

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

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

Report Covering the Period: From: / / To: / /

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|--|--|--|
| 6. (a) Cash on Hand January 1, <input type="text" value="2014"/> | <input type="text" value="300966.48"/> | <input type="text" value="300966.48"/> |
| (b) Cash on Hand at Beginning of Reporting Period..... | <input type="text" value="260285.39"/> | |
| (c) Total Receipts (from Line 19) | <input type="text" value="119958.83"/> | <input type="text" value="208762.91"/> |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | <input type="text" value="380244.22"/> | <input type="text" value="509729.39"/> |
| 7. Total Disbursements (from Line 31)..... | <input type="text" value="50533.42"/> | <input type="text" value="180018.59"/> |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | <input type="text" value="329710.80"/> | <input type="text" value="329710.80"/> |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | <input type="text" value="0.00"/> | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | <input type="text" value="0.00"/> | |

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

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

Report Covering the Period: From: / / To: / /

| I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From: | | |
| (a) Individuals/Persons Other Than Political Committees | | |
| (i) Itemized (use Schedule A)..... | 101471.33 | 148800.08 |
| (ii) Unitemized | 18487.50 | 59962.83 |
| (iii) TOTAL (add 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 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 (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.)..... | 0.00 | 0.00 |
| 18. Transfers from Non-Federal and Levin Funds | | |
| (a) Non-Federal Account (from Schedule H3)..... | 0.00 | 0.00 |
| (b) Levin Funds (from Schedule H5) | 0.00 | 0.00 |
| (c) Total Transfers (add 18(a) and 18(b)).. | 0.00 | 0.00 |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶ | 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)

Page 4

| II. Disbursements | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) Non-Federal Share..... | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures | 2533.42 | 3698.59 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 2533.42 | 3698.59 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 48000.00 | 174000.00 |
| 24. Independent Expenditures (use Schedule E) | 0.00 | 0.00 |
| 25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)..... | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | 0.00 | 0.00 |
| 27. Loans Made..... | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 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 |
| 29. Other Disbursements | 0.00 | 2000.00 |
| 30. Federal Election Activity (2 U.S.C. §431(20)) | | |
| (a) Allocated Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) "Levin" Share..... | 0.00 | 0.00 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 0.00 | 0.00 |
| (c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b)).... | 0.00 | 0.00 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) .. | 50533.42 | 180018.59 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 50533.42 | 180018.59 |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans) (from Line 11(d), page 3) | 119958.83 | 208762.91 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 320.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 119958.83 | 208442.91 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 2533.42 | 3698.59 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 2533.42 | 3698.59 |

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

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

FOR LINE NUMBER: PAGE 6 OF 68
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

A. THADDEUS ANDERSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 2350 SIMPSON STREET
 City DUBUQUE State IA Zip Code 52003
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DUBUQUE OB/GYN Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 02 / 2014
Transaction ID : SA11AI.14036
 Amount of Each Receipt this Period
 300.00

B. CAROL ARCHIE
 Full Name (Last, First, Middle Initial)
 Mailing Address 401 LORING AVENUE
 City LOS ANGELES State CA Zip Code 90024
 FEC ID number of contributing federal political committee. **C**
 Name of Employer LINDA S. COHEN, MD Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 26 / 2014
Transaction ID : SA11AI.14622
 Amount of Each Receipt this Period
 300.00

C. THOMAS F. ARNOLD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1145 14TH AVENUE WEST
 City DICKINSON State ND Zip Code 58601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CATHOLIC HEALTH INITIATIVES Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 625.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 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 number only)..... ▶

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

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FOR LINE NUMBER: PAGE 7 OF 68
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

A. IEVA BAILEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 2318 WESTFIELD DRIVE
 City BILLINGS State MT Zip Code 59106
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 02 / 2014
Transaction ID : SA11AI.14039
 Amount of Each Receipt this Period
 300.00

B. MIBHALI M. BHALALA
 Full Name (Last, First, Middle Initial)
 Mailing Address 806 CAPE COD DRIVE
 City REDWOOD CITY State CA Zip Code 94065
 FEC ID number of contributing federal political committee. **C**
 Name of Employer PERMANENTE MEDICAL GROUP Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 02 / 2014
Transaction ID : SA11AI.14041
 Amount of Each Receipt this Period
 300.00

C. DAVID BILLINGS
 Full Name (Last, First, Middle Initial)
 Mailing Address 831 SOUTH BROADWAY
 City MINOT State ND Zip Code 58701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer TRINITY HEALTH Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 02 / 2014
Transaction ID : SA11AI.14042
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1100.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 8 OF 68
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

A. SHERRY L. BLUMENTHAL
 Full Name (Last, First, Middle Initial)
 Mailing Address 911 FRASER ROAD
 City GLENSIDE State PA Zip Code 19038
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 02 / 2014
Transaction ID : SA11AI.14043
 Amount of Each Receipt this Period
 300.00

B. CONSTANCE BOHON
 Full Name (Last, First, Middle Initial)
 Mailing Address 15201 ARMINIO COURT
 City DARNESTOWN State MD Zip Code 20874
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CAPITAL WOMEN'S CARE Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 02 / 2014
Transaction ID : SA11AI.14044
 Amount of Each Receipt this Period
 300.00

C. MARYANNE C. BOMBAUGH
 Full Name (Last, First, Middle Initial)
 Mailing Address 81 CLOWES DRIVE
 City FALMOUTH State MA Zip Code 02540
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RELIANT MEDICAL GROUP Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 625.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 12 / 2014
Transaction ID : SA11AI.13864
 Amount of Each Receipt this Period
 625.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1225.00
TOTAL This Period (last page this line number only)..... ▶

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 9 OF 68 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

A. LEONARD A. BRABSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 939 EAST EMERALD AVENUE
 City KNOXVILLE State TN Zip Code 37917
 FEC ID number of contributing federal political committee. **C**
 Name of Employer TENNOVA HEALTHCARE Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 625.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 12 / 2014
Transaction ID : SA11Al.13865
 Amount of Each Receipt this Period
 625.00

B. CYNTHIA A. BRINCAT
 Full Name (Last, First, Middle Initial)
 Mailing Address 308 NORTH KENILWORTH
 City OAK PARK State IL Zip Code 60302
 FEC ID number of contributing federal political committee. **C**
 Name of Employer LOYOLA UNIVERSITY Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 01 / 2014
Transaction ID : SA11Al.13970
 Amount of Each Receipt this Period
 1000.00

C. CYNTHIA A. BRINCAT
 Full Name (Last, First, Middle Initial)
 Mailing Address 308 NORTH KENILWORTH
 City OAK PARK State IL Zip Code 60302
 FEC ID number of contributing federal political committee. **C**
 Name of Employer LOYOLA UNIVERSITY Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 03 / 2014
Transaction ID : SA11Al.13794
 Amount of Each Receipt this Period
 300.00

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1925.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 10 OF 68 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

| | | |
|---|-------------------------------------|--|
| Full Name (Last, First, Middle Initial) A. ALBERT L. BROOKS | | Date of Receipt M M / D D / Y Y Y Y Y 03 / 18 / 2014 Transaction ID : SA11AI.14534 |
| Mailing Address 2000 MOWRY AVENUE | | Amount of Each Receipt this Period 1000.00 |
| City FREMONT | State CA | Zip Code 94538 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer SELF-EMPLOYED | Occupation PHYSICIAN | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | |

| | | |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. ERIN C. BROUSSEAU | | Date of Receipt M M / D D / Y Y Y Y Y 03 / 03 / 2014 Transaction ID : SA11AI.13903 |
| Mailing Address 85 STRATHMORE ROAD | | Amount of Each Receipt this Period 300.00 |
| City CRANSTON | State RI | Zip Code 02905 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer WOMEN & INFANTS HOSPITAL | Occupation PHYSICIAN | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 340.00 | |

| | | |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. LANCE BRUCK | | Date of Receipt M M / D D / Y Y Y Y Y 03 / 03 / 2014 Transaction ID : SA11AI.13904 |
| Mailing Address 42 ROCK SHELTER ROAD | | Amount of Each Receipt this Period 500.00 |
| City WACCABAC | State NY | Zip Code 10597 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer STAMFORD HOSPITAL | Occupation PHYSICIAN | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1800.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 11 OF 68 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) A. DONALD K. BRYAN | | Date of Receipt |
| Mailing Address 4361 SAWMILL ROAD | | <input type="text" value="03"/> / <input type="text" value="26"/> / <input type="text" value="2014"/> |
| City | State | Zip Code |
| COLUMBUS | OH | 43220 |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> | Transaction ID : SA11AI.14624 |
| Name of Employer | Occupation | Amount of Each Receipt this Period |
| KINGSDALE GYNECOLOGICAL | PHYSICIAN | <input type="text" value="250.00"/> |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="text" value="250.00"/> | |

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. JUDITH T. BURGIS | | Date of Receipt |
| Mailing Address 2 MEDICAL PARK ROAD | | <input type="text" value="03"/> / <input type="text" value="10"/> / <input type="text" value="2014"/> |
| City | State | Zip Code |
| COLUMBIA | SC | 29203 |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> | Transaction ID : SA11AI.13813 |
| Name of Employer | Occupation | Amount of Each Receipt this Period |
| UNIVERSITY OF SOUTH CAROLINA | PHYSICIAN | <input type="text" value="600.00"/> |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="text" value="600.00"/> | |

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) C. STEPHEN H. BUSH | | Date of Receipt |
| Mailing Address 4400 KANAWHA AVENUE | | <input type="text" value="03"/> / <input type="text" value="13"/> / <input type="text" value="2014"/> |
| City | State | Zip Code |
| CHARLESTON | WV | 25304 |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> | Transaction ID : SA11AI.14558 |
| Name of Employer | Occupation | Amount of Each Receipt this Period |
| WEST VIRGINIA UNIVERSITY | PHYSICIAN | <input type="text" value="250.00"/> |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="text" value="250.00"/> | |

| | |
|--|--------------------------------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | <input type="text" value="1100.00"/> |
| TOTAL This Period (last page this line number only).....▶ | <input type="text"/> |

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

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

FOR LINE NUMBER: PAGE 12 OF 68
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

A. EVA CHALAS
 Full Name (Last, First, Middle Initial)
 Mailing Address 27 FRANKLIN COURT
 City State Zip Code
 GARDEN CITY NY 11530
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 WINTHROP UNIVERSITY PHYSICIAN
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 02 / 2014
Transaction ID : SA11AI.14049
 Amount of Each Receipt this Period
 1000.00

B. BEN H. CHEEK
 Full Name (Last, First, Middle Initial)
 Mailing Address 1626 SUMMIT DRIVE
 City State Zip Code
 COLUMBUS GA 31906
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 OB/GYN ASSOCIATES OF COLUMBUS PHYSICIAN
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1583.33

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 12 / 2014
Transaction ID : SA11AI.13867
 Amount of Each Receipt this Period
 1500.00

C. BEN H. CHEEK
 Full Name (Last, First, Middle Initial)
 Mailing Address 1626 SUMMIT DRIVE
 City State Zip Code
 COLUMBUS GA 31906
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 OB/GYN ASSOCIATES OF COLUMBUS PHYSICIAN
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1666.66

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 19 / 2014
Transaction ID : SA11AI.14500
 Amount of Each Receipt this Period
 83.33

SUBTOTAL of Receipts This Page (optional)..... ▶ 2583.33
TOTAL This Period (last page this line number only)..... ▶

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

| | | | | |
|---|--|---|---|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 13 OF 68 | | |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 | <input type="checkbox"/> 11c <input type="checkbox"/> 15 | <input type="checkbox"/> 12 <input type="checkbox"/> 16 |

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NAME OF COMMITTEE (In Full)
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

| | | |
|---|--------------------------|---|
| Full Name (Last, First, Middle Initial) A. DONALD D. CHERVENAK | | Date of Receipt |
| Mailing Address 16 BOARDWALK AVENUE | | M M M / D D D / Y Y Y Y Y Y 03 / 14 / 2014 |
| City | State | Zip Code |
| WINDHAM | ME | 04062 |
| FEC ID number of contributing federal political committee. C | | Transaction ID : SA11Al.13776 |
| Name of Employer SELF-EMPLOYED | | Amount of Each Receipt this Period |
| Occupation PHYSICIAN | | 1100.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ | |
| | 1100.00 | |

| | | |
|---|--------------------------|---|
| Full Name (Last, First, Middle Initial) B. MARGUERITE P. COHEN | | Date of Receipt |
| Mailing Address 620 SOUTHEAST 55TH AVENUE | | M M M / D D D / Y Y Y Y Y Y 03 / 14 / 2014 |
| City | State | Zip Code |
| PORTLAND | OR | 97215 |
| FEC ID number of contributing federal political committee. C | | Transaction ID : SA11Al.13777 |
| Name of Employer WOMEN'S HEALTHCARE ASSOCIATES | | Amount of Each Receipt this Period |
| Occupation PHYSICIAN | | 300.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ | |
| | 300.00 | |

| | | |
|---|--------------------------|---|
| Full Name (Last, First, Middle Initial) C. SHANNA M. COMBS | | Date of Receipt |
| Mailing Address 849 SPRINGBROOK DRIVE | | M M M / D D D / Y Y Y Y Y Y 03 / 03 / 2014 |
| City | State | Zip Code |
| FORT WORTH | TX | 76107 |
| FEC ID number of contributing federal political committee. C | | Transaction ID : SA11Al.13912 |
| Name of Employer UNIVERSITY OF NORTH TEXAS | | Amount of Each Receipt this Period |
| Occupation PHYSICIAN | | 1000.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ | |
| | 1000.00 | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 2400.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 14 OF 68 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

| | | |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial) A. JEANNE A. CONRY | | Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 03 / 2014 Transaction ID : SA11AI.13795 |
| Mailing Address 8204 CANTERSHIRE WAY | | Amount of Each Receipt this Period 250.00 |
| City GRANITE BAY | State CA | Zip Code 95746 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer PERMANENTE MEDICAL GROUP | Occupation PHYSICIAN | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 750.00 | |

| | | |
|---|-------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. JEANNE A. CONRY | | Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 10 / 2014 Transaction ID : SA11AI.13815 |
| Mailing Address 8204 CANTERSHIRE WAY | | Amount of Each Receipt this Period 2500.00 |
| City GRANITE BAY | State CA | Zip Code 95746 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer PERMANENTE MEDICAL GROUP | Occupation PHYSICIAN | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 3250.00 | |

| | | |
|---|-------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. LYNNE COSLETT CHARLTON | | Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 02 / 2014 Transaction ID : SA11AI.14052 |
| Mailing Address 289 HARRIS HILL ROAD | | Amount of Each Receipt this Period 2500.00 |
| City SHAVERTOWN | State PA | Zip Code 18708 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer SELF-EMPLOYED | Occupation PHYSICIAN | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 2500.00 | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 5250.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

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

FOR LINE NUMBER: PAGE 15 OF 68
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

A. DOUGLAS J. CREEDON
 Full Name (Last, First, Middle Initial)
 Mailing Address 1119 BUCKRIDGE DRIVE
 City ROCHESTER State MN Zip Code 55906
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MAYO CLINIC Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 02 / 2014
Transaction ID : SA11AI.14053
 Amount of Each Receipt this Period
 1000.00

B. JULIE A. CRON
 Full Name (Last, First, Middle Initial)
 Mailing Address 9 GROVE HILL ROAD
 City GUILFORD State CT Zip Code 06437
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OB/GYN & MENOPAUSE PHYSICIANS Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 13 / 2014
Transaction ID : SA11AI.14559
 Amount of Each Receipt this Period
 500.00

C. STEPHANIE DAHL
 Full Name (Last, First, Middle Initial)
 Mailing Address 517 ARROWWOOD DRIVE
 City HORACE State ND Zip Code 58047
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SANFORD HEALTH Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 02 / 2014
Transaction ID : SA11AI.14054
 Amount of Each Receipt this Period
 300.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1800.00
TOTAL This Period (last page this line number only)..... ▶

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 16 OF 68 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) A. STELLA DANTAS | | Date of Receipt |
| Mailing Address 6906 SOUTHWEST WINDEMERE LOOP | | <input type="text" value="03"/> / <input type="text" value="02"/> / <input type="text" value="2014"/> |
| City | State | Zip Code |
| PORTLAND | OR | 97225 |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> | Transaction ID : SA11AI.14056 |
| Name of Employer | Occupation | Amount of Each Receipt this Period |
| KAISER PERMANENTE | PHYSICIAN | <input type="text" value="300.00"/> |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="text" value="300.00"/> | |

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. THOMAS S. DARDARIAN | | Date of Receipt |
| Mailing Address 108 CETON COURT | | <input type="text" value="03"/> / <input type="text" value="16"/> / <input type="text" value="2014"/> |
| City | State | Zip Code |
| BROOMAIL | PA | 19008 |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> | Transaction ID : SA11AI.14544 |
| Name of Employer | Occupation | Amount of Each Receipt this Period |
| MAIN LINE WOMEN'S HEALTH CARE | PHYSICIAN | <input type="text" value="125.00"/> |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="text" value="375.00"/> | |

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) C. ROBERT H. DEBBS | | Date of Receipt |
| Mailing Address 2 SASSAFRAS COURT | | <input type="text" value="03"/> / <input type="text" value="10"/> / <input type="text" value="2014"/> |
| City | State | Zip Code |
| VOORHEES | NJ | 08043 |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> | Transaction ID : SA11AI.13816 |
| Name of Employer | Occupation | Amount of Each Receipt this Period |
| UNIVERSITY OF PENNSYLVANIA | PHYSICIAN | <input type="text" value="209.00"/> |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="text" value="409.00"/> | |

| | |
|--|-------------------------------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | <input type="text" value="634.00"/> |
| TOTAL This Period (last page this line number only).....▶ | <input type="text"/> |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 17 OF 68 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

A. MARK S. DEFRANCESCO
 Full Name (Last, First, Middle Initial)
 Mailing Address 35 TERRELL FARM PLACE
 City CHESHIRE State CT Zip Code 06410
 FEC ID number of contributing federal political committee. **C**
 Name of Employer WOMEN'S HEALTH CONNECTICUT Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 03 / 2014
Transaction ID : SA11AI.13796
 Amount of Each Receipt this Period
 200.00

B. NATHANIEL DENICOLA
 Full Name (Last, First, Middle Initial)
 Mailing Address 2121 PINE STREET
 City PHILADELPHIA State PA Zip Code 19103
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UNIVERSITY OF PENNSYLVANIA Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 627.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 23 / 2014
Transaction ID : SA11AI.14655
 Amount of Each Receipt this Period
 209.00

C. JANE ANN DIMER
 Full Name (Last, First, Middle Initial)
 Mailing Address 4631 90TH AVENUE
 City MERCER ISLAND State WA Zip Code 98040
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GROUP HEALTH PERMANENTE Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 12 / 2014
Transaction ID : SA11AI.13869
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 659.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 18 OF 68
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

A. DAVID R. ELLINGTON
 Full Name (Last, First, Middle Initial)
 Mailing Address 1507 GROVE PLACE
 City BIRMINGHAM State AL Zip Code 35209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UNIVERSITY OF ALABAMA Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 03 / 2014
Transaction ID : SA11Al.13914
 Amount of Each Receipt this Period
 300.00

B. DENISE M. ELSER
 Full Name (Last, First, Middle Initial)
 Mailing Address 5716 WEST 95TH STREET
 City OAK LAWN State IL Zip Code 60453
 FEC ID number of contributing federal political committee. **C**
 Name of Employer WOMEN'S HEALTH INSTITUTE Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 02 / 2014
Transaction ID : SA11Al.14057
 Amount of Each Receipt this Period
 300.00

C. LAURIE P. ERICKSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 4940 EAST VALLEY VISTA LANE
 City PARADISE VALLEY State AZ Zip Code 85253
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BANNER HEALTH Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 13 / 2014
Transaction ID : SA11Al.14561
 Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1600.00
TOTAL This Period (last page this line number only)..... ▶

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 19 OF 68 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. EVE L. ESPEY | | Date of Receipt MM / DD / YYYY 03 / 12 / 2014 Transaction ID : SA11Al.13870 |
| Mailing Address 712 SUNDOWN PLACE | | Amount of Each Receipt this Period 1000.00 |
| City ALBUQUERQUE | State NM | Zip Code 87108 |
| FEC ID number of contributing federal political committee. C | Name of Employer UNIVERSITY OF NEW MEXICO | Occupation PHYSICIAN |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) B. VICTOR M. FELDBAUM | | Date of Receipt MM / DD / YYYY 03 / 12 / 2014 Transaction ID : SA11Al.13871 |
| Mailing Address 7247 MCVAY MANOR | | Amount of Each Receipt this Period 300.00 |
| City GERMANTOWN | State TN | Zip Code 38138 |
| FEC ID number of contributing federal political committee. C | Name of Employer UNIVERSITY OF TENNESSEE | Occupation PHYSICIAN |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 300.00 | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) C. DOUGLAS K. FENTON | | Date of Receipt MM / DD / YYYY 03 / 12 / 2014 Transaction ID : SA11Al.13872 |
| Mailing Address 2921 MANAGUA PLACE | | Amount of Each Receipt this Period 209.00 |
| City CARLSBAD | State CA | Zip Code 92009 |
| FEC ID number of contributing federal political committee. C | Name of Employer SCRIPPS COASTAL MEDICAL GROUP | Occupation PHYSICIAN |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 627.00 | |

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| SUBTOTAL of Receipts This Page (optional).....▶ | 1509.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 20 OF 68 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) A. SIRI J. FIEBIGER | | Date of Receipt M M / D D / Y Y Y Y 03 / 02 / 2014 Transaction ID : SA11AI.14060 |
| Mailing Address 210 11TH STREET NORTH | | Amount of Each Receipt this Period 300.00 |
| City FARGO State ND Zip Code 58102 | FEC ID number of contributing federal political committee. C | |
| Name of Employer ESSENTIA HEALTH Occupation PHYSICIAN | Aggregate Year-to-Date 340.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) B. STEVEN FLEISCHMAN | | Date of Receipt M M / D D / Y Y Y Y 03 / 01 / 2014 Transaction ID : SA11AI.13988 |
| Mailing Address 189 ANSONIA ROAD | | Amount of Each Receipt this Period 2500.00 |
| City WOODBRIDGE State CT Zip Code 06525 | FEC ID number of contributing federal political committee. C | |
| Name of Employer OB/GYN & MENOPAUSE PHYSICIANS Occupation PHYSICIAN | Aggregate Year-to-Date 2500.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) C. ROBERT F. FLORA | | Date of Receipt M M / D D / Y Y Y Y 03 / 07 / 2014 Transaction ID : SA11AI.13805 |
| Mailing Address 22668 BECKENHAM COURT | | Amount of Each Receipt this Period 250.00 |
| City NOVI State MI Zip Code 48374 | FEC ID number of contributing federal political committee. C | |
| Name of Employer ST. JOHN PROVIDENCE HEALTH Occupation PHYSICIAN | Aggregate Year-to-Date 290.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

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|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 3050.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 21 OF 68 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) A. JORGE N. FLORES | | Date of Receipt |
| Mailing Address 1520 9TH AVENUE | | <input type="text" value="03"/> / <input type="text" value="25"/> / <input type="text" value="2014"/> |
| City | State | Zip Code |
| HACIENDA HEIGHTS | CA | 91745 |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> | |
| Name of Employer | Occupation | |
| RETIRED | PHYSICIAN | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="text" value="500.00"/> | |
| | | Transaction ID : SA11AI.14645 |
| | | Amount of Each Receipt this Period |
| | | <input type="text" value="500.00"/> |

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. CHERYL G. FOUNTAIN | | Date of Receipt |
| Mailing Address 1219 LAKEPOINTE STREET | | <input type="text" value="03"/> / <input type="text" value="03"/> / <input type="text" value="2014"/> |
| City | State | Zip Code |
| GROSSE POINTE PARK | MI | 48230 |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> | |
| Name of Employer | Occupation | |
| BEAUMONT HEALTH SYSTEM | PHYSICIAN | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="text" value="300.00"/> | |
| | | Transaction ID : SA11AI.13915 |
| | | Amount of Each Receipt this Period |
| | | <input type="text" value="300.00"/> |

| | | |
|---|--------------------------------------|---|
| Full Name (Last, First, Middle Initial) C. RAVI GADA | | Date of Receipt |
| Mailing Address 1543 CAMINO LAGO | | <input type="text" value="03"/> / <input type="text" value="03"/> / <input type="text" value="2014"/> |
| City | State | Zip Code |
| IRVING | TX | 75039 |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> | |
| Name of Employer | Occupation | |
| DALLAS FORT WORTH FERTILITY | PHYSICIAN | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="text" value="2500.00"/> | |
| | | Transaction ID : SA11AI.13917 |
| | | Amount of Each Receipt this Period |
| | | <input type="text" value="2500.00"/> |

| | |
|--|--------------------------------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | <input type="text" value="3300.00"/> |
| TOTAL This Period (last page this line number only).....▶ | <input type="text"/> |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 22 OF 68 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

A. THOMAS M. GELLHAUS
 Full Name (Last, First, Middle Initial)
 Mailing Address 906 TAMARACK TRAIL
 City IOWA CITY State IA Zip Code 52245
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UNIVERSITY OF IOWA Occupation PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2500.00**

Date of Receipt **03 / 10 / 2014**
Transaction ID : SA11AI.13824
 Amount of Each Receipt this Period **2500.00**

B. SARAH V. GERNHART
 Full Name (Last, First, Middle Initial)
 Mailing Address 1605 SOUTH 213TH CIRCLE
 City OMAHA State NE Zip Code 68022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer METHODIST PHYSICIANS CLINIC Occupation PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt **03 / 03 / 2014**
Transaction ID : SA11AI.13918
 Amount of Each Receipt this Period **300.00**

C. WILLIAM W. GREENFIELD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4301 WEST MARKHAM STREET
 City LITTLE ROCK State AR Zip Code 72223
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UNIVERSITY OF ARKANSAS Occupation PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt **03 / 03 / 2014**
Transaction ID : SA11AI.13919
 Amount of Each Receipt this Period **300.00**

| | |
|---|----------------|
| SUBTOTAL of Receipts This Page (optional)..... | 3100.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 23 OF 68 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

A. PETER GREENSPAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 3601 NORTHWEST WINDING WOODS DRIVE
 City State Zip Code
 LEE'S SUMMIT MD 64064
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 UNIVERSITY PHYSICIANS PHYSICIAN
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 02 / 2014
Transaction ID : SA11AI.14062
 Amount of Each Receipt this Period
 300.00

B. LAURIE C. GREGG
 Full Name (Last, First, Middle Initial)
 Mailing Address 2277 FAIR OAKS
 City State Zip Code
 SACRAMENTO CA 95820
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SELF-EMPLOYED PHYSICIAN
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 02 / 2014
Transaction ID : SA11AI.14064
 Amount of Each Receipt this Period
 2500.00

C. KIMBERLY GREGORY
 Full Name (Last, First, Middle Initial)
 Mailing Address 500 SOUTH HELBERTA AVENUE
 City State Zip Code
 REDONDO BEACH CA 90277
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CEDARS-SINAI HOSPITAL PHYSICIAN
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 13 / 2014
Transaction ID : SA11AI.14567
 Amount of Each Receipt this Period
 300.00

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 3100.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | | |
|---|------------------------------|-----------------------------------|-----------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 24 OF 68 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

A. COLE GREVES
Full Name (Last, First, Middle Initial)
Mailing Address 12214 HATFIELD COURT

| | | |
|-----------------|-------------|-------------------|
| City ORLANDO | State FL | Zip Code 32837 |
|-----------------|-------------|-------------------|

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

| | |
|------------------------------------|-------------------------|
| Name of Employer ORLANDO HEALTH | Occupation PHYSICIAN |
|------------------------------------|-------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | / | 02 | / | 2014 |

Transaction ID : SA11AI.14065

Amount of Each Receipt this Period
300.00

B. COLE GREVES
Full Name (Last, First, Middle Initial)
Mailing Address 12214 HATFIELD COURT

| | | |
|-----------------|-------------|-------------------|
| City ORLANDO | State FL | Zip Code 32837 |
|-----------------|-------------|-------------------|

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

| | |
|------------------------------------|-------------------------|
| Name of Employer ORLANDO HEALTH | Occupation PHYSICIAN |
|------------------------------------|-------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | / | 02 | / | 2014 |

Transaction ID : SA11AI.14066

Amount of Each Receipt this Period
700.00

C. NEIL A. HAMILL
Full Name (Last, First, Middle Initial)
Mailing Address 3882 SOUTH 177TH AVENUE

| | | |
|---------------|-------------|-------------------|
| City OMAHA | State NE | Zip Code 68130 |
|---------------|-------------|-------------------|

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

| | |
|--|-------------------------|
| Name of Employer METHODIST HOSPITAL | Occupation PHYSICIAN |
|--|-------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | / | 09 | / | 2014 |

Transaction ID : SA11AI.13806

Amount of Each Receipt this Period
100.00

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1100.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 25 OF 68 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) A. R. MOSS HAMPTON | | Date of Receipt MM / DD / YYYY 03 / 12 / 2014 Transaction ID : SA11AI.13874 |
| Mailing Address 3930 EDGEBROOK COURT | | Amount of Each Receipt this Period 2500.00 |
| City MIDLAND | State TX | Zip Code 79707 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer TEXAS TECH UNIVERSITY | Occupation PHYSICIAN | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 2500.00 | |

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. MAGDI HANAFI | | Date of Receipt MM / DD / YYYY 03 / 02 / 2014 Transaction ID : SA11AI.14067 |
| Mailing Address 5673 PEACHTREE DUNWOODY ROAD | | Amount of Each Receipt this Period 300.00 |
| City ATLANTA | State GA | Zip Code 30372 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer GYN & FERTILITY SPECIALISTS | Occupation PHYSICIAN | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 300.00 | |

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) C. MAGDI HANAFI | | Date of Receipt MM / DD / YYYY 03 / 05 / 2014 Transaction ID : SA11AI.14282 |
| Mailing Address 5673 PEACHTREE DUNWOODY ROAD | | Amount of Each Receipt this Period 40.00 |
| City ATLANTA | State GA | Zip Code 30372 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer GYN & FERTILITY SPECIALISTS | Occupation PHYSICIAN | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 340.00 | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 2840.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 26 OF 68 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

A. BRUCE W. HARLE
Full Name (Last, First, Middle Initial)

Mailing Address 7711 LOUIS PASTEUR

| | | |
|---------------------|-------------|-------------------|
| City SAN ANTONIO | State TX | Zip Code 78229 |
|---------------------|-------------|-------------------|

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

| | |
|---|-------------------------|
| Name of Employer SEVEN OAKS WOMEN'S CENTER | Occupation PHYSICIAN |
|---|-------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | / | 03 | / | 2014 |

Transaction ID : SA11AI.13922

Amount of Each Receipt this Period
300.00

B. KAREN E. HARRIS
Full Name (Last, First, Middle Initial)

Mailing Address 6440 WEST NEWBERRY ROAD

| | | |
|---------------------|-------------|-------------------|
| City GAINESVILLE | State FL | Zip Code 32605 |
|---------------------|-------------|-------------------|

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

| | |
|--|-------------------------|
| Name of Employer FLORIDA WOMEN'S PHYSICIANS | Occupation PHYSICIAN |
|--|-------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | / | 02 | / | 2014 |

Transaction ID : SA11AI.14069

Amount of Each Receipt this Period
300.00

C. FRANK N. HARRISON
Full Name (Last, First, Middle Initial)

Mailing Address 3741 HEARTHSTONE COURT

| | | |
|-------------------|-------------|-------------------|
| City CHARLOTTE | State NC | Zip Code 28211 |
|-------------------|-------------|-------------------|

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

| | |
|---|-------------------------|
| Name of Employer CAROLINAS HEALTH SYSTEM | Occupation PHYSICIAN |
|---|-------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | / | 28 | / | 2014 |

Transaction ID : SA11AI.14689

Amount of Each Receipt this Period
500.00

| | | |
|---|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | ▶ | 1100.00 |
| TOTAL This Period (last page this line number only)..... | ▶ | |

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

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

FOR LINE NUMBER: PAGE 27 OF 68
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

A. MICHAEL M. HAWKINS
 Full Name (Last, First, Middle Initial)
 Mailing Address 3018 ARROWHEAD DRIVE
 City State Zip Code
 TEMPLE TX 76506
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SCOTT AND WHITE CLINIC PHYSICIAN
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 02 / 2014
Transaction ID : SA11AI.14070
 Amount of Each Receipt this Period
 300.00

B. MICHAEL M. HAWKINS
 Full Name (Last, First, Middle Initial)
 Mailing Address 3018 ARROWHEAD DRIVE
 City State Zip Code
 TEMPLE TX 76506
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SCOTT AND WHITE CLINIC PHYSICIAN
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 02 / 2014
Transaction ID : SA11AI.14071
 Amount of Each Receipt this Period
 300.00

C. TAMARA HELFER
 Full Name (Last, First, Middle Initial)
 Mailing Address 4412 TROSTSHIRE CIRCLE
 City State Zip Code
 CHAMPAIGN IL 61822
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CHRISTIE CLINIC PHYSICIAN
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 03 / 2014
Transaction ID : SA11AI.13925
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1100.00
TOTAL This Period (last page this line number only)..... ▶

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 28 OF 68 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

A. RICHARD W. HENDERSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 1709 CLEAVER LANE
 City WILMINGTON State DE Zip Code 19803
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ST. FRANCIS HOSPITAL Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 665.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 10 / 2014
Transaction ID : SA11AI.13827
 Amount of Each Receipt this Period
 625.00

B. NARIMAN HESHMATI
 Full Name (Last, First, Middle Initial)
 Mailing Address 645 CORNELIA AVENUE
 City MUKILTEO State WA Zip Code 98275
 FEC ID number of contributing federal political committee. **C**
 Name of Employer EVERETT CLINIC Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 12 / 2014
Transaction ID : SA11AI.13875
 Amount of Each Receipt this Period
 250.00

C. GREIGH HIRATA
 Full Name (Last, First, Middle Initial)
 Mailing Address 2112 HAKANU STREET
 City HONOLULU State HI Zip Code 96821
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 02 / 2014
Transaction ID : SA11AI.14072
 Amount of Each Receipt this Period
 300.00

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1175.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 29 OF 68 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

| | | |
|---|--------------------------------------|---|
| Full Name (Last, First, Middle Initial) A. LISA M. HOLLIER | | Date of Receipt |
| Mailing Address 6612 MERCER STREET | | <input type="text" value="03"/> / <input type="text" value="01"/> / <input type="text" value="2014"/> |
| City | State | Zip Code |
| HOUSTON | TX | 77005 |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> | Transaction ID : SA11AI.13993 |
| Name of Employer | Occupation | Amount of Each Receipt this Period |
| BAYLOR COLLEGE OF MEDICINE | PHYSICIAN | <input type="text" value="2500.00"/> |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="text" value="2500.00"/> | |

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. STEVEN HOLT | | Date of Receipt |
| Mailing Address 15366 XENIA COURT | | <input type="text" value="03"/> / <input type="text" value="02"/> / <input type="text" value="2014"/> |
| City | State | Zip Code |
| THORNTON | CO | 80602 |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> | Transaction ID : SA11AI.14074 |
| Name of Employer | Occupation | Amount of Each Receipt this Period |
| HEALTH ONE CLINIC SERVICES | PHYSICIAN | <input type="text" value="600.00"/> |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="text" value="600.00"/> | |

| | | |
|---|--------------------------------------|---|
| Full Name (Last, First, Middle Initial) C. JOSEPH HWANG | | Date of Receipt |
| Mailing Address P.O. BOX 1412 | | <input type="text" value="03"/> / <input type="text" value="02"/> / <input type="text" value="2014"/> |
| City | State | Zip Code |
| MINNETONKA | MN | 55345 |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> | Transaction ID : SA11AI.14075 |
| Name of Employer | Occupation | Amount of Each Receipt this Period |
| UNIVERSITY OF MINNESOTA | PHYSICIAN | <input type="text" value="1000.00"/> |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="text" value="1000.00"/> | |

| | |
|--|--------------------------------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | <input type="text" value="4100.00"/> |
| TOTAL This Period (last page this line number only).....▶ | <input type="text"/> |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 30 OF 68 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

| | | | |
|---|-------------------------------------|----------|---|
| Full Name (Last, First, Middle Initial) A. ANNIE I. IRIYE | | | Date of Receipt |
| Mailing Address 2103 CRAIG ROAD SOUTHEAST | | | <input type="text" value="03"/> / <input type="text" value="12"/> / <input type="text" value="2014"/> |
| City | State | Zip Code | Transaction ID : SA11AI.13877 |
| OLYMPIA | WA | 98501 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> | | <input type="text" value="250.00"/> |
| Name of Employer | Occupation | | |
| GROUP HEALTH PERMANENTE | PHYSICIAN | | |
| Receipt For: | Aggregate Year-to-Date ▼ | | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | <input type="text" value="250.00"/> | | |
| <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|--------------------------------------|----------|---|
| Full Name (Last, First, Middle Initial) B. ANNIE I. IRIYE | | | Date of Receipt |
| Mailing Address 2103 CRAIG ROAD SOUTHEAST | | | <input type="text" value="03"/> / <input type="text" value="16"/> / <input type="text" value="2014"/> |
| City | State | Zip Code | Transaction ID : SA11AI.14545 |
| OLYMPIA | WA | 98501 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> | | <input type="text" value="1000.00"/> |
| Name of Employer | Occupation | | |
| GROUP HEALTH PERMANENTE | PHYSICIAN | | |
| Receipt For: | Aggregate Year-to-Date ▼ | | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | <input type="text" value="1250.00"/> | | |
| <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|--|-------------------------------------|----------|---|
| Full Name (Last, First, Middle Initial) C. RICHARD T. IVEY | | | Date of Receipt |
| Mailing Address 4023 BETSY LANE | | | <input type="text" value="03"/> / <input type="text" value="02"/> / <input type="text" value="2014"/> |
| City | State | Zip Code | Transaction ID : SA11AI.14077 |
| HOUSTON | TX | 77027 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> | | <input type="text" value="600.00"/> |
| Name of Employer | Occupation | | |
| BAYLOR COLLEGE OF MEDICINE | PHYSICIAN | | |
| Receipt For: | Aggregate Year-to-Date ▼ | | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | <input type="text" value="640.00"/> | | |
| <input type="checkbox"/> Other (specify) ▼ | | | |

| | |
|--|--------------------------------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | <input type="text" value="1850.00"/> |
| TOTAL This Period (last page this line number only).....▶ | <input type="text" value=""/> |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 31 OF 68 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

A. JUDITH JACOBSON
Full Name (Last, First, Middle Initial)

Mailing Address 10010 NORTHEAST 37TH COURT

| | | |
|------------------|-------------|-------------------|
| City KIRKLAND | State WA | Zip Code 98033 |
|------------------|-------------|-------------------|

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

| | |
|-----------------------------------|-------------------------|
| Name of Employer SELF-EMPLOYED | Occupation PHYSICIAN |
|-----------------------------------|-------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 03 | | 14 | | 2014 |

Transaction ID : SA11AI.13778

Amount of Each Receipt this Period
250.00

B. LYDIA M. JEFFRIES
Full Name (Last, First, Middle Initial)

Mailing Address 21 WILSON LANE

| | | |
|------------------|-------------|-------------------|
| City FAIRVIEW | State NC | Zip Code 28730 |
|------------------|-------------|-------------------|

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

| | |
|---|-------------------------|
| Name of Employer ASHEVILLE WOMEN'S MEDICAL | Occupation PHYSICIAN |
|---|-------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 03 | | 01 | | 2014 |

Transaction ID : SA11AI.13998

Amount of Each Receipt this Period
2500.00

C. JOHN C. JENNINGS
Full Name (Last, First, Middle Initial)

Mailing Address 2405 SPOONBILL DRIVE

| | | |
|---------------------|-------------|-------------------|
| City LEAGUE CITY | State TX | Zip Code 77573 |
|---------------------|-------------|-------------------|

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

| | |
|---|-------------------------|
| Name of Employer TEXAS TECH UNIVERSITY | Occupation PHYSICIAN |
|---|-------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 03 | | 10 | | 2014 |

Transaction ID : SA11AI.13828

Amount of Each Receipt this Period
2500.00

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 5250.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 32 OF 68 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) A. MARILYN JEROME | | Date of Receipt |
| Mailing Address 7822 SWINKS MILL COURT | | <input type="text" value="03"/> / <input type="text" value="02"/> / <input type="text" value="2014"/> |
| City State Zip Code MCLEAN VA 22102 | | Transaction ID : SA11AI.14080 |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | Amount of Each Receipt this Period <input type="text" value="100.00"/> |
| Name of Employer FOXHALL OB/GYN ASSOCIATES | Occupation PHYSICIAN | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ <input type="text" value="600.00"/> | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) B. MARILYN JEROME | | Date of Receipt |
| Mailing Address 7822 SWINKS MILL COURT | | <input type="text" value="03"/> / <input type="text" value="03"/> / <input type="text" value="2014"/> |
| City State Zip Code MCLEAN VA 22102 | | Transaction ID : SA11AI.13930 |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | Amount of Each Receipt this Period <input type="text" value="300.00"/> |
| Name of Employer FOXHALL OB/GYN ASSOCIATES | Occupation PHYSICIAN | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ <input type="text" value="900.00"/> | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. HOWARD W. JONES | | Date of Receipt |
| Mailing Address 1100 VANDERBILT MEDICAL CENTER | | <input type="text" value="03"/> / <input type="text" value="18"/> / <input type="text" value="2014"/> |
| City State Zip Code NASHVILLE TN 37232 | | Transaction ID : SA11AI.14539 |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | Amount of Each Receipt this Period <input type="text" value="1000.00"/> |
| Name of Employer VANDERBILT UNIVERSITY | Occupation PHYSICIAN | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ <input type="text" value="1000.00"/> | |

| | |
|--|--------------------------------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | <input type="text" value="1400.00"/> |
| TOTAL This Period (last page this line number only).....▶ | <input type="text" value=""/> |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 33 OF 68 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

A. THEODORE B. JONES
 Full Name (Last, First, Middle Initial)
 Mailing Address 1251 LONE PINE ROAD
 City BLOOMFIELD HILLS State MI Zip Code 48302
 Name of Employer WAYNE STATE UNIVERSITY Occupation PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 290.00

Date of Receipt 03 / 03 / 2014
Transaction ID : SA11Al.13797
 Amount of Each Receipt this Period 250.00

B. HAROLD A. KAMINETZKY
 Full Name (Last, First, Middle Initial)
 Mailing Address 26 YARMOUTH COURT
 City SCOTCH PLAINS State NJ Zip Code 07076
 Name of Employer RETIRED Occupation PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 1000.00

Date of Receipt 03 / 10 / 2014
Transaction ID : SA11Al.13830
 Amount of Each Receipt this Period 1000.00

C. AMI H. KEATTS
 Full Name (Last, First, Middle Initial)
 Mailing Address 503 VICTORIA DRIVE
 City STAUNTON State VA Zip Code 24401
 Name of Employer HARRISONBURG OB/GYN Occupation PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 1000.00

Date of Receipt 03 / 02 / 2014
Transaction ID : SA11Al.14081
 Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional)..... 2250.00
TOTAL This Period (last page this line number only).....

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 34 OF 68 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

A. KRIS E. KENNEDY
Full Name (Last, First, Middle Initial)

Mailing Address 1812 UPPER JAMES COURT

City VIRGINIA BEACH State VA Zip Code 23454

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

Name of Employer RETIRED Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 540.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
03 / 02 / 2014
Transaction ID : SA11AI.14082

Amount of Each Receipt this Period
500.00

B. JIMMY P. KHANDALAVALA
Full Name (Last, First, Middle Initial)

Mailing Address 2721 SOUTH 100TH STREET

City OMAHA State NE Zip Code 68124

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

Name of Employer ALEGENT CREIGHTON CLINIC Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1040.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
03 / 21 / 2014
Transaction ID : SA11AI.14156

Amount of Each Receipt this Period
1000.00

C. SANDRA KOCH MCFARREN
Full Name (Last, First, Middle Initial)

Mailing Address 1776 BRUSH DRIVE

City CARSON CITY State NV Zip Code 89703

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

Name of Employer CARSON MEDICAL GROUP Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
03 / 12 / 2014
Transaction ID : SA11AI.13880

Amount of Each Receipt this Period
2500.00

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 4000.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

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

FOR LINE NUMBER: PAGE 35 OF 68
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

A. JULIE B. KWATRA
 Full Name (Last, First, Middle Initial)
 Mailing Address 12946 EAST CIBOLA ROAD
 City State Zip Code
 SCOTTSDALE AZ 85259
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SELF-EMPLOYED PHYSICIAN
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 13 / 2014
Transaction ID : SA11AI.14572
 Amount of Each Receipt this Period
 600.00

B. ELLEN LANDSBERGER
 Full Name (Last, First, Middle Initial)
 Mailing Address 565 WEST END AVENUE
 City State Zip Code
 NEW YORK NY 10024
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MONTEFIORE MEDICAL CENTER PHYSICIAN
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 12 / 2014
Transaction ID : SA11AI.13881
 Amount of Each Receipt this Period
 300.00

C. WILMA I. LARSEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 2002 CANYON SPRINGS
 City State Zip Code
 BELTON TX 76513
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SCOTT & WHITE HEALTHCARE PHYSICIAN
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 02 / 2014
Transaction ID : SA11AI.14083
 Amount of Each Receipt this Period
 600.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1500.00
TOTAL This Period (last page this line number only)..... ▶

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

| | | |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 36 OF 68 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

A. WILMA I. LARSEN
Full Name (Last, First, Middle Initial)

Mailing Address 2002 CANYON SPRINGS

| | | |
|----------------|-------------|-------------------|
| City BELTON | State TX | Zip Code 76513 |
|----------------|-------------|-------------------|

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

| | |
|--|-------------------------|
| Name of Employer SCOTT & WHITE HEALTHCARE | Occupation PHYSICIAN |
|--|-------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | / | 02 | / | 2014 |

Transaction ID : SA11AI.14084

Amount of Each Receipt this Period

| |
|--------|
| 300.00 |
|--------|

B. MICHAEL J. LEE
Full Name (Last, First, Middle Initial)

Mailing Address 3601 SOUTHWEST RIVER PARKWAY

| | | |
|------------------|-------------|-------------------|
| City PORTLAND | State OR | Zip Code 97239 |
|------------------|-------------|-------------------|

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

| | |
|---|-------------------------|
| Name of Employer THE PORTLAND CLINIC | Occupation PHYSICIAN |
|---|-------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **340.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | / | 02 | / | 2014 |

Transaction ID : SA11AI.14085

Amount of Each Receipt this Period

| |
|--------|
| 300.00 |
|--------|

C. SUSAN M. LEMAGIE
Full Name (Last, First, Middle Initial)

Mailing Address 425 EAST DAHLIA AVENUE

| | | |
|----------------|-------------|-------------------|
| City PALMER | State AK | Zip Code 99645 |
|----------------|-------------|-------------------|

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

| | |
|-----------------------------------|-------------------------|
| Name of Employer SELF-EMPLOYED | Occupation PHYSICIAN |
|-----------------------------------|-------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | / | 12 | / | 2014 |

Transaction ID : SA11AI.13883

Amount of Each Receipt this Period

| |
|--------|
| 300.00 |
|--------|

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 900.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 37 OF 68 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

A. BARBARA LEVY
 Full Name (Last, First, Middle Initial)
 Mailing Address 28511 10TH AVENUE SOUTH
 City FEDERAL WAY State WA Zip Code 98003
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AMERICAN CONGRESS OF OB/GYNS Occupation VICE PRESIDENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 03 / 2014
Transaction ID : SA11AI.13938
 Amount of Each Receipt this Period
 500.00

B. ABRAHAM LICHTMACHER
 Full Name (Last, First, Middle Initial)
 Mailing Address 6109 SILVER LEAF DRIVE
 City ALBUQUERQUE State NM Zip Code 87111
 FEC ID number of contributing federal political committee. **C**
 Name of Employer LOVELACE HEALTH SYSTEM Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 02 / 2014
Transaction ID : SA11AI.14086
 Amount of Each Receipt this Period
 300.00

C. SUSAN E. LIPINSKI
 Full Name (Last, First, Middle Initial)
 Mailing Address 2004 PARK DRIVE
 City CEDAR FALLS State IA Zip Code 50613
 FEC ID number of contributing federal political committee. **C**
 Name of Employer PARTNERS IN OB/GYN Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 02 / 2014
Transaction ID : SA11AI.14087
 Amount of Each Receipt this Period
 500.00

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1300.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 38 OF 68 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

A. SALVATORE J. LOCOCO
 Full Name (Last, First, Middle Initial)
 Mailing Address 331 FULTON STREET
 City PEORIA State IL Zip Code 61602
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UNIVERSITY OF ILLINOIS Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 02 / 2014
Transaction ID : SA11AI.14088
 Amount of Each Receipt this Period
 300.00

B. ROBERT P. LORENZ
 Full Name (Last, First, Middle Initial)
 Mailing Address 3226 WELLINGTON COURT
 City WEST BLOOMFIELD State MI Zip Code 48324
 FEC ID number of contributing federal political committee. **C**
 Name of Employer WILLIAM BEAUMONT HOSPITAL Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 26 / 2014
Transaction ID : SA11AI.14631
 Amount of Each Receipt this Period
 250.00

C. GLENN R. MARKENSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 19 CHATHAM ROAD
 City LONGMEADOW State MA Zip Code 01106
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BAYSTATE HEALTH Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 12 / 2014
Transaction ID : SA11AI.13884
 Amount of Each Receipt this Period
 300.00

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 850.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 39 OF 68 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

A. IVVANEE MARTINEZ
 Full Name (Last, First, Middle Initial)
 Mailing Address 2707 FERN LACY DRIVE
 City SPRING State TX Zip Code 77388
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BAYLOR COLLEGE OF MEDICINE Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 02 / 2014
Transaction ID : SA11AI.14089
 Amount of Each Receipt this Period
 400.00

B. G. SEALY MASSINGILL
 Full Name (Last, First, Middle Initial)
 Mailing Address 3887 SOUTH HILLS CIRCLE
 City FORT WORTH State TX Zip Code 76109
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UNIVERSITY OF NORTH TEXAS Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 02 / 2014
Transaction ID : SA11AI.14090
 Amount of Each Receipt this Period
 300.00

C. ROBIN D. MATTHEWS
 Full Name (Last, First, Middle Initial)
 Mailing Address 39 FLAT ROCK ROAD
 City WAYNESVILLE State NC Zip Code 28786
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HAYWOOD WOMEN'S MEDICAL CENTER Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 02 / 2014
Transaction ID : SA11AI.14091
 Amount of Each Receipt this Period
 300.00

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1000.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 40 OF 68 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

A. MICHAEL J. MCCOY
 Full Name (Last, First, Middle Initial)
 Mailing Address 1223 SOUTH GEAR AVENUE
 City WEST BURLINGTON State IA Zip Code 52655
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GREAT RIVER WOMEN'S HEALTH Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 02 / 2014
Transaction ID : SA11AI.14092
 Amount of Each Receipt this Period
 1000.00

B. CLAYTON H. MCCRACKEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 2914 GLENWOOD LANE
 City BILLINGS State MT Zip Code 59102
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BILLINGS CLINIC Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 10 / 2014
Transaction ID : SA11AI.13834
 Amount of Each Receipt this Period
 2500.00

C. MARYANNE MCDONNELL
 Full Name (Last, First, Middle Initial)
 Mailing Address 19 MAPLE VALLEY ROAD
 City BOSTON State CT Zip Code 06043
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OB/GYN GROUP Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 02 / 2014
Transaction ID : SA11AI.14093
 Amount of Each Receipt this Period
 300.00

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 3800.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 41 OF 68 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. JOHN P. MCHUGH | | Date of Receipt MM / DD / YYYY 03 / 19 / 2014 Transaction ID : SA11AI.14518 |
| Mailing Address P.O. BOX 157 | | Amount of Each Receipt this Period 300.00 |
| City CORONA DEL MAR | State CA | Zip Code 92625 |
| FEC ID number of contributing federal political committee. C | Name of Employer OB HOSPITALIST GROUP | Occupation PHYSICIAN |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 300.00 | |

| | | |
|---|---------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. AASTA MEHTA | | Date of Receipt MM / DD / YYYY 03 / 10 / 2014 Transaction ID : SA11AI.13837 |
| Mailing Address 201 NORTH 8TH STREET | | Amount of Each Receipt this Period 209.00 |
| City PHILADELPHIA | State PA | Zip Code 19106 |
| FEC ID number of contributing federal political committee. C | Name of Employer DREXEL UNIVERSITY | Occupation PHYSICIAN |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 209.00 | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. M. KATHRYN MENARD | | Date of Receipt MM / DD / YYYY 03 / 02 / 2014 Transaction ID : SA11AI.14094 |
| Mailing Address 212 GLEN HAVEN DRIVE | | Amount of Each Receipt this Period 500.00 |
| City CHAPEL HILL | State NC | Zip Code 27516 |
| FEC ID number of contributing federal political committee. C | Name of Employer UNIVERSITY OF NORTH CAROLINA | Occupation PHYSICIAN |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1009.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 42 OF 68 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

| | | |
|---|--------------------------------------|---|
| Full Name (Last, First, Middle Initial) A. LAURA T. MERCER | | Date of Receipt |
| Mailing Address 1952 EAST LUKE AVENUE | | <input type="text" value="03"/> / <input type="text" value="10"/> / <input type="text" value="2014"/> |
| City | State | Zip Code |
| PHOENIX | AZ | 85016 |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> | Transaction ID : SA11Al.13838 |
| Name of Employer | Occupation | Amount of Each Receipt this Period |
| ARIZONA OB/GYN AFFILIATES | PHYSICIAN | <input type="text" value="2500.00"/> |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="text" value="2500.00"/> | |

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. KENNETH W. MERKITCH | | Date of Receipt |
| Mailing Address W5732 HEATHERWOOD PLACE | | <input type="text" value="03"/> / <input type="text" value="14"/> / <input type="text" value="2014"/> |
| City | State | Zip Code |
| LA CROSSE | WI | 54601 |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> | Transaction ID : SA11Al.13782 |
| Name of Employer | Occupation | Amount of Each Receipt this Period |
| GUNDERSEN HEALTH SYSTEM | PHYSICIAN | <input type="text" value="600.00"/> |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="text" value="600.00"/> | |

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) C. PATRICIA M. MILLER | | Date of Receipt |
| Mailing Address 25 VILLAGE BROOK LANE | | <input type="text" value="03"/> / <input type="text" value="02"/> / <input type="text" value="2014"/> |
| City | State | Zip Code |
| DERRY | NH | 03038 |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> | Transaction ID : SA11Al.14095 |
| Name of Employer | Occupation | Amount of Each Receipt this Period |
| SELF-EMPLOYED | PHYSICIAN | <input type="text" value="300.00"/> |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="text" value="325.00"/> | |

| | |
|--|--------------------------------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | <input type="text" value="3400.00"/> |
| TOTAL This Period (last page this line number only).....▶ | <input type="text" value=""/> |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 43 OF 68 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

| | | |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

| | | |
|---|-------------------------|---|
| Full Name (Last, First, Middle Initial) A. FONDA A. MITCHELL | | Date of Receipt MM / DD / YYYY 03 / 02 / 2014 Transaction ID : SA11AI.14096 |
| Mailing Address 4280 KINGSTON GATE COVE | | Amount of Each Receipt this Period 300.00 |
| City ATLANTA | State GA | Zip Code 30341 |
| FEC ID number of contributing federal political committee. C | | Aggregate Year-to-Date 300.00 |
| Name of Employer SOUTHEAST PERMANENTE MEDICAL | Occupation PHYSICIAN | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|-------------------------|---|
| Full Name (Last, First, Middle Initial) B. OWEN C. MONTGOMERY | | Date of Receipt MM / DD / YYYY 03 / 06 / 2014 Transaction ID : SA11AI.13804 |
| Mailing Address 450 CHAPEL HEIGHTS ROAD | | Amount of Each Receipt this Period 209.00 |
| City SEWELL | State NJ | Zip Code 08080 |
| FEC ID number of contributing federal political committee. C | | Aggregate Year-to-Date 627.00 |
| Name of Employer DREXEL UNIVERSITY | Occupation PHYSICIAN | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|-------------------------|---|
| Full Name (Last, First, Middle Initial) C. ALETHIA E. MORGAN | | Date of Receipt MM / DD / YYYY 03 / 12 / 2014 Transaction ID : SA11AI.13886 |
| Mailing Address 3075 SOUTH BIRCH STREET | | Amount of Each Receipt this Period 625.00 |
| City DENVER | State CO | Zip Code 80222 |
| FEC ID number of contributing federal political committee. C | | Aggregate Year-to-Date 625.00 |
| Name of Employer COPIC | Occupation PHYSICIAN | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1134.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 44 OF 68 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

A. ARJANG NAIM
Full Name (Last, First, Middle Initial)

Mailing Address 503 FOOTHILL ROAD

City BEVERLY HILLS State CA Zip Code 90210

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

Name of Employer SELF-EMPLOYED Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 26 / 2014
Transaction ID : SA11AI.14632

Amount of Each Receipt this Period
 500.00

B. JOSHUA NATHAN
Full Name (Last, First, Middle Initial)

Mailing Address 11516 DURLAND AVENUE

City SEATTLE State WA Zip Code 98125

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

Name of Employer THE EVERETT CLINIC Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 02 / 2014
Transaction ID : SA11AI.14098

Amount of Each Receipt this Period
 250.00

C. JOSEPH A. OGBURN
Full Name (Last, First, Middle Initial)

Mailing Address 13204 HIDDEN VALLEY ROAD

City ALBUQUERQUE State NM Zip Code 87111

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

Name of Employer UNIVERSITY OF NEW MEXICO Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 02 / 2014
Transaction ID : SA11AI.14100

Amount of Each Receipt this Period
 300.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1050.00

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 45 OF 68 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) A. GORDON J. OSTRUM | | Date of Receipt MM / DD / YYYY 03 / 02 / 2014 Transaction ID : SA11AI.14101 |
| Mailing Address 4745 OGLETOWN STANTON ROAD | | Amount of Each Receipt this Period 300.00 |
| City NEWARK | State DE | Zip Code 19713 |
| FEC ID number of contributing federal political committee. C | Name of Employer WOMEN FIRST | Occupation PHYSICIAN |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 300.00 | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) B. ROBERT H. PALMER | | Date of Receipt MM / DD / YYYY 03 / 14 / 2014 Transaction ID : SA11AI.13784 |
| Mailing Address 2331 FAIRVIEW AVENUE EAST | | Amount of Each Receipt this Period 300.00 |
| City SEATTLE | State WA | Zip Code 98102 |
| FEC ID number of contributing federal political committee. C | Name of Employer OBSTETRIX MEDICAL GROUP | Occupation PHYSICIAN |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 300.00 | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) C. TODD A. PANKRATZ | | Date of Receipt MM / DD / YYYY 03 / 02 / 2014 Transaction ID : SA11AI.14102 |
| Mailing Address 2115 NORTH KANSAS AVENUE | | Amount of Each Receipt this Period 1000.00 |
| City HASTINGS | State NE | Zip Code 68901 |
| FEC ID number of contributing federal political committee. C | Name of Employer OBSTETRICIANS & GYNECOLOGISTS | Occupation PHYSICIAN |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1600.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

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

FOR LINE NUMBER: PAGE 46 OF 68
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

Full Name (Last, First, Middle Initial)
A. AMIT I. PATEL
 Mailing Address 3822 BOWSER AVENUE
 City DALLAS State TX Zip Code 75219
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MODERN GYNECOLOGY Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 03 / 2014
Transaction ID : SA11AI.13801
 Amount of Each Receipt this Period
 100.00

Full Name (Last, First, Middle Initial)
B. HOLLY S. PURITZ
 Mailing Address 7940 NORTH SHORE ROAD
 City NORFOLK State VA Zip Code 23505
 FEC ID number of contributing federal political committee. **C**
 Name of Employer THE GROUP FOR WOMEN Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 09 / 2014
Transaction ID : SA11AI.13807
 Amount of Each Receipt this Period
 100.00

Full Name (Last, First, Middle Initial)
C. MAURA P. QUINLAN
 Mailing Address 33 BREWSTER AVENUE
 City LA GRANGE PARK State IL Zip Code 60926
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MACNEAL HOSPITAL Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 02 / 2014
Transaction ID : SA11AI.14103
 Amount of Each Receipt this Period
 300.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 500.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 47 OF 68
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

A. NATHAN H. RABHAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 10710 MIDLOTHIAN TURNPIKE
 City RICHMOND State VA Zip Code 23235
 FEC ID number of contributing federal political committee. **C**
 Name of Employer VIRGINIA PHYSICIANS FOR WOMEN Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 24 / 2014
Transaction ID : SA11AI.14653
 Amount of Each Receipt this Period
 260.00

B. SUSAN P. RAINE
 Full Name (Last, First, Middle Initial)
 Mailing Address 1408 WENTWORTH STREET
 City HOUSTON State TX Zip Code 77004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BAYLOR COLLEGE OF MEDICINE Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 02 / 2014
Transaction ID : SA11AI.14104
 Amount of Each Receipt this Period
 1000.00

C. DIANA RAMOS
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. BOX 337
 City LAGUNA BEACH State CA Zip Code 92651
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 21 / 2014
Transaction ID : SA11AI.14159
 Amount of Each Receipt this Period
 200.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1460.00
TOTAL This Period (last page this line number only)..... ▶

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 48 OF 68 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

A. VIRGINIA A. RAUTH
 Full Name (Last, First, Middle Initial)
 Mailing Address 1309 FOREST COVE DRIVE
 City DICKINSON State TX Zip Code 77539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UT MEDICAL BRANCH Occupation PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt **03 / 03 / 2014**
Transaction ID : SA11AI.13954
 Amount of Each Receipt this Period **300.00**

B. DALE P. REISNER
 Full Name (Last, First, Middle Initial)
 Mailing Address 2007 FEDERAL AVENUE EAST
 City SEATTLE State WA Zip Code 98102
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OBSTETRIX MEDICAL GROUP Occupation PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt **03 / 02 / 2014**
Transaction ID : SA11AI.14107
 Amount of Each Receipt this Period **300.00**

C. STEVE ROBISON
 Full Name (Last, First, Middle Initial)
 Mailing Address 1170 CABIN COVE
 City IDAHO FALLS State ID Zip Code 83404
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ROSEMARK WOMEN'S CARE Occupation PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **03 / 14 / 2014**
Transaction ID : SA11AI.14553
 Amount of Each Receipt this Period **1000.00**

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1600.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 49 OF 68 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

A. JEFFREY E. RODZAK
 Full Name (Last, First, Middle Initial)
 Mailing Address 420 EAST LARKSPUR LANE
 City ONALASKA State WI Zip Code 54650
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GUNDERSEN HEALTH SYSTEM Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 12 / 2014
Transaction ID : SA11AI.13889
 Amount of Each Receipt this Period
 1400.00

B. ROGER ROWLES
 Full Name (Last, First, Middle Initial)
 Mailing Address 3003 TIETON DRIVE
 City YAKIMA State WA Zip Code 98902
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 02 / 2014
Transaction ID : SA11AI.14108
 Amount of Each Receipt this Period
 300.00

C. PAUL R. SCHUELLEIN
 Full Name (Last, First, Middle Initial)
 Mailing Address 460 REGENCY BOULEVARD
 City ROCKY MOUNT State VA Zip Code 24151
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARILION CLINIC Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 19 / 2014
Transaction ID : SA11AI.14522
 Amount of Each Receipt this Period
 250.00

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1950.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

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

FOR LINE NUMBER: PAGE 50 OF 68
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

A. KRISTIN M. SHANEYFELT
 Full Name (Last, First, Middle Initial)
 Mailing Address 62 SOUTHPOND ROAD
 City SOUTH GLASTONBURY State CT Zip Code 06073
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CONNECTICUT MULTI-SPECIALTY Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 19 / 2014
Transaction ID : SA11AI.14523
 Amount of Each Receipt this Period
 250.00

B. FRANCINE H. SINOFSKY
 Full Name (Last, First, Middle Initial)
 Mailing Address 64 CEDAR AVENUE
 City HIGHLAND PARK State NJ Zip Code 08904
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OB/GYN GROUP OF EAST BRUNSWICK Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 14 / 2014
Transaction ID : SA11AI.13785
 Amount of Each Receipt this Period
 300.00

C. LAURA SIROTT
 Full Name (Last, First, Middle Initial)
 Mailing Address 249 SOUTH BERKELEY AVENUE
 City PASADENA State CA Zip Code 91107
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 625.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 10 / 2014
Transaction ID : SA11AI.13853
 Amount of Each Receipt this Period
 625.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1175.00
TOTAL This Period (last page this line number only)..... ▶

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 51 OF 68 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

A. BARRY D. SMITH
Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 238

City NORWICH State VT Zip Code 05055

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

Name of Employer RETIRED Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 14 / 2014
Transaction ID : SA11AI.13786

Amount of Each Receipt this Period
 200.00

B. KIRSTEN M. SMITH
Full Name (Last, First, Middle Initial)

Mailing Address 405 WOODSTOCK LANE

City WILMINGTON State DE Zip Code 19808

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

Name of Employer CHRISTIANA CARE Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 03 / 2014
Transaction ID : SA11AI.13957

Amount of Each Receipt this Period
 500.00

C. JOHN R. STANLEY
Full Name (Last, First, Middle Initial)

Mailing Address 6022 NEWPORT DRIVE

City EDMOND State OK Zip Code 73013

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

Name of Employer PERINATAL CENTER OF OKLAHOMA Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 03 / 2014
Transaction ID : SA11AI.13960

Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1700.00

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 52 OF 68 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

A. DANA G. STONE
Full Name (Last, First, Middle Initial)

Mailing Address 1730 HUNTINGTON AVENUE

City OKLAHOMA CITY State OK Zip Code 73116

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

Name of Employer SELF-EMPLOYED Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **627.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 09 / 2014

Transaction ID : SA11AI.13808

Amount of Each Receipt this Period
209.00

B. HOWARD T. STRASSNER
Full Name (Last, First, Middle Initial)

Mailing Address 2432 NEWPORT ROAD

City NORTHBROOK State IL Zip Code 60062

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

Name of Employer RUSH UNIVERSITY MEDICAL CENTER Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 02 / 2014

Transaction ID : SA11AI.14113

Amount of Each Receipt this Period
600.00

C. RAMON A. SUAREZ
Full Name (Last, First, Middle Initial)

Mailing Address 725 NORTH ISLAND DRIVE

City ATLANTA State GA Zip Code 30327

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

Name of Employer SELF-EMPLOYED Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 01 / 2014

Transaction ID : SA11AI.14026

Amount of Each Receipt this Period
2500.00

| | |
|---|----------------|
| SUBTOTAL of Receipts This Page (optional)..... | 3309.00 |
| TOTAL This Period (last page this line number only)..... | |

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

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

FOR LINE NUMBER: PAGE 53 OF 68
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

A. STEVEN A. THOMPSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 10175 LEVON AVENUE
 City TRUCKEE State CA Zip Code 96161
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 TAHOE FOREST WOMEN'S CENTER PHYSICIAN
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 19 / 2014
Transaction ID : SA11AI.14525
 Amount of Each Receipt this Period
 250.00

B. JANICE TILDON-BURTON
 Full Name (Last, First, Middle Initial)
 Mailing Address 1700 TALLEY ROAD
 City WILMINGTON State DE Zip Code 19803
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SELF-EMPLOYED PHYSICIAN
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 02 / 2014
Transaction ID : SA11AI.13793
 Amount of Each Receipt this Period
 100.00

C. PAUL G. TOMICH
 Full Name (Last, First, Middle Initial)
 Mailing Address 3637 QUINCE COURT
 City DOWNERS GROVE State IL Zip Code 60515
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 UNIVERSITY OF NEBRASKA PHYSICIAN
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 02 / 2014
Transaction ID : SA11AI.14114
 Amount of Each Receipt this Period
 2500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2850.00
TOTAL This Period (last page this line number only)..... ▶

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 54 OF 68 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

A. ALYSIA D. TOWNSEND
 Full Name (Last, First, Middle Initial)
 Mailing Address 1207 2ND STREET NORTH
 City MONROE State WI Zip Code 53566
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MONROE CLINIC Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 18 / 2014
Transaction ID : SA11AI.14541
 Amount of Each Receipt this Period
 600.00

B. ERIN E. TRACY
 Full Name (Last, First, Middle Initial)
 Mailing Address 5 HIGH STREET
 City STONEHAM State MA Zip Code 02180
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MASS GENERAL PHYSICIANS Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 627.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 12 / 2014
Transaction ID : SA11AI.13893
 Amount of Each Receipt this Period
 209.00

C. J. MARTIN TUCKER
 Full Name (Last, First, Middle Initial)
 Mailing Address 291 EAST LAYFAIR DRIVE
 City FLOWOOD State MS Zip Code 39232
 FEC ID number of contributing federal political committee. **C**
 Name of Employer JACKSON HEALTHCARE FOR WOMEN Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 12 / 2014
Transaction ID : SA11AI.13894
 Amount of Each Receipt this Period
 1000.00

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1809.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 55 OF 68 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

A. ROBERT WAH
Full Name (Last, First, Middle Initial)

Mailing Address 3160 FAIRVIEW DRIVE

City FALLS CHURCH State VA Zip Code 22042

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

Name of Employer SELF-EMPLOYED Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 03 / 2014
Transaction ID : SA11AI.13965

Amount of Each Receipt this Period
 1000.00

B. CHUN-YEH WANG
Full Name (Last, First, Middle Initial)

Mailing Address 416 WEST LAS TUNAS DRIVE

City SAN GABRIEL State CA Zip Code 91776

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

Name of Employer SELF-EMPLOYED Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 21 / 2014
Transaction ID : SA11AI.14686

Amount of Each Receipt this Period
 250.00

C. ERIC WARSHAW
Full Name (Last, First, Middle Initial)

Mailing Address 806 ALBEMARLE TERRACE

City PORTLAND State OR Zip Code 97210

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

Name of Employer NORTHWEST PERMANENTE Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 02 / 2014
Transaction ID : SA11AI.14117

Amount of Each Receipt this Period
 600.00

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1850.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 56 OF 68 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

| | | |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

A. THOMAS WESTOVER
 Full Name (Last, First, Middle Initial)
 Mailing Address 91 HARROWGATE DRIVE
 City CHERRY HILL State NJ Zip Code 08003
 FEC ID number of contributing federal political committee. **C**
 Name of Employer COOPER UNIVERSITY HOSPITAL Occupation PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 03 / 2014
Transaction ID : SA11AI.13968
 Amount of Each Receipt this Period
300.00

B. CONNIE G. WHITE
 Full Name (Last, First, Middle Initial)
 Mailing Address 203 WILKINSON STREET
 City FRANKFORT State KY Zip Code 40601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 02 / 2014
Transaction ID : SA11AI.14118
 Amount of Each Receipt this Period
300.00

C. STEPHANIE WILDER
 Full Name (Last, First, Middle Initial)
 Mailing Address 613 3RD AVENUE
 City SALT LAKE CITY State UT Zip Code 84103
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UNIVERSITY OF UTAH Occupation PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **600.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 12 / 2014
Transaction ID : SA11AI.13898
 Amount of Each Receipt this Period
600.00

| | |
|---|----------------|
| SUBTOTAL of Receipts This Page (optional)..... | 1200.00 |
| TOTAL This Period (last page this line number only)..... | |

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

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

FOR LINE NUMBER: PAGE 57 OF 68
(check only one)

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

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NAME OF COMMITTEE (In Full)
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

A. MICHAEL P. WOODS
Full Name (Last, First, Middle Initial)

Mailing Address 2974 105TH STREET

City TABOR State IA Zip Code 51653

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

Name of Employer SHENANDOAH MEDICAL CENTER Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 02 / 2014

Transaction ID : SA11AI.14119

Amount of Each Receipt this Period
 1000.00

B.
Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

C.
Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

| | |
|--|-----------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1000.00 |
| TOTAL This Period (last page this line number only).....▶ | 101471.33 |

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

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

FOR LINE NUMBER:
(check only one)

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

Full Name (Last, First, Middle Initial)

A. AMERICAN EXPRESS

Mailing Address P.O. BOX 53852

City PHOENIX State AZ Zip Code 85072

Purpose of Disbursement
CREDIT CARD TRANSACTION FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
03 / 05 / 2014

Transaction ID : SB21B.13773

Amount of Each Disbursement this Period

251.04

Full Name (Last, First, Middle Initial)

B. AMERICAN EXPRESS

Mailing Address P.O. BOX 53852

City PHOENIX State AZ Zip Code 85072

Purpose of Disbursement
CREDIT CARD TRANSACTION FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
03 / 28 / 2014

Transaction ID : SB21B.14690

Amount of Each Disbursement this Period

7.95

Full Name (Last, First, Middle Initial)

C. FIRST NATIONAL MERCHANT SOLUTIONS

Mailing Address 1620 DODGE STREET

City OMAHA State NE Zip Code 68197

Purpose of Disbursement
CREDIT CARD TRANSACTION FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
03 / 04 / 2014

Transaction ID : SB21B.13774

Amount of Each Disbursement this Period

826.02

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

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

1085.01

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

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

FOR LINE NUMBER:
(check only one)

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

Full Name (Last, First, Middle Initial)

A. FIRST NATIONAL MERCHANT SOLUTIONS

Mailing Address 1620 DODGE STREET

City OMAHA State NE Zip Code 68197

Purpose of Disbursement
CREDIT CARD TRANSACTION FEES ADJ.

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
03 / 10 / 2014

Transaction ID : SB21B.14127

Amount of Each Disbursement this Period

-49.95

Full Name (Last, First, Middle Initial)

B. SQUARE, INC.

Mailing Address 901 MISSION STREET

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement
CREDIT CARD TRANSACTION FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
03 / 01 / 2014

Transaction ID : SB21B.14122

Amount of Each Disbursement this Period

341.83

Full Name (Last, First, Middle Initial)

C. SQUARE, INC.

Mailing Address 901 MISSION STREET

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement
CREDIT CARD TRANSACTION FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
03 / 02 / 2014

Transaction ID : SB21B.14123

Amount of Each Disbursement this Period

873.71

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

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

1165.59

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

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

FOR LINE NUMBER:
(check only one)

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

Full Name (Last, First, Middle Initial)

A. SQUARE, INC.

Mailing Address 901 MISSION STREET

City State Zip Code
SAN FRANCISCO CA 94103

Purpose of Disbursement
CREDIT CARD TRANSACTION FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
03 / 03 / 2014

Transaction ID : SB21B.14124

Amount of Each Disbursement this Period

320.82

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

320.82

2571.42

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

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

FOR LINE NUMBER:
(check only one)

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

Full Name (Last, First, Middle Initial)

A. ALMA ADAMS FOR CONGRESS

Mailing Address P.O. BOX 20622

City GREENSBORO State NC Zip Code 27420

Purpose of Disbursement
CONTRIBUTION

Candidate Name
ALMA ADAMS

Office Sought: House
 Senate
 President
State: NC District: 12

Disbursement For: 2014
 Primary General
 Other (specify) **Special-Primary**

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03 | / | 19 | / | 2014 |

Transaction ID : SB23.14137

Amount of Each Disbursement this Period

| |
|---------|
| 2000.00 |
|---------|

Full Name (Last, First, Middle Initial)

B. BERA FOR CONGRESS

Mailing Address P.O. BOX 582496

City ELK GROVE State CA Zip Code 95758

Purpose of Disbursement
CONTRIBUTION

Candidate Name
AMERISH BERA

Office Sought: House
 Senate
 President
State: CA District: 07

Disbursement For: 2014
 Primary General
 Other (specify) **General**

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03 | / | 19 | / | 2014 |

Transaction ID : SB23.14140

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

Full Name (Last, First, Middle Initial)

C. BERA FOR CONGRESS

Mailing Address P.O. BOX 582496

City ELK GROVE State CA Zip Code 95758

Purpose of Disbursement
CONTRIBUTION

Candidate Name
AMERISH BERA

Office Sought: House
 Senate
 President
State: CA District: 07

Disbursement For: 2014
 Primary General
 Other (specify) **General**

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03 | / | 26 | / | 2014 |

Transaction ID : SB23.14578

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

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

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

| |
|---------|
| 4000.00 |
|---------|

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

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

FOR LINE NUMBER:
(check only one)

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|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

Full Name (Last, First, Middle Initial)

A. BLUMENAUER FOR CONGRESS

Mailing Address 830 NORTHEAST HOLLADAY

City PORTLAND State OR Zip Code 97232

Purpose of Disbursement
CONTRIBUTION

Candidate Name
EARL BLUMENAUER

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: OR District: 03

Date of Disbursement

MM / DD / YYYY
03 / 10 / 2014

Transaction ID : **SB23.13775**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. BLUMENTHAL FOR CONNECTICUT

Mailing Address 777 SUMMER STREET

City STAMFORD State CT Zip Code 06901

Purpose of Disbursement
CONTRIBUTION

Candidate Name
RICHARD BLUMENTHAL

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: CT District: 00

Date of Disbursement

MM / DD / YYYY
03 / 19 / 2014

Transaction ID : **SB23.14128**

Amount of Each Disbursement this Period

4000.00

Full Name (Last, First, Middle Initial)

C. BLUMENTHAL FOR CONNECTICUT

Mailing Address 777 SUMMER STREET

City STAMFORD State CT Zip Code 06901

Purpose of Disbursement
CONTRIBUTION

Candidate Name
RICHARD BLUMENTHAL

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: CT District: 00

Date of Disbursement

MM / DD / YYYY
03 / 19 / 2014

Transaction ID : **SB23.14129**

Amount of Each Disbursement this Period

1000.00

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

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

6000.00

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

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

FOR LINE NUMBER:
(check only one)

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. CHARLES BOUSTANY JR. MD FOR CONGRESS

Mailing Address P.O. BOX 80126

City LAFAYETTE State LA Zip Code 70598

Purpose of Disbursement
CONTRIBUTION

Candidate Name

CHARLES W. BOUSTANY, JR.

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: LA District: 03

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03 | | 19 | | 2014 |

Transaction ID : SB23.14141

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

Full Name (Last, First, Middle Initial)

B. DAVE CAMP FOR CONGRESS

Mailing Address 5915 EASTMAN AVENUE

City MIDLAND State MI Zip Code 48640

Purpose of Disbursement
CONTRIBUTION

Candidate Name

DAVID L. CAMP

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MI District: 04

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03 | | 19 | | 2014 |

Transaction ID : SB23.14142

Amount of Each Disbursement this Period

| |
|---------|
| 2500.00 |
|---------|

Full Name (Last, First, Middle Initial)

C. DR. RAUL RUIZ FOR CONGRESS

Mailing Address P.O. BOX 6116

City LA QUINTA State CA Zip Code 92248

Purpose of Disbursement
CONTRIBUTION

Candidate Name

RAUL RUIZ

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 36

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03 | | 19 | | 2014 |

Transaction ID : SB23.14153

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

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

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

| |
|---------|
| 4500.00 |
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. FRIENDS OF BOB JOHNSON | | Date of Disbursement MM / DD / YYYY 03 / 19 / 2014 |
| Mailing Address P.O. BOX 16401 | | Transaction ID : SB23.14132 |
| City SAVANNAH | State GA | |
| Purpose of Disbursement CONTRIBUTION | | Amount of Each Disbursement this Period 2500.00 |
| Candidate Name ROBERT E. JOHNSON | | Category/ Type |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: GA | District: 01 | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. FRIENDS OF DAN MAFFEI | | Date of Disbursement MM / DD / YYYY 03 / 19 / 2014 |
| Mailing Address P.O. BOX 230 | | Transaction ID : SB23.14135 |
| City SYRACUSE | State NY | |
| Purpose of Disbursement CONTRIBUTION | | Amount of Each Disbursement this Period 1000.00 |
| Candidate Name DANIEL B. MAFFEI | | Category/ Type |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: NY | District: 24 | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. FRIENDS OF JOE HECK | | Date of Disbursement MM / DD / YYYY 03 / 19 / 2014 |
| Mailing Address P.O. BOX 750114 | | Transaction ID : SB23.14145 |
| City LAS VEGAS | State NV | |
| Purpose of Disbursement CONTRIBUTION | | Amount of Each Disbursement this Period 2500.00 |
| Candidate Name JOE HECK | | Category/ Type |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: NV | District: 03 | |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | 6000.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

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

FOR LINE NUMBER:
(check only one)

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

Full Name (Last, First, Middle Initial)

A. FRIENDS OF JOE PITTS

Mailing Address P.O. BOX 775

City UNIONVILLE State PA Zip Code 19375

Purpose of Disbursement CONTRIBUTION

Candidate Name
JOSEPH R. PITTS

Office Sought: House Senate President
State: PA District: 16

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 24 / 2014

Transaction ID : **SB23.14161**

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. FRIENDS OF LOIS CAPPS

Mailing Address P.O. BOX 23940

City SANTA BARBARA State CA Zip Code 93121

Purpose of Disbursement CONTRIBUTION

Candidate Name
LOIS G. CAPPS

Office Sought: House Senate President
State: CA District: 24

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 25 / 2014

Transaction ID : **SB23.14577**

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. FRIENDS OF MICHELLE

Mailing Address P.O. BOX 25422

City ALBUQUERQUE State NM Zip Code 87125

Purpose of Disbursement CONTRIBUTION

Candidate Name
MICHELLE LUJAN GRISHAM

Office Sought: House Senate President
State: NM District: 01

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 19 / 2014

Transaction ID : **SB23.14131**

Amount of Each Disbursement this Period

2500.00

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

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

6000.00

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

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

FOR LINE NUMBER:
(check only one)

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

Full Name (Last, First, Middle Initial)

A. HUDSON FOR CONGRESS

Mailing Address P.O. BOX 5053

City State Zip Code
CONCORD NC 28027

Purpose of Disbursement
CONTRIBUTION

Candidate Name
RICHARD L. HUDSON, JR.

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: NC District: 08

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03 | / | 19 | / | 2014 |

Transaction ID : SB23.14146

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

Full Name (Last, First, Middle Initial)

B. LONE STAR LEADERSHIP PAC

Mailing Address P.O. BOX 30844

City State Zip Code
BETHESDA MD 20824

Purpose of Disbursement
CONTRIBUTION

Candidate Name

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

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03 | / | 19 | / | 2014 |

Transaction ID : SB23.14155

Amount of Each Disbursement this Period

| |
|---------|
| 5000.00 |
|---------|

Full Name (Last, First, Middle Initial)

C. MICHAEL BURGESS FOR CONGRESS

Mailing Address P.O. BOX 2334

City State Zip Code
DENTON TX 76202

Purpose of Disbursement
CONTRIBUTION

Candidate Name
DR. MICHAEL C. BURGESS

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: TX District: 26

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03 | / | 19 | / | 2014 |

Transaction ID : SB23.14130

Amount of Each Disbursement this Period

| |
|---------|
| 5000.00 |
|---------|

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

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

| |
|----------|
| 11000.00 |
|----------|

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

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

FOR LINE NUMBER:
(check only one)

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. PAT MEEHAN FOR CONGRESS

Mailing Address 50 SOUTH PROVIDENCE ROAD

City MEDIA State PA Zip Code 19063

Purpose of Disbursement
CONTRIBUTION

Candidate Name
PATRICK L. MEEHAN

Office Sought: House Senate President
State: PA District: 07
Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03 | / | 19 | / | 2014 |

Transaction ID : SB23.14149

Amount of Each Disbursement this Period

| |
|---------|
| 2000.00 |
|---------|

Full Name (Last, First, Middle Initial)

B. PRICE FOR CONGRESS

Mailing Address P.O. BOX 425

City ROSWELL State GA Zip Code 30077

Purpose of Disbursement
CONTRIBUTION

Candidate Name
THOMAS E. PRICE

Office Sought: House Senate President
State: GA District: 06
Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03 | / | 19 | / | 2014 |

Transaction ID : SB23.14152

Amount of Each Disbursement this Period

| |
|---------|
| 2500.00 |
|---------|

Full Name (Last, First, Middle Initial)

C. SCHOCK FOR CONGRESS

Mailing Address P.O. BOX 10555

City PEORIA State IL Zip Code 61612

Purpose of Disbursement
CONTRIBUTION

Candidate Name
AARON J. SCHOCK

Office Sought: House Senate President
State: IL District: 18
Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03 | / | 19 | / | 2014 |

Transaction ID : SB23.14136

Amount of Each Disbursement this Period

| |
|--------|
| 500.00 |
|--------|

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

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

| |
|---------|
| 5000.00 |
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

Full Name (Last, First, Middle Initial)

A. STIVERS FOR CONGRESS

Mailing Address 4679 WINTERSET DRIVE

City COLUMBUS State OH Zip Code 43220

Purpose of Disbursement
CONTRIBUTION

Candidate Name
STEVE STIVERS

Office Sought: House
 Senate
 President
State: OH District: 15

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03 | / | 26 | / | 2014 |

Transaction ID : SB23.14579

Amount of Each Disbursement this Period

| |
|---------|
| 3000.00 |
|---------|

Full Name (Last, First, Middle Initial)

B. WYDEN FOR SENATE

Mailing Address 232 NORTHEAST 9TH AVENUE

City PORTLAND State OR Zip Code 97232

Purpose of Disbursement
CONTRIBUTION

Candidate Name
RONALD L. WYDEN

Office Sought: House
 Senate
 President
State: OR District: 00

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03 | / | 19 | / | 2014 |

Transaction ID : SB23.14154

Amount of Each Disbursement this Period

| |
|---------|
| 2500.00 |
|---------|

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
|-------|---|-------|---|-----------|

Amount of Each Disbursement this Period

| |
|--|
| |
|--|

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

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

| |
|---------|
| 5500.00 |
|---------|

| |
|----------|
| 48000.00 |
|----------|