Image# 12971408086 PAGE 1 / 27

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

	or Other Than F	An Authorized	a Committe	e		Office Use Only
1. NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼		ample: If typir or the lines.	ig, type	12FE4M5	
THE AMERICAN CON	GRESS OF O	B-GYNS PA	C (OB-G)	'N PAC)		
ADDRESS (number and street)	409 12TH STREET	-, SW				
Check if different						
than previously reported. (ACC)	WASHINGTON				DC	20024
2. FEC IDENTIFICATION NU	JMBER ▼	CITY 🛦		S	STATE A	ZIP CODE ▲
C C00364158		3. IS THIS REPORT	\sim	IEW N) OR	AN (A)	IENDED
4. TYPE OF REPORT (Choose One)	(b) Monthly Report Due On:	Feb 20 (M2) Mar 20 (M3)		May 20 (M5)		20 (M8) Nov 20 (M11) (Non-Election Year Only) 20 (M9) Dec 20 (M12)
(a) Quarterly Reports:						(Non-Election Year Only)
April 15 Quarterly Report (Q	(c) 12-Day	Apr 20 (M4)	Primary (12P	lul 20 (M7)	General	20 (M10) Jan 31 (YE) (12G) Runoff (12R)
July 15 Quarterly Report (Q	PRF-Flee		Convention (_	Special (
October 15 Quarterly Report (Q	13)		M M /	D D /	Y . Y . Y . Y	in the
January 31 Year-End Report (Y	E)	Election on				State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	POST-EI		General (300	i)	Runoff (3	Special (30S)
Termination Report (TER)	Report fo	Election on	M = M /	D D /	Y = Y = Y = Y	in the
5. Covering Period 06		2012	through	M M M	/ 30 /	2012
I certify that I have examined thi	is Report and to the	best of my kno	wledge and b	elief it is true	e, correct and	d complete.
Type or Print Name of Treasurer	·	•				•
Signature of Treasurer STAC	CIE MONROE		[Electronically	Filed] Da	ate 07	13 / 2012
NOTE: Submission of false, errone	eous, or incomplete in	formation may s	ubject the pers	son signing th	is Report to th	ne penalties of 2 U.S.C. §437g.
Office Use			·	- 2	-	FEC FORM 3X Rev. 12/2004
Only Only						

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2

Write or Type Committee Name

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

01 2012 06 30 2012 Report Covering the Period: 06 From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 311166.38 January 1, 2012 (b) Cash on Hand at 413197.11 Beginning of Reporting Period..... 338657.96 17840.66 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 431037.77 649824.34 6(a) and 6(c) for Column B)..... 34278.63 253065.20 Total Disbursements (from Line 31)...... Cash on Hand at Close of 8. Reporting Period 396759.14 396759.14 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D)

×

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

For further information contact:

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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

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

- 11	eport Covering the Period: From: 06		06 30 2012			
	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)	12105.66	246106.64			
	(ii) Unitemized(iii) TOTAL (add	5735.00	87551.32			
	Lines 11(a)(i) and (ii)▶	17840.66	333657.96			
	(b) Political Party Committees	0.00	0.00			
	(such as PACs)(d) Total Contributions (add Lines	0.00	0.00			
	11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)▶	17840.66	333657.96			
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.)					
16.	(Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	0.00			
	to Federal Candidates and Other Political Committees	0.00	5000.00			
	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))▶	17840.66	338657.96			
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)▶	17840.66	338657.96			

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disb	ursements	COLUMN B Calendar Year-to-Date			
21. Operating Expendi	tures:	Total This Period	Calendar Tear-10-Date		
(a) Allocated Fed Activity (from					
	Share	0.00	0.00		
` '	eral Share	0.00	0.00		
(b) Other Federal		1270 62	9465 20		
•	g Expenditures	1278.63	8465.20		
	(a)(ii), and (b)) ▶	1278.63	8465.20		
2. Transfers to Affiliat		7			
		0.00	0.00		
Contributions to Federal Candidate	s/Committees				
and Other Political	Committees	33000.00	235000.00		
Independent Exper		0.00	0.00		
5. Coordinated Party	Expenditures	0.00	0.00		
(2 U.S.C. §441a(d))	0.00	0.00		
(use seriedale 1)		7 7			
6. Loan Repayments	Made	0.00	0.00		
	-				
7. Loans Made	witness Tax	0.00	0.00		
Refunds of Contribation (a) Individuals/Pe	rsons Other		4400.00		
Than Political	Committees	0.00	1100.00		
(b) Political Party	Committees	0.00	0.00		
(b) Political Party (c) Other Political	Committees	0.00	5.00		
(-)	s)	0.00	0.00		
`		7			
(d) Total Contribu	tion Refunds	0.00			
(add Lines 28	(a), (b), and (c))▶	0.00	1100.00		
			0500.00		
9. Other Disburseme	nts	0.00	8500.00		
) Federal Flection Δ	ctivity (2 U.S.C. §431(20))				
	eral Election Activity				
(from Schedul	_				
	are	0.00	0.00		
			0.00		
` '	are	0.00	0.00		
` '	on Activity Paid Entirely	0.00	0.00		
	eral Funds	0.00	0.00		
	Election Activity (add , 30(a)(ii) and 30(b))	0.00	0.00		
Lines so(a)(i)	, 50(a)(ii) and 50(b))		7		
. Total Disbursemen	ts (add Lines 21(c), 22,				
	28(d), 29 and 30(c))	34278.63	253065.20		
		7			
2. Total Federal Disb					
)(ii) and Line 30(a)(ii)	2,000	250555		
from Line 31)	▶	34278.63	253065.20		

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
3. Total Contributions (other than loans) (from Line 11(d), page 3)	17840.66	333657.96
4. Total Contribution Refunds (from Line 28(d))	0.00	1100.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	17840.66	332557.96
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	1278.63	8465.20
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
3. Net Operating Expenditures (subtract Line 37 from Line 36)	1278.63	8465.20

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

FOR	LINE	NU	MBER	:	PAGE	6	OF	27
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	13		14		15	16	;	17

or for commercial purposes, other than using t	he name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS	S OF OB-GYNS PAC (OB-GYN PA	C)
Full Name (Last, First, Middle Initial) JACQUES ABRAMOWICZ Mailing Address 100 EAST BELLEVUE PLA	CE	Date of Receipt
City CHICAGO FEC ID number of contributing	State Zip Code IL 60611	06 06 2012 Transaction ID : SA11AI.26597 Amount of Each Receipt this Period
federal political committee. Name of Employer	Occupation	250.00
RUSH UNIVERSITY Receipt For: Primary General Other (specify)	PHYSICIAN Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) RALPH J. ANDERSON Mailing Address 4100 COACHMAN LANE		Date of Receipt 06 21 2012
City COLLEYVILLE	State Zip Code TX 76034	Transaction ID : SA11AI.26758 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer UNIVERSITY OF NORTH TEXAS	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	
Full Name (Last, First, Middle Initial) LISA A. ANDERSSON-ZETYE	•	Date of Receipt
Mailing Address 545 MICHIGAN STREET	State Zip Code	06 27 2012
City GRAND RAPIDS	MI 49503	Transaction ID : SA11AI.26788 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer ASSOCIATES IN OB/GYN Receipt For:	Occupation PHYSICIAN	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)		850.00
TOTAL This Period (last page this line number	er only)	

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

FOR LII	NE NU	MBER	:	PAGE	7	OF	27	
(check of	only or	ne)						
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or for commercial purposes, other than using t	he name and address of any political committee	
NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS	S OF OB-GYNS PAC (OB-GYN PA	AC)
Full Name (Last, First, Middle Initial) MICHELE M. BLACKWELL Mailing Address 450 MEDICAL CENTER BC	DULEVARD	Date of Receipt
City	State Zip Code	06 06 2012
WEBSTER	TX 77598	Transaction ID : SA11AI.26598 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	500.00
Name of Employer	Occupation	
SELF-EMPLOYED Receipt For:	PHYSICIAN	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) 3. ELIZABETH A. BLANCHARD	, , , , , , , , , , , , , , , , , , , ,	Date of Receipt
Mailing Address P.O. BOX 1128		M = M / D = D / Y = Y = Y
City	State Zip Code	06 05 2012 Transaction ID : SA11AI.26570
JEFFERSON CITY	MO 65102	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer CAPITAL REGIONAL MEDICAL	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address 3926 CROOKED CREEK D	RIVE	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City OKEMOS	State Zip Code MI 48864	Transaction ID : SA11AI.26649 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	65.00
Name of Employer	Occupation	
INGHAM REGIONAL MEDICAL CENTER Receipt For:	PHYSICIAN	
Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	390.00	
SUBTOTAL of Receipts This Page (optional).	>	1565.00
TOTAL This Period (last page this line number	<u></u>	
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Use separate schedule(s) for each category of the Detailed Summary Page

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or for commercial purposes, other than using the	e 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 PAG	C)
Full Name (Last, First, Middle Initial) A. KEITH R. BRILL		Date of Receipt
Mailing Address 179 BORTIZAN DRIVE		06 16 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City LAS VEGAS	State Zip Code NV 89138	Transaction ID : SA11AI.26714
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 60.00
Name of Employer WOMEN'S SPECIALTY CARE Receipt For:	Occupation PHYSICIAN	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	
Full Name (Last, First, Middle Initial) B. DAVID M. BURKONS Mailing Address 1611 SOUTH GREEN ROAD		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City CLEVELAND	State Zip Code OH 44121	Transaction ID : SA11AI.26780 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	500.00
Name of Employer UNIVERSITY GYNECOLOGISTS	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) . JAMES P. CHANEY		Date of Receipt
Mailing Address 1730 HIGHWAY 25 NORTH		06 22 2012 _
City AMORY	State Zip Code MS 38821	Transaction ID : SA11AI.26765 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer PHYSICIANS AND SURGEONS CLINIC	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (optional)		610.00
TOTAL This Period (last page this line number	only)	

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

FOR LIN	E NU	MBER	:	PAGE	9	OF	27
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13		14		15	16		17

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 CONGRES	S OF OB-GYNS PAC (OB-GYN PA	C)
Full Name (Last, First, Middle Initial) BENJAMIN H. CHEEK Mailing Address 2000 HAMILTON ROAD		Date of Receipt
City COLUMBUS	State Zip Code GA 31904	06 26 2012 Transaction ID : SA11AI.26781 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	83.33
Name of Employer OB/GYN ASSOCIATES OF COLUMBUS	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 799.98	
Full Name (Last, First, Middle Initial) SUSAN K. CONNOR Mailing Address 1539 LEE BOULEVARD		Date of Receipt
City ORANGEBURG	State Zip Code SC 29118	06 13 2012 Transaction ID: SA11AI.26681 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) JEANNE A. CONRY		Date of Receipt
Mailing Address 8204 CANTERSHIRE WA		06 01 2012
City GRANITE BAY	State Zip Code CA 95746	Transaction ID : SA11AI.26549 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	100.00
Name of Employer PERMANENTE MEDICAL GROUP	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1800.00	
SUBTOTAL of Receipts This Page (optional)		433.33
TOTAL This Period (last page this line numb	er only)	

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

	FOR LINE NUMBER:					PAGE	 10	OF	27	
(check only one)										
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			13		14		15	16		17

or for commercial purposes, other than using	g the name and address of any political committee to	o solicit contributions from such committee.					
NAME OF COMMITTEE (In Full) THE AMERICAN CONGRES	SS OF OB-GYNS PAC (OB-GYN PA	C)					
Full Name (Last, First, Middle Initial) CANDACE S. COOLEY Mailing Address B.C. BOY 7000	CANDACE S. COOLEY						
Mailing Address P.O. BOX 7399	06 21 2012						
City	State Zip Code CO 80424	Transaction ID : SA11AI.26761					
BRECKENRIDGE FEC ID number of contributing		Amount of Each Receipt this Period					
federal political committee.	C	50.00					
Name of Employer	Occupation						
OB/GYN SPECIALISTS Receipt For:	PHYSICIAN						
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00						
Full Name (Last, First, Middle Initial) THOMAS S. DARDARIAN	Full Name (Last, First, Middle Initial) THOMAS S. DARDARIAN						
Mailing Address 108 CETON COURT	06 14 2012 -						
City	State Zip Code	Transaction ID : SA11AI.26692					
BROOMAIL	PA 19008	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	100.00					
Name of Employer MAIN LINE WOMEN'S HEALTH CARE	Occupation PHYSICIAN						
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00						
Full Name (Last, First, Middle Initial) C. ROBERT H. DEBBS		Date of Receipt					
Mailing Address 2 SASSAFRAS COURT		06 10 _ 2012 _					
City	State Zip Code	Transaction ID : SA11AI.26658					
VOORHEES	NJ 08043	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	100.00					
Name of Employer	Occupation						
UNIVERSITY OF PENNSYLVANIA	PHYSICIAN						
Receipt For: Primary General	Aggregate Year-to-Date ▼						
Other (specify) ▼	900.00						
SUBTOTAL of Receipts This Page (optional	11)	250.00					
TOTAL This Period (last nage this line num	nber only)						
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Use separate schedule(s) for each category of the Detailed Summary Page

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

Full Name (Last, First, Middle Initial)	OF OB-GYNS PAC (OB-GYN PA	
NATHANIEL G. DENICOLA	Date of Receipt	
Mailing Address 2121 PINE STREET		06 25 2012
City	State Zip Code	Transaction ID : SA11AI.26771
PHILADELPHIA	PA 19103	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer	Occupation	
UNIVERSITY OF PENNSYLVANIA	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	450.00	
Full Name (Last, First, Middle Initial) DENISE M. ELSER		Date of Receipt
Mailing Address 8522 JOHNSTON ROAD	06 07 _2012 _	
City	State Zip Code	Transaction ID : SA11Al.26644
BURR RIDGE	IL 60527	Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.	C	1000.00
Name of Employer	Occupation	
WOMEN'S HEALTH INSTITUTE	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial)		Party of Party is
THOMAS A. FERRARA		Date of Receipt
Mailing Address 10122 EAST 10TH STREET		06 27 2012
City INDIANAPOLIS	State Zip Code IN 46229	Transaction ID : SA11AI.26789
	40223	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
COMMUNITY HEALTH NETWORK	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	500.00	
Other (specify) ▼	500.00	
	1	1

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

	FOR LIN	E NUM	IBER:	PAGE 12 OF 27					27
FOR LINE NUMBER: PAGE 12 OF 27 (check only one) X 11a									
	X 11a	1	1b	11c		12			
	13	1	4	15		16			17

or for commercial purposes, other than using th	e 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 PAG	C)
Full Name (Last, First, Middle Initial) ROBERT F. FLORA Mailing Address 7570 MANNIFEM COURT		Date of Receipt
Mailing Address 7679 MANNHEIM COURT	06 07 7 2012	
City HUDSON	State Zip Code OH 44236	Transaction ID : SA11AI.26645 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer SUMMA HEALTH SYSTEM Receipt For:	Occupation PHYSICIAN Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) DAVID A. FORSTEIN Mailing Address 117 RAMSFORD LANE	Date of Receipt	
City SIMPSONVILLE	State Zip Code SC 29681	06 13 2012 Transaction ID : SA11AI.26683 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer GREENVILLE HOSPITAL SYSTEM	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	
Full Name (Last, First, Middle Initial) DONALD K. GADDY		Date of Receipt
Mailing Address 5009 KENDALL AVENUE		06 27 2012
City GULFPORT	State Zip Code MS 39507	Transaction ID : SA11AI.26790 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer GULFPORT OB/GYN	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)	•	600.00
TOTAL This Period (last page this line number	only)	

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

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

NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS Full Name (Last, First, Middle Initial)	S OF OB-GYNS PAC (OB-GYN PA	C)					
JAY M. GOLDBERG	Date of Receipt						
Mailing Address 8920 WILSHIRE BOULEVA	ARD	06 15 2012					
City	,						
BEVERLY HILLS	CA 90211	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	250.00					
Name of Employer	Occupation	1					
WOMEN'S CARE OF BEVERLY HILLS	PHYSICIAN						
Receipt For:	Aggregate Year-to-Date ▼						
Primary General Other (specify) ▼	250.00						
Full Name (Last, First, Middle Initial) ALBERT M. GREEN		Date of Receipt					
Mailing Address 2665 HADDAM ROAD		M = M / D = D / Y = Y = Y					
City	State Zip Code	06 05 2012					
CLEVELAND	OH 44120	Transaction ID : SA11Al.26572 Amount of Each Receipt this Period					
FEC ID number of contributing		7ourt of East Hoodipt this I chou					
federal political committee.	C	250.00					
Name of Employer	Occupation						
SELF-EMPLOYED	PHYSICIAN						
Receipt For: Primary General	Aggregate Year-to-Date ▼						
Other (specify)	250.00						
Full Name (Last, First, Middle Initial) NEIL A. HAMILL		Date of Receipt					
Mailing Address 3882 SOUTH 177TH AVEN		06 07 2012					
City OMAHA	State Zip Code NE 68130	Transaction ID : SA11AI.26646 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	100.00					
Name of Employer	Occupation	-					
METHODIST HOSPITAL	PHYSICIAN						
Receipt For:	Aggregate Year-to-Date ▼]					
Primary General	600.00						
Other (specify) ▼	600.00						
	>	600.00					

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

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(check	only o	ne)						
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1	3	14		15		16		17

or for commercial purposes, other than using t	the name and address of any political committee to	solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS	S OF OB-GYNS PAC (OB-GYN PA	C)				
Full Name (Last, First, Middle Initial) A. RICHARD W. HENDERSON		Date of Receipt				
Mailing Address 1709 CLEAVER LANE	Mailing Address 1709 CLEAVER LANE					
City WILMINGTON	State Zip Code DE 19803	Transaction ID : SA11AI.26601				
FEC ID number of contributing federal political committee.	C 13003	Amount of Each Receipt this Period 250.00				
Name of Employer ST. FRANCIS HOSPITAL Receipt For:	Occupation PHYSICIAN					
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00					
Full Name (Last, First, Middle Initial) 3. LYDIA M. JEFFRIES Mailing Address 21 WILSON LANE	Date of Receipt					
City FAIRVIEW	State Zip Code NC 28730	06 05 2012 Transaction ID : SA11Al.26576 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С	100.00				
Name of Employer ASHEVILLE WOMEN'S CENTER	Occupation PHYSICIAN					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00					
Full Name (Last, First, Middle Initial) C. LEAH A. KAUFMAN		Date of Receipt				
Mailing Address 331 FAIRWAY DRIVE		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
City FARMINGDALE	State Zip Code NY 11735	Transaction ID : SA11Al.26737 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	75.00				
Name of Employer LONG ISLAND JEWISH MEDICAL	Occupation PHYSICIAN					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 625.00					
SUBTOTAL of Receipts This Page (optional).		425.00				
TOTAL This Period (last page this line number	er only)					

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

	FOR LINE NUMBER: (check only one) X 11a 11b	PAGE	 15	OF	27				
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or for commercial purposes, other than using	the name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) THE AMERICAN CONGRES	S OF OB-GYNS PAC (OB-GYN PA	C)
Full Name (Last, First, Middle Initial) A. DAVID A. KLEIN Mailing Address 96 CAMPERDOWN LANE		Date of Receipt
City	06 12 2012 Transaction ID : SA11Al.26667	
SUDBURY FEC ID number of contributing federal political committee.	MA 01776	Amount of Each Receipt this Period 250.00
Name of Employer SHREWSBURY OB/GYN	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) LLOYD L. LEWIS Mailing Address 2451 INTELLIPLEX DRIVE	Date of Receipt 06 05 2012	
City SHELBYVILLE	State Zip Code IN 46176	Transaction ID : SA11AI.26577 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	1000.00
Name of Employer MAJOR HOSPITAL	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) GAIL M. MATTHEWS		Date of Receipt
Mailing Address 233 WEST GLEN AVENUE		06 29 2012
City RIDGEWOOD	State Zip Code NJ 07450	Transaction ID : SA11AI.26797 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer MATERNAL FETAL MEDICINE	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)		1750.00
TOTAL This Period (last page this line numb	er only)	

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

					PAGE		16	OF		27		
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or for commercial purposes, other than using the	he 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 PA	C)
Full Name (Last, First, Middle Initial) OWEN C. MONTGOMERY Mailing Address 450 CHAPEL HEIGHTS RO	AD	Date of Receipt
City SEVELL	State Zip Code NJ 08080	06 06 2012 Transaction ID : SA11AI.26605 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer DREXEL UNIVERSITY	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) MICHIEL R. NOE Mailing Address 1950 PASEO ARENA		Date of Receipt 06 05 2012
City EL PASO	State Zip Code TX 79936	Transaction ID : SA11Al.26588 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer SUN CITY WOMEN'S HEALTH	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	
Full Name (Last, First, Middle Initial) C. KAREN J. POLEY		Date of Receipt
Mailing Address 15 ASHMONT ROAD		06 15 2012
City WABAN	State Zip Code MA 02468	Transaction ID : SA11AI.26710 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer ST. ELIZABETH'S MEDICAL CENTER	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)		600.00
TOTAL This Period (last page this line number	er only)	

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

1 OIL LINE HOMBELL					PAGE		17	OF		27		
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or for commercial purposes, other than using t	he 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 PA	C)
Full Name (Last, First, Middle Initial) A. STACIE E. POLLACK		Date of Receipt
Mailing Address 75 VINE ROAD		06 15 2012
City	State Zip Code	Transaction ID : SA11AI.26712
LARCHMONT	NY 10538	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
ALBERT EINSTEIN COLLEGE	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) ALBERT A. POLLARD		Date of Receipt
Mailing Address 6 CURTIS LAKE DRIVE		06 27 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code ME 04073	Transaction ID : SA11AI.26794
SANFORD	ME 04073	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
RETIRED	PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) . WALID A. SALEH		Date of Receipt
Mailing Address 7777 FOREST LANE		06 25 2012
City	State Zip Code TX 75230	Transaction ID : SA11AI.26778
DALLAS	TX 75230	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer	Occupation	
SHER INSTITUTE	PHYSICIAN	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)		1000.00
TOTAL This Period (last page this line number	er only)	

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

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or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	ng the name and address of any political committee to	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial)	OS OF OD-GTINS PAC (OB-GTIN PA	,
ROBERT E. SCHORLEMER Mailing Address 4499 MEDICAL DRIVE		Date of Receipt 06 26 2012
City	State Zip Code	Transaction ID : SA11AI.26785
SAN ANTONIO	TX 78229	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	_
WOMEN'S HEALTH CONSULTANTS	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) ALAN E. SMITH		Date of Receipt
Mailing Address 5356 REYNOLDS STRE	EET	M = M / D = D / Y = Y = Y
City	State Zip Code	06 20 2012
SAVANNAH	GA 31405	Transaction ID : SA11AI.26743 Amount of Each Receipt this Period
	0	Amount of Lacri Necelpt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
SAVANNAH OB/GYN	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) DANA G. STONE	1	Date of Receipt
Mailing Address 1730 HUNTINGTON A		06 06 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City OKLAHOMA CITY	State Zip Code OK 73116	Transaction ID : SA11AI.26608 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	130.00
Name of Employer	Occupation	-
SELF-EMPLOYED	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼]
Primary General		
Other (specify) ▼	520.00	
SUBTOTAL of Receipts This Page (option	nal)	630.00
	· · · · · · · · · · · · · · · · · · ·	
TOTAL This Period (last page this line nu	mber only)	

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

FOR LINE NUMBER:				PAGE	1	19	OF		27
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or for commercial purposes, other than using th	e 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 PAG	C)
Full Name (Last, First, Middle Initial) KAREN G. SWENSON Mailing Address, 1205 WEST 24TH STREET		Date of Receipt
Mailing Address 1305 WEST 34TH STREET		06 11 2012
City AUSTIN	State Zip Code TX 78705	Transaction ID : SA11AI.26660 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	84.00
Name of Employer WOMEN PARTNERS IN HEALTH Receipt For:	Occupation PHYSICIAN Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	504.00	
Full Name (Last, First, Middle Initial) B. EVA M. TAKACS-DILORENZO Mailing Address 202 LAKESHORE POINT		Date of Receipt
City	State Zip Code	06 20 2012 Transaction ID : SA11AI.26747
SAINT MARYS FEC ID number of contributing federal political committee.	GA 31558	Amount of Each Receipt this Period 1000.00
Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) . JANICE E. TILDON-BURTON		Date of Receipt
Mailing Address 1700 TALLEY ROAD		06 14 2012
City WILMINGTON	State Zip Code DE 19803	Transaction ID : SA11AI.26694 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 499.98	
SUBTOTAL of Receipts This Page (optional)		1167.33
TOTAL This Period (last page this line number	only)	

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

FOR LINE NUMBER:					PAGE	2	20	OF		27		
	(check only one)											
		X	11a		11b		11c		12			
			13		14		15		16			17

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 CONGRES	S OF OB-GYNS PAC (OB-GYN PA	C)					
Full Name (Last, First, Middle Initial) A. KATHRYN J. WOOD Mailing Address 5575 WARREN PARKWA	Y	Date of Receipt					
City	City State Zip Code						
FRISCO FEC ID number of contributing federal political committee.	TX 75034	Amount of Each Receipt this Period 250.00					
Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN						
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00						
Full Name (Last, First, Middle Initial) 3. Mailing Address	•	Date of Receipt					
City	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C	Table of East resolution of the					
Name of Employer	Occupation						
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼						
Full Name (Last, First, Middle Initial)		Date of Receipt					
Mailing Address	Charles Tim Condi	M = M / D = D / Y = Y = Y					
City	State Zip Code	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C						
Name of Employer	Occupation						
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼						
SUBTOTAL of Receipts This Page (optional)	250.00					
TOTAL This Period (last page this line numl	per only)	12105.66					

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S	CHEDULE B (FEC Form 3X)			FOD	F NUMBER: PAGE 21 OF 27						
	•	Use separate schedul	le(s)	FOR LINE N	L NOMBLIT.						
П	EMIZED DISBURSEMENTS	for each category of t		X 21b	22	23	124 □	25	□ 26	6	
		Detailed Summary Pa	age	27	28a	28b	28c	29	30		
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	ny information copied from such Reports and Staten for commercial purposes, other than using the nam										
Ļ	NAME OF COMMITTEE (In Full)						54017				
	, ,	OD CVNC DAG	(OP	CVNDAC	~ \						
/	THE AMERICAN CONGRESS OF	OB-GYNS PAC	(OR	-GYN PAC	<i>)</i>						
<u></u>	Full Name (Last, First, Middle Initial)									_	
Α.	AMERICAN EXPRESS		Date of Dis	burseme	nt						
	AWILMOAN LAI NEGO				M M / D D / Y Y Y Y						
	Mailing Address P.O. BOX 53852				06	05		2012	·		
	-										
	City	State Zip Code			Transact	ID - 0	D04D 000	244			
	PHOENIX	AZ 85072			Transacti	טו חס: S	B21B.260	110			
	Purpose of Disbursement										
	CREDIT CARD TRANSACTION FEES			[]	Amount of	Each Dis	burseme	nt this	Period		
	Candidate Name			Category/				11	0.72		
				Туре		,	-	41	0.73		
	Office Sought: House Disbursen	nent For:									
		Primary Gener	ral								
	President	Other (specify) ▼									
	State: District:										
	Full Name (Last, First, Middle Initial)										
В.	AMERICAN EXPRESS				Date of Dis	burseme	nt				
					M M /	D D	/ Y	Y Y	Y		
	Mailing Address P.O. BOX 53852				06	29		2012			
		_									
	•	State Zip Code			Transacti	on ID : S	B21B.26	751			
	PHOENIX Purpose of Disbursement	AZ 85072									
	CREDIT CARD TRANSACTION FEES				Amount of	Each Dia	hureamo	nt thic	Pariod		
	Candidate Name				Amount of	Lacii DiS	buiseillei		i enou		
	Canadate Name			Category/		_	_ =	_	7.95		
	Office Sought: House Disbursen	nent For:		Туре		,	,				
		Primary Gener	ral								
		Other (specify)	ıaı								
	State: District:	other (specify)									
_											
_	Full Name (Last, First, Middle Initial)	OLLITION C			Date of Dis	hureama	nt				
U.	FIRST NATIONAL MERCHANT SO	JLU HONS									
	Mailing Address 1620 DODGE STREET				06	04		y = y 2012	Y		
	waining Address 1020 DODGE STREET				VO	U4		2012	_		
	City	State Zip Code					_				
	-	NE 68197			Transacti	on ID : S	B21B.26	610			
	Purpose of Disbursement										
	CREDIT CARD TRANSACTION FEES			Amount of	Each Dis	burseme	nt this	Period			
	Candidate Name		Category/	, 31 I					ı		
				Type				85	9.95		
	Office Sought: House Disbursen	nent For:				7	7				
	Senate	Primary Gener	ral								
	President	Other (specify) ▼									
	State: District:										
Г								_		ī	
s	UBTOTAL of Disbursements This Page (optional)				1			127	8.63		
F						7	-	-			
٦,	OTAL This Period (last nage this line number only)						-	127	8.63		

SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 22 OF 27						
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)					
	Detailed Summary Page	21b 27	22 X 23 24 25 26 28a 28b 28c 29 30b					
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Any information copied from such Reports and State or for commercial purposes, other than using the nar	nents may not be sold or us ne and address of any politic	ed by any perso al committee to	on for the purpose of soliciting contributions solicit contributions from such committee.					
NAME OF COMMITTEE (In Full)	and address or any point	55.111111100 10	The second secon					
THE AMERICAN CONGRESS OF	OB-GYNS PAC (O	3-GYN PA	C)					
THE AWIENIOAN CONCRESS OF	OD OTHOTAC (O		-)					
Full Name (Last, First, Middle Initial)								
A. CHARLES BOUSTANY, JR. FOR	CONGRESS		Date of Disbursement					
Mailing Address D.O. DOV 00400			M M / D D / Y Y Y Y Y					
Mailing Address P.O. BOX 80126			06 08 2012					
City	State Zip Code							
LAFAYETTE	LA 70598		Transaction ID : SB23.26622					
Purpose of Disbursement CONTRIBUTION								
			Amount of Each Disbursement this Period					
Candidate Name CHARLES W. BOUSTANY JR.		Category/	2000.00					
	ment For: 2012	Туре						
Senate Signal Si	Primary General							
President	Other (specify) ▼							
State: LA District: 07	,, ,,							
Full Name (Last, First, Middle Initial)								
B. FRIENDS OF ERIK PAULSEN			Date of Disbursement					
			M M / D D / Y Y Y Y					
Mailing Address P.O. BOX 44369			06 01 2012					
City	State Zip Code							
EDEN PRAIRIE	MN 55344		Transaction ID : SB23.26547					
Purpose of Disbursement								
CONTRIBUTION			Amount of Each Disbursement this Period					
Candidate Name		Category/	2500.00					
ERIK P. PAULSEN Office Sought: House Disburse	ment For: 2012	Туре						
	Primary General							
President	Other (specify) ▼							
State: MN District: 03	, , , , , , , , , , , , , , , , , , ,							
Full Name (Last, First, Middle Initial)								
C. FRIENDS OF JIM CLYBURN			Date of Disbursement					
			M M / D D / Y Y Y Y					
Mailing Address P.O. BOX 12567			06 08 2012					
City	State Zip Code							
COLUMBIA	SC 29211		Transaction ID: SB23.26623					
Purpose of Disbursement								
CONTRIBUTION			Amount of Each Disbursement this Period					
	Candidate Name							
JAMES E. CLYBURN Office Sought: House Disburse	ment For: 2012	Туре	1500.00					
Senate Sought.	Primary General							
President	Other (specify)							
State: SC District: 06	- \-r·*-"J/ ▼							
SUBTOTAL of Disbursements This Page (optional)			6000.00					
TOTAL This Period (last page this line number only)		1					

SCHEDULE B (FEC Form 3X)		FOR LINE I	NUMBER: PAGE 23 OF	27				
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)					
	Detailed Summary Page	21b 27	22 X 23 24 25 29 28a 28b 28c 29	26				
				30b				
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NAME OF COMMITTEE (In Full)	add. ood of any pointed	55	The second secon					
THE AMERICAN CONGRESS OF	OB-GYNS PAC (OR	R-GYN PAC	<i>3)</i>					
THE AMERICAN CONCREGO OF	00 011101710 (00	01111716	3)					
Full Name (Last, First, Middle Initial)								
A. HOYER FOR CONGRESS			Date of Disbursement					
Mailing Address 700 13TH STREET, NW			06 18 2012					
Walling Address 700 ISTH STREET, NW			00 10 2012					
City	tate Zip Code							
	DC 20005		Transaction ID : SB23.26635					
Purpose of Disbursement CONTRIBUTION								
Candidate Name			Amount of Each Disbursement this Perio	od				
STENY H. HOYER		Category/ Type	2500.00					
	ent For: 2012	1 9 P C						
	Primary Seneral							
	Other (specify) ▼							
State: MD District: 05								
Full Name (Last, First, Middle Initial)								
B. HUDSON VALLEY FUTURE FUND			Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
Mailing Address 1006 PENDLETON STREET								
Maining Address 1000 PENDLETON STREET			00 00 2012					
City	tate Zip Code		Transaction ID : SB23.26613					
	VA 22314		Transaction ib . Obzo.zoo13					
Purpose of Disbursement CONTRIBUTION			Amount of Each Disbursement this Perio	od				
Candidate Name			Amount of Each Dispursement this Felic	Ju				
		Category/ Type	5000.00	į.				
Office Sought: House Disbursem	ent For:		,					
	Primary General							
	Other (specify) ▼							
State: District:								
Full Name (Last, First, Middle Initial)			Date of Disbursement					
C. LARSON FOR CONGRESS								
Mailing Address P.O. BOX 479			06 08 2012					
,	tate Zip Code		Transaction ID : SB23.26619					
GLASTONBURY Purpose of Disbursement	CT 06033							
CONTRIBUTION	Amount of Each Disbursement this Perio	ad						
Candidate Name	Category/	Amount of Each Dispulsement this Pend	ou					
JOHN B. LARSON		Type	1000.00					
Office Sought: House Disbursem	ent For: 2012		,					
	Primary General							
	Other (specify)							
State: CT District: 01								
SUBTOTAL of Disbursements This Page (optional)			8500.00					
SOUTOTAL OF DISDUISEMENTS THIS Page (optional)		······	7					

SCHEDULE B (FEC Form 3X)		FOR LINE				
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only	22 🗙 23 🔲 24 🔲 25 🖂 26			
	, ,	27	28a 28b 28c 29 30b			
Any information copied from such Reports and State or for commercial purposes, other than using the na						
NAME OF COMMITTEE (In Full)						
THE AMERICAN CONGRESS OF	OB-GYNS PAC (O	B-GYN PAG	C)			
Full Name (Last, First, Middle Initial)						
A. LARSON FOR CONGRESS	Date of Disbursement					
Mailing Address P.O. BOX 479			06 25 2012			
City	State Zip Code		Transaction ID : SB23,26753			
GLASTONBURY Purpose of Disbursement	CT 06033		Transaction ib . 6523.20733			
Redesignate: 06/08/2012 CONTRIBUTION			Amount of Each Disbursement this Period			
Candidate Name		Category/	-1000.00			
JOHN B. LARSON Office Sought: House Disburse	ment For: 2012	Туре				
Senate	Primary General		[MEMO ITEM]			
State: CT District: 01	Other (specify) ▼					
Full Name (Last, First, Middle Initial)						
B. LARSON FOR CONGRESS			Date of Disbursement			
Mailing Address P.O. BOX 479		06 25 2012				
City GLASTONBURY	State Zip Code CT 06033		Transaction ID : SB23.26754			
Purpose of Disbursement Redesignate: 06/08/2012 CONTRIBUTION			Amount of Each Disbursement this Period			
Candidate Name JOHN B. LARSON		Category/ Type	1000.00			
	ment For: 2012	1,750	[MEMO ITEM]			
Senate	Primary General					
President State: CT District: 01	Other (specify) ▼					
Full Name (Last, First, Middle Initial)						
c. LATOURETTE FOR CONGRESS	COMMITTEE		Date of Disbursement			
Mailing Address 320 KENARDEN DRIVE	06 28 2012					
City	State Zip Code		Transaction ID : SB23.26755			
HIGHLAND HEIGHTS Purpose of Disbursement	OH 44143		Transaction is 1 essential			
CONTRIBUTION		Amount of Each Disbursement this Period				
Candidate Name		Category/	1000.00			
STEVE C. LATOURETTE	_	Туре	1000.00			
Office Sought: House Disburse Senate President	ment For: 2012 Primary					
State: OH District: 14						
SUBTOTAL of Disbursements This Page (optional).		······	1000.00			
TOTAL This Period (last page this line number only	·)	·····•				

S	CHEDULE B (FEC Form 3X)			FOR LIN	NE NUMBER	R:	PAGE	25 O	F 27	
IT	EMIZED DISBURSEMENTS		rate schedule(s) category of the	s) (check only on		one)				
			Summary Page			X 23 28b	24 28c	25 29	26 30b	
Ar	ny information copied from such Reports and Statem	l nents may r	not be sold or us							
or	for commercial purposes, other than using the name	ne and addr	ess of any politi	cal committee	to solicit c	ontributions fr	rom such co	ommitte	е.	
	NAME OF COMMITTEE (In Full)									
$ \rangle$	THE AMERICAN CONGRESS OF	OB-GYI	NS PAC (O	B-GYN P	AC)					
<u></u>	Full Name (Last, First, Middle Initial)									
A.	LEVIN FOR CONGRESS				Date	of Disbursem	ent			
				M	M / D D		Y	Y		
	Mailing Address P.O. BOX 37				06	08	2	012		
	City	State Zip Code			_					
	ROSEVILLE	MI	48066		Trar	saction ID :	SB23.26618	3		
	Purpose of Disbursement CONTRIBUTION				1	nt of Each Di	iah. waaman	t this D	ariad	
	Candidate Name				Amou	III OI Eacii Di	sbursemen	i iiiis F	enou	
	SANDER M. LEVIN			Category/ Type			-	2500.	00	
	Office Sought: House Disbursen	nent For: 2	2012							
		Primary	General							
	State: MI District: 12	Other (spec	city) 🔻							
_	Full Name (Last, First, Middle Initial)									
В.	NANCY PELOSI FOR CONGRESS	S			Date	of Disbursem	ent			
					М	M / D D	/ Y = Y	Y	Υ	
	Mailing Address 700 13TH STREET, NW					08	2	012		
	City S WASHINGTON	State DC	Zip Code 20005		Tran	saction ID :	SB23.26617	7		
	Purpose of Disbursement		20005		_					
	CONTRIBUTION				Amou	nt of Each Di	isbursemen	t this P	eriod	
	Candidate Name			Category/				2500.	.00	
	NANCY PELOSI Office Sought:	Type ent For: 2012			_	7				
		Primary	General							
		Other (spec								
	State: CA District: 08									
_	Full Name (Last, First, Middle Initial)	TIO 41 A	OTION 001	48 417755	Data	of Diah				
C.	NEW DEMOCRAT COALITION POLI	IICAL A	CHON CON	/IIVIIIIEE	Date	of Disbursem		Y	V	
	Mailing Address 700 13TH STREET, NW				06			012	'	
	,	State DC	Zip Code 20005		Trar	saction ID:	SB23.26612	2		
	Purpose of Disbursement		20000		-					
	CONTRIBUTION					nt of Each Di	isbursemen	t this P	eriod	
	Candidate Name			Category/				5000.	00	
	Office Sought: House Disbursen	nent For		Туре			7	-		
		Primary	General							
	President	Other (spec	cify) 🔻							
_	State: District:									
								10000.0	00	
Ls	SUBTOTAL of Disbursements This Page (optional)			······	<u> </u>		7	10000.0		
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S	CHEDULE B (FEC Form 3X)			FOR LIN	IE NUMBEF	R:	PAGE 26 OF	27	
IT	EMIZED DISBURSEMENTS		parate schedule(s) a category of the	(check only one)				7.65	
			Summary Page	21		X 23 28b	24 25 29 29	26	
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	ly information copied from such Reports and Staten for commercial purposes, other than using the nam							5	
<u>\\ \</u>	NAME OF COMMITTEE (In Full)	io and add	aroos or arry points		, 10 0011011 0		moni odon committee.		
$ \rangle$	THE AMERICAN CONGRESS OF	OR-GV	NS PAC (O	R-GYN P	AC)				
	THE AWIERONIA CONCRESS OF	00 01	1101710 (0	D 01111	7(0)				
	Full Name (Last, First, Middle Initial)								
A.	SCHOCK FOR CONGRESS	Date	of Disbursen	nent					
	Moiling Address D.O. DOV 40555				M				
	Mailing Address P.O. BOX 10555				06	18	2012		
	City	State Zip Code							
	PEORIA	IL	61612		Tran	saction ID :	SB23.26638		
	Purpose of Disbursement CONTRIBUTION				1				
					Amou	nt of Each D	Disbursement this Perio	bc	
	Candidate Name AARON J. SCHOCK			Category/			1000.00		
		nent For:	2012	Type					
	Senate Stagetti	Primary	General						
	President	Other (spe							
	State: IL District: 18		•						
	Full Name (Last, First, Middle Initial)								
В.	STIVERS FOR CONGRESS				Date	of Disbursen	nent		
	Mailing Address 4679 WINTERSET DRIVE				06	08	2012		
	City								
	COLUMBUS	State OH	Zip Code 43220		Tran	saction ID :	SB23.26616		
	Purpose of Disbursement								
	CONTRIBUTION			L	Amou	nt of Each D	Disbursement this Period	bc	
	Candidate Name			Category/			2000.00		
	STEVE STIVERS Office Sought:	ant Fari	2010	Type					
		nent For: Primary	2012 General						
		Other (spe							
	State: OH District: 15	(-)	.						
	Full Name (Last, First, Middle Initial)								
C.	UPTON FOR ALL OF US				Date	of Disbursen	nent		
					M = 1	/ D D) / Y Y Y Y		
	Mailing Address P.O. BOX 490					08	2012		
	City S								
	ST. JOSEPH	State MI	Zip Code 49085		Tran	saction ID :	SB23.26615		
	Purpose of Disbursement		_						
	CONTRIBUTION		Amou	nt of Each D	Disbursement this Perio	bc			
	Candidate Name			Category/			2000.00		
	FREDERICK S. UPTON			Туре			2000.00		
		nent For: Primary	2012 General						
	President	Other (spe							
	State: MI District: 06	5o. (opt	1/ ▼						
Г								_	
s	UBTOTAL of Disbursements This Page (optional)						5000.00		
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т	OTAL This Period (last page this line number only)				. L.				

SCHEDULE B (FEC Form 3X)		E05	F NUMBER: PAGE 27 OF 27				
ITEMIZED DISBURSEMENTS	Use separate schedule(s)	FOR LINE (check only	NOMBER:				
II LIVIIZED DISDUNSEWEN IS	for each category of the	21b	22 🔀 23 24 25 26				
	Detailed Summary Page	27	28a 28b 28c 29 30b				
Any information copied from such Reports and Staten	nents may not be sold or us	sed by any nerso	on for the purpose of soliciting contributions				
or for commercial purposes, other than using the name							
NAME OF COMMITTEE (In Full)							
angle THE AMERICAN CONGRESS OF	OB-GYNS PAC (O	B-GYN PAG	C)				
			<u> </u>				
Full Name (Last, First, Middle Initial)			Date of Disbursement				
A. WHITEHOUSE FOR SENATE	WHITEHOUSE FOR SENATE						
Mailing Address P.O. BOX 40280			06 28 2012				
			20 2012				
,	State Zip Code		Tropposition ID - CD00 00757				
PROVIDENCE	RI 02940		Transaction ID : SB23.26757				
Purpose of Disbursement CONTRIBUTION			Amount of Food Bill				
Candidate Name			Amount of Each Disbursement this Period				
SHELDON WHITEHOUSE II		Category/ Type	2500.00				
	nent For: 2012	i ype					
	Primary Seneral						
President	Other (specify) ▼						
State: RI District: 00							
Full Name (Last, First, Middle Initial)							
В.			Date of Disbursement				
Mailing Address			M M / D D / Y Y Y Y				
mailing Address							
City	State Zip Code						
Purpose of Disbursement			Amount of Eoob Dishurson and this Davied				
Candidate Name		السيا	Amount of Each Disbursement this Period				
Called trains		Category/ Type					
Office Sought: House Disburser	nent For:	.,,,,	7				
Senate	Primary General						
President	Other (specify) ▼						
State: District:							
Full Name (Last, First, Middle Initial)			B + 4 B + 1				
C.			Date of Disbursement				
Mailing Address			M M / D D / Y Y Y Y				
Mailing Addition							
City	State Zip Code						
Purpose of Disbursement	Amount of Each Disbursement this Period						
Candidate Name	Candidate Name						
Sandidato Harrio		Category/ Type					
Office Sought: House Disburser	nent For:	1,400					
	Primary General						
President	Other (specify) ▼						
State: District:							
			2502.22				
SUBTOTAL of Disbursements This Page (optional)		·······•	2500.00				
TOTAL This Desired (lead as a distribution of the			33000.00				
TOTAL This Period (last page this line number only)			33333.00				