

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

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

ADDRESS (number and street)

409 12TH STREET, SW

☐ Check if different than previously reported. (ACC)

WASHINGTON

DC

20024

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00364158

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☒ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

06

01

2012

06

30

2012

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer STACIE MONROE

Signature of Treasurer

STACIE MONROE

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y

07

13

2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# 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)

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y 06 / 01 / 2012 To: M M / D D / Y Y Y Y Y Y 06 / 30 / 2012

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> 2012		311166.38
(b) Cash on Hand at Beginning of Reporting Period.....	413197.11	
(c) Total Receipts (from Line 19) .....	17840.66	338657.96
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	431037.77	649824.34
7. Total Disbursements (from Line 31) .....	34278.63	253065.20
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	396759.14	396759.14
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

## For further information contact:

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

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

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

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

Report Covering the Period:

From:

M M / D D / Y Y Y Y Y  
06 01 2012

To:

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

5735.00

87551.32

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ►

17840.66

333657.96

(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) ..... ►

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.)

(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

5000.00

## 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))..... ►

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. 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 .....	1278.63	8465.20
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	1278.63	8465.20
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	33000.00	235000.00
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	1100.00
(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	1100.00
29. Other Disbursements .....	0.00	8500.00
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)) ..	34278.63	253065.20
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) 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
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	17840.66	333657.96
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	1100.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	17840.66	332557.96
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	1278.63	8465.20
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	1278.63	8465.20

# **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 27

(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. JACQUES ABRAMOWICZ**

Mailing Address 100 EAST BELLEVUE PLACE

City State Zip Code  
 CHICAGO IL 60611

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RUSH UNIVERSITY

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  
 06 / 06 / 2012

Transaction ID : SA11AI.26597

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. RALPH J. ANDERSON**

Mailing Address 4100 COACHMAN LANE

City State Zip Code  
 COLLEYVILLE TX 76034

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 ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 21 / 2012

Transaction ID : SA11AI.26758

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. LISA A. ANDERSSON-ZETYE**

Mailing Address 545 MICHIGAN STREET

City State Zip Code  
 GRAND RAPIDS MI 49503

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ASSOCIATES 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  
 06 / 27 / 2012

Transaction ID : SA11AI.26788

Amount of Each Receipt this Period

500.00

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

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

850.00

**SCHEDULE A (FEC Form 3X)****ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 7 OF 27  
(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)**

Full Name (Last, First, Middle Initial)

**A. MICHELE M. BLACKWELL**

Mailing Address 450 MEDICAL CENTER BOULEVARD

City	State	Zip Code
WEBSTER	TX	77598

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
06	/	06	/	2012

Transaction ID : SA11AI.26598

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. ELIZABETH A. BLANCHARD**

Mailing Address P.O. BOX 1128

City	State	Zip Code
JEFFERSON CITY	MO	65102

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CAPITAL REGIONAL MEDICAL

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
06	/	05	/	2012

Transaction ID : SA11AI.26570

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. DAVID J. BOES**

Mailing Address 3926 CROOKED CREEK DRIVE

City	State	Zip Code
OKEMOS	MI	48864

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INGHAM REGIONAL MEDICAL CENTER

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	08	/	2012

Transaction ID : SA11AI.26649

Amount of Each Receipt this Period

65.00

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

1565.00

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)

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☒ 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. KEITH R. BRILL**

Mailing Address 179 BORTIZAN DRIVE

City  
LAS VEGAS

State Zip Code  
NV 89138

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WOMEN'S SPECIALTY CARE

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 16 / 2012

Transaction ID : SA11AI.26714

Amount of Each Receipt this Period

60.00

Full Name (Last, First, Middle Initial)

**B. DAVID M. BURKONS**

Mailing Address 1611 SOUTH GREEN ROAD

City  
CLEVELAND

State Zip Code  
OH 44121

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UNIVERSITY GYNECOLOGISTS

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  
06 / 26 / 2012

Transaction ID : SA11AI.26780

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. JAMES P. CHANEY**

Mailing Address 1730 HIGHWAY 25 NORTH

City  
AMORY

State Zip Code  
MS 38821

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PHYSICIANS AND SURGEONS CLINIC

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  
06 / 22 / 2012

Transaction ID : SA11AI.26765

Amount of Each Receipt this Period

50.00

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

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

610.00

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 9 OF 27

☒ 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. BENJAMIN H. CHEEK**

Mailing Address 2000 HAMILTON ROAD

City State Zip Code  
COLUMBUS GA 31904

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OB/GYN ASSOCIATES OF COLUMBUS

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

799.98

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 26 / 2012

Transaction ID : SA11AI.26781

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**B. SUSAN K. CONNOR**

Mailing Address 1539 LEE BOULEVARD

City State Zip Code  
ORANGEBURG SC 29118

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 Y  
06 / 13 / 2012

Transaction ID : SA11AI.26681

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. JEANNE A. CONRY**

Mailing Address 8204 CANTERSHIRE WAY

City State Zip Code  
GRANITE BAY CA 95746

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 ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 01 / 2012

Transaction ID : SA11AI.26549

Amount of Each Receipt this Period

100.00

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

433.33

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 10 OF 27

<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. CANDACE S. COOLEY**

Mailing Address P.O. BOX 7399

City

BRECKENRIDGE

State

CO

Zip Code

80424

FEC ID number of contributing  
federal political committee.

C

Name of Employer

OB/GYN SPECIALISTS

Occupation

PHYSICIAN

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	21	/	2012

Transaction ID : SA11AI.26761

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. THOMAS S. DARDARIAN**

Mailing Address 108 CETON COURT

City

BROOMAIL

State

PA

Zip Code

19008

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MAIN LINE WOMEN'S HEALTH CARE

Occupation

PHYSICIAN

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	14	/	2012

Transaction ID : SA11AI.26692

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. ROBERT H. DEBBS**

Mailing Address 2 SASSAFRAS COURT

City

VOORHEES

State

NJ

Zip Code

08043

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UNIVERSITY OF PENNSYLVANIA

Occupation

PHYSICIAN

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	10	/	2012

Transaction ID : SA11AI.26658

Amount of Each Receipt this Period

100.00

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

250.00

**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 27

☒ 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. NATHANIEL G. DENICOLA**

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 ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 25 / 2012

Transaction ID : SA11AI.26771

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

**B. DENISE M. ELSE**

Mailing Address 8522 JOHNSTON ROAD

City

BURR RIDGE

State

IL

Zip Code

60527

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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 07 / 2012

Transaction ID : SA11AI.26644

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. THOMAS A. FERRARA**

Mailing Address 10122 EAST 10TH STREET

City

INDIANAPOLIS

State

IN

Zip Code

46229

FEC ID number of contributing  
federal political committee.

C

Name of Employer

COMMUNITY HEALTH NETWORK

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  
06 / 27 / 2012

Transaction ID : SA11AI.26789

Amount of Each Receipt this Period

250.00

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

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

1375.00

# **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)

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☐ 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. ROBERT F. FLORA**

Mailing Address 7679 MANNHEIM COURT

City  
HUDSON

State Zip Code  
OH 44236

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SUMMA HEALTH SYSTEM

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 07 / 2012

Transaction ID : SA11AI.26645

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. DAVID A. FORSTEIN**

Mailing Address 117 RAMSFORD LANE

City  
SIMPSONVILLE

State Zip Code  
SC 29681

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GREENVILLE HOSPITAL SYSTEM

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

06 / 13 / 2012

Transaction ID : SA11AI.26683

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. DONALD K. GADDY**

Mailing Address 5009 KENDALL AVENUE

City  
GULFPORT

State Zip Code  
MS 39507

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GULFPORT OB/GYN

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 27 / 2012

Transaction ID : SA11AI.26790

Amount of Each Receipt this Period

250.00

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

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

600.00

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

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

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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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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. JAY M. GOLDBERG**

Mailing Address 8920 WILSHIRE BOULEVARD

City State Zip Code  
 BEVERLY HILLS CA 90211

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 WOMEN'S CARE OF BEVERLY HILLS

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  
 06 / 15 / 2012

Transaction ID : SA11AI.26702

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. ALBERT M. GREEN**

Mailing Address 2665 HADDAM ROAD

City State Zip Code  
 CLEVELAND OH 44120

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 Y Y  
 06 / 05 / 2012

Transaction ID : SA11AI.26572

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. NEIL A. HAMILL**

Mailing Address 3882 SOUTH 177TH AVENUE

City State Zip Code  
 OMAHA NE 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 ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 07 / 2012

Transaction ID : SA11AI.26646

Amount of Each Receipt this Period

100.00

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

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

600.00

**SCHEDULE A (FEC Form 3X)****ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 14 OF 27

<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. RICHARD W. HENDERSON**

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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	06	/	2012

Transaction ID : SA11AI.26601

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. LYDIA M. JEFFRIES**

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 CENTER

Occupation

PHYSICIAN

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	05	/	2012

Transaction ID : SA11AI.26576

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. LEAH A. KAUFMAN**

Mailing Address 331 FAIRWAY DRIVE

City

FARMINGDALE

State

NY

Zip Code

11735

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LONG ISLAND JEWISH MEDICAL

Occupation

PHYSICIAN

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	20	/	2012

Transaction ID : SA11AI.26737

Amount of Each Receipt this Period

75.00

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

425.00

**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

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 (check only one)

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<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. DAVID A. KLEIN**

Mailing Address 96 CAMPERDOWN LANE

City	State	Zip Code
SUDBURY	MA	01776

FEC ID number of contributing federal political committee.

C

 Name of Employer  
 SHREWSBURY OB/GYN

 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
06	/	12	/	2012

**Transaction ID : SA11AI.26667**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. LLOYD L. LEWIS**

Mailing Address 2451 INTELLIPLEX DRIVE

City	State	Zip Code
SHELBYVILLE	IN	46176

FEC ID number of contributing federal political committee.

C

 Name of Employer  
 MAJOR HOSPITAL

 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
06	/	05	/	2012

**Transaction ID : SA11AI.26577**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. GAIL M. MATTHEWS**

Mailing Address 233 WEST GLEN AVENUE

City	State	Zip Code
RIDGEWOOD	NJ	07450

FEC ID number of contributing federal political committee.

C

 Name of Employer  
 MATERNAL FETAL MEDICINE

 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
06	/	29	/	2012

**Transaction ID : SA11AI.26797**

Amount of Each Receipt this Period

500.00

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

1750.00

**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

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 (check only one)

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<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. OWEN C. MONTGOMERY**

Mailing Address 450 CHAPEL HEIGHTS ROAD

City

SEVELL

State

NJ

Zip Code

08080

FEC ID number of contributing  
federal political committee.

C

Name of Employer

DREXEL UNIVERSITY

Occupation

PHYSICIAN

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	06	/	2012

Transaction ID : SA11AI.26605

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. MICHEL R. NOE**

Mailing Address 1950 PASEO ARENA

City

EL PASO

State

TX

Zip Code

79936

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SUN CITY WOMEN'S HEALTH

Occupation

PHYSICIAN

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	05	/	2012

Transaction ID : SA11AI.26588

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. KAREN J. POLEY**

Mailing Address 15 ASHMONT ROAD

City

WABAN

State

MA

Zip Code

02468

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ST. ELIZABETH'S MEDICAL CENTER

Occupation

PHYSICIAN

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	15	/	2012

Transaction ID : SA11AI.26710

Amount of Each Receipt this Period

250.00

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

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

600.00

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

Use separate schedule(s)  
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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. STACIE E. POLLACK**

Mailing Address 75 VINE ROAD

City

LARCHMONT

State

NY

Zip Code

10538

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ALBERT EINSTEIN COLLEGE

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  
06 / 15 / 2012

Transaction ID : SA11AI.26712

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. ALBERT A. POLLARD**

Mailing Address 6 CURTIS LAKE DRIVE

City

SANFORD

State

ME

Zip Code

04073

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 27 / 2012

Transaction ID : SA11AI.26794

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. WALID A. SALEH**

Mailing Address 7777 FOREST LANE

City

DALLAS

State

TX

Zip Code

75230

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SHER INSTITUTE

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  
06 / 25 / 2012

Transaction ID : SA11AI.26778

Amount of Each Receipt this Period

250.00

**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)

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☐ 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. ROBERT E. SCHORLEMER**

Mailing Address 4499 MEDICAL DRIVE

City  
SAN ANTONIO

State Zip Code  
TX 78229

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WOMEN'S HEALTH CONSULTANTS

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  
06 / 26 / 2012

Transaction ID : SA11AI.26785

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. ALAN E. SMITH**

Mailing Address 5356 REYNOLDS STREET

City  
SAVANNAH

State Zip Code  
GA 31405

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SAVANNAH OB/GYN

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  
06 / 20 / 2012

Transaction ID : SA11AI.26743

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. DANA G. STONE**

Mailing Address 1730 HUNTINGTON AVENUE

City  
OKLAHOMA CITY

State Zip Code  
OK 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 ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 06 / 2012

Transaction ID : SA11AI.26608

Amount of Each Receipt this Period

130.00

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

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

630.00

# **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)

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☒ 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. KAREN G. SWENSON**

Mailing Address 1305 WEST 34TH STREET

City  
AUSTIN

State  
TX

Zip Code  
78705

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WOMEN PARTNERS IN HEALTH

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

504.00

Date of Receipt

06 / 11 / 2012

Transaction ID : SA11AI.26660

Amount of Each Receipt this Period

84.00

Full Name (Last, First, Middle Initial)

**B. EVA M. TAKACS-DILORENZO**

Mailing Address 202 LAKESHORE POINT

City

SAINT MARYS

State

GA

Zip Code

31558

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

06 / 20 / 2012

Transaction ID : SA11AI.26747

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. JANICE E. TILDON-BURTON**

Mailing Address 1700 TALLEY ROAD

City

WILMINGTON

State

DE

Zip Code

19803

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 ▼

499.98

Date of Receipt

06 / 14 / 2012

Transaction ID : SA11AI.26694

Amount of Each Receipt this Period

83.33

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

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

1167.33

# **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)

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☒ 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. KATHRYN J. WOOD**

Mailing Address 5575 WARREN PARKWAY

City  
FRISCO

State  
TX

Zip Code  
75034

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 / D D / Y Y Y Y Y Y  
06 / 22 / 2012

Transaction ID : SA11AI.26767

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B.**

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

Full Name (Last, First, Middle Initial)

**C.**

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)..... ►

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

250.00

12105.66

<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

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

### A. AMERICAN EXPRESS

Transaction ID : SB21B.26611

Category/  
Type

410.73

Full Name (Last, First, Middle Initial)

Date of Disbursement

## B. AMERICAN EXPRESS

MM / DD / YYYY

City	State	Zip Code
PHOENIX	AZ	85072

Transaction ID : SB21B.26751

Purpose of Disbursement	CREDIT CARD TRANSACTION FEES
-------------------------	------------------------------

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

7.95

State:  District:

### C. FIRST NATIONAL MERCHANT SOLUTIONS

Date of Disbursement

Mailing Address 1620 DODGE STREET

City	State	Zip Code
OMAHA	NE	68197

Transaction ID : SB21B.26610

Purpose of Disbursement	CREDIT CARD TRANSACTION FEES
-------------------------	------------------------------

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

859.95

State:  District:

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

1278.63

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

1278.63

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 22 OF 27

<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. FOR CONGRESS**

Mailing Address P.O. BOX 80126

City LAFAYETTE	State LA	Zip Code 70598
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Purpose of Disbursement  
CONTRIBUTION

Candidate Name

**CHARLES W. BOUSTANY JR.**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: LA District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		08		2012

**Transaction ID : SB23.26622**

Amount of Each Disbursement this Period

2000.00
---------

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF ERIK PAULSEN**

Mailing Address P.O. BOX 44369

City EDEN PRAIRIE	State MN	Zip Code 55344
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Purpose of Disbursement  
CONTRIBUTION

Candidate Name

**ERIK P. PAULSEN**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MN District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		01		2012

**Transaction ID : SB23.26547**

Amount of Each Disbursement this Period

2500.00
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Full Name (Last, First, Middle Initial)

**C. FRIENDS OF JIM CLYBURN**

Mailing Address P.O. BOX 12567

City COLUMBIA	State SC	Zip Code 29211
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Purpose of Disbursement  
CONTRIBUTION

Candidate Name

**JAMES E. CLYBURN**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: SC District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		08		2012

**Transaction ID : SB23.26623**

Amount of Each Disbursement this Period

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

6000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 23 OF 27

<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. HOYER FOR CONGRESS**

Mailing Address 700 13TH STREET, NW

City WASHINGTON	State DC	Zip Code 20005
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Purpose of Disbursement  
CONTRIBUTION

Candidate Name

**STENY H. HOYER**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: MD District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		18		2012

**Transaction ID : SB23.26635**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. HUDSON VALLEY FUTURE FUND**

Mailing Address 1006 PENDLETON STREET

City ALEXANDRIA	State VA	Zip Code 22314
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Purpose of Disbursement  
CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		08		2012

**Transaction ID : SB23.26613**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**C. LARSON FOR CONGRESS**

Mailing Address P.O. BOX 479

City GLASTONBURY	State CT	Zip Code 06033
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Purpose of Disbursement  
CONTRIBUTION

Candidate Name

**JOHN B. LARSON**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CT District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		08		2012

**Transaction ID : SB23.26619**

Amount of Each Disbursement this Period

1000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

8500.00
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	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

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

## A. LARSON FOR CONGRESS

Date of Disbursement



Transaction ID : SB23.26753

Amount of Each Disbursement this Period

-1000.00

[MEMO ITEM]

Office Sought:	<input checked="checked" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012	<input checked="checked" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: CT	District: 01		

## B. LARSON FOR CONGRESS

Date of Disbursement

MM / DD / YYYY

Transaction ID : SB23.26754

Amount of Each Disbursement this Period

1000.00

[MEMO ITEM]

Office Sought:		<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2012	
State: CT		District: 01		<input type="checkbox"/> Primary <input type="checkbox"/> Other (specify) ▼	
				<input checked="" type="checkbox"/> General	

### C. LATOURETTE FOR CONGRESS COMMITTEE

Date of Disbursement

Transaction ID : SB23.26755

Amount of Each Disbursement this Period

Candidate Name  
**STEVE C. LATOURETTE**

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: OH	District: 14		

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

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

1000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 25 OF 27

<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. LEVIN FOR CONGRESS**

Mailing Address P.O. BOX 37

City	State	Zip Code
ROSEVILLE	MI	48066

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

**SANDER M. LEVIN**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MI District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2012

**Transaction ID : SB23.26618**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. NANCY PELOSI FOR CONGRESS**

Mailing Address 700 13TH STREET, NW

City	State	Zip Code
WASHINGTON	DC	20005

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

**NANCY PELOSI**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2012

**Transaction ID : SB23.26617**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. NEW DEMOCRAT COALITION POLITICAL ACTION COMMITTEE**

Mailing Address 700 13TH STREET, NW

City	State	Zip Code
WASHINGTON	DC	20005

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2012

**Transaction ID : SB23.26612**

Amount of Each Disbursement this Period

5000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

10000.00
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	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

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

33000.00