAS VEGAS	NV	89136				Trans	action	ID :	SB23.1	4145		
	Purpose of Disbursement CONTRIBUTION						Amount	of Ea	-h Γ	Disburse	mont	thic F	Period
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	JOE HECK				ype	//						2500.	.00
	Senate President	ment For: Primary Other (spe	X General										
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	THE AMERICAN CONGRESS OF	OB-GY	'NS PAC (OI	B-GY	′N	PAC	)								
Α.	Full Name (Last, First, Middle Initial) FRIENDS OF JOE PITTS						Date o	f Disb	urser	nent					
							M M	/	DI	D / Y	Y Y	Y			
	Mailing Address P.O. BOX 775						03		24		2014				
	City UNIONVILLE	State PA	Zip Code 19375				Trans	actio	n ID :	SB23.14	4161				
	Purpose of Disbursement		10070	_	_										
	CONTRIBUTION Candidate Name			L.,			Amoun	t of Ea	ach [	Disburser	nent this	s Period			
	JOSEPH R. PITTS			Cate Tv	egory /pe	//					15	00.00			
	Office Sought: X House Disburser	ment For:	2014	,				,		,					
	Senate X	Primary Other (spe	General												
	State: PA District: 16		Solly)												
_	Full Name (Last, First, Middle Initial)						<b>D</b> .								
в.	FRIENDS OF LOIS CAPPS						Date o	T DISD	urser		Y Y	V			
	Mailing Address P.O. BOX 23940						03 25 2014								
	SANTA BARBARA	State CA	Zip Code 93121				Trans	sactio	n ID :	: SB23.1	4577				
	Purpose of Disbursement CONTRIBUTION						Amoun	t of F	ach [	Disburser	nent this	Period			
	Candidate Name			Cate	aorv	/									
	LOIS G. CAPPS			Ту	/pe	·	<u> </u>			7	20	00.00			
	Senate X President	nent For: Primary Other (spe	General												
	State: CA District: 24 Full Name (Last, First, Middle Initial)														
C.	FRIENDS OF MICHELLE						Date o	f Disb			YY				
	Mailing Address P.O. BOX 25422						03	ĺ	19		2014	- 1			
	5	State	Zip Code				Trans	sactio	n ID :	: SB23.14	4131				
	ALBUQUERQUE Purpose of Disbursement										-				
	CONTRIBUTION Candidate Name					Amoun	t of Ea	ach [	Disburser	nent this	Period				
	MICHELLE LUJAN GRISHAM			Cate Ty	egory /pe	//					25	00.00			
	Senate President	nent For: Primary Other (spe	General					,		,					
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~	Full Name (Last, First, Middle Initial)						Date of	Dick		mont		_
н.	HUDSON FOR CONGRESS						Date of	7810	Durse		Y Y	Y
	Mailing Address P.O. BOX 5053						03		19		2014	
	)	State NC	Zip Code				Trans	actio	on ID	: SB23.14	1146	
	CONCORD Purpose of Disbursement	NC	28027	_								
	CONTRIBUTION			Ε.			Amount	of E	Each	Disbursen	nent this	Period
				Cate							100	00.00
	RICHARD L. HUDSON, JR. Office Sought: V House Disburser	nent For:	2014	Ť	ype							
	Senate X	Primary	General									
	State: NC District: 08	Other (spe	ecify) 🔻									
_	Full Name (Last, First, Middle Initial)											
В.	LONE STAR LEADERSHIP PAC						Date of	Dist	ourse	ment		
	Mailing Address P.O. BOX 30844						м м 03	/	D 19		2014	Y
							00				2014	_
	City S BETHESDA	State MD	Zip Code 20824	_	_		Trans	actic	on ID	: SB23.14	4155	
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	Candidate Name						Amount	OTE	ach	Disbursen	nent this	Period
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	Office Sought: House Disburser											
	President	Primary Other (spe	General									
	State: District:		<i>,</i> , <b>,</b>									
~	Full Name (Last, First, Middle Initial)						Data af			mont		
U.	MICHAEL BURGESS FOR CONG	KESS					Date of		ourse		Y Y	Y
	Mailing Address P.O. BOX 2334						03	Ĺ	19		2014	
	City	State	Zip Code									
	DENTON	ТХ	76202				Trans	actio	on ID	: SB23.14	¥130	
	Purpose of Disbursement CONTRIBUTION						Amour		Tach	Disbursen	nont this	Doriod
	Candidate Name		Category/			rv/	Amount			LISDUISEI		
	DR. MICHAEL C. BURGESS	. –			ype				,		500	00.00
	Office Sought: House Disburser Senate	nent For: Primary	2014 X General									
	President	Other (spe										
_	State: TX District: 26											
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	ailing Address 50 SOUTH PROVIDENCE ROAD						ſ	м м 03	/	D 1		Y	y y 2014	Y	
Cit	- tv	State	Zip Code					-		_					
M	EDIA	PA	19063					Trans	acti	on ID	: SB2	3.141	49		
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	andidate Name ATRICK L. MEEHAN			Cate	egoi ype	ry/	ſ						200	00.00	1
	fice Sought: X House Disburser	nent For:	2014		, , , ,							7			
	Senate X President	Primary Other (sp	ecify) ▼												
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	ailing Address P.O. BOX 425							03			9		2014	_	
	DSWELL	State GA	Zip Code 30077					Trans	acti	ion ID	: SB2	3.141	52		
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	HOMAS E. PRICE fice Sought: Y House Disburser	nent For:	2014	Ţ	ype		1			7		7			
	Senate X	Primary	General												
Sta	ate: GA District: 06	Other (sp	ecity) 🔻												
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Ma	ailing Address P.O. BOX 10555						ł	03		1	9		2014	_	
Cit	ty S EORIA	State IL	Zip Code 61612					Trans	acti	ion ID	: SB2	3.141	36		
	ipose of Disbursement				-										
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SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER PAGE 68 OF 68
ITEMIZED DISBURSEMENTS	Use separate schedule(s)	(check only	
	for each category of the Detailed Summary Page	21b 27	22         X         23         24         25         26           28a         28b         28c         29         30b
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NAME OF COMMITTEE (In Full)		_	
THE AMERICAN CONGRESS O	F OB-GYNS PAC (O	B-GYN PA	C)
Full Name (Last, First, Middle Initial)			Date of Disbursement
A. STIVERS FOR CONGRESS			
Mailing Address 4679 WINTERSET DRIVE			03 26 2014
City COLUMBUS	StateZip CodeOH43220		Transaction ID : SB23.14579
Purpose of Disbursement CONTRIBUTION		· · · ]	Amount of Each Disbursement this Period
Candidate Name		Category/	2000.00
STEVE STIVERS		Туре	3000.00
Office Sought: K House Disburs Senate President	ement For: 2014 Primary X General Other (specify)		
State: OH District: 15			
Full Name (Last, First, Middle Initial)			
B. WYDEN FOR SENATE			Date of Disbursement
Mailing Address 232 NORTHEAST 9TH AVENU	1		03 / D D / Y Y Y Y 2014
City PORTLAND	StateZip CodeOR97232		Transaction ID : SB23.14154
Purpose of Disbursement CONTRIBUTION			Amount of Each Disbursement this Period
		Category/	2500.00
RONALD L. WYDEN Office Sought: House Disburs	ement For: 2016	Туре	7 7 7
	Primary General		
State: OR District: 00	Other (specify)		
Full Name (Last, First, Middle Initial)			Date of Disbursement
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Mailing Address			
City	State Zip Code		
Purpose of Disbursement		· · · ·	
Candidate Name		Category/ Type	Amount of Each Disbursement this Period
Senate President	ement For: Primary General Other (specify) ▼		
State: District:			
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