

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**
American Congress of Obstetricians & Gynecologists 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) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on [MM] / [DD] / [YYYY] in the State of []
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on [MM] / [DD] / [YYYY] in the State of []

5. Covering Period [06] / [01] / [2017] through [06] / [30] / [2017]

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Schilling, Mary, , ,
Type or Print Name of Treasurer

Signature of Treasurer *Schilling, Mary, , ,* [Electronically Filed] Date [07] / [20] / [2017]

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

American Congress of Obstetricians & Gynecologists PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2017"/>	<input type="text" value="272752.40"/>	<input type="text" value="272752.40"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="355059.38"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="33322.27"/>	<input type="text" value="325118.39"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="388381.65"/>	<input type="text" value="597870.79"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="49440.29"/>	<input type="text" value="258929.43"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="338941.36"/>	<input type="text" value="338941.36"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

American Congress of Obstetricians & Gynecologists PAC

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	23505.27	206857.30
(ii) Unitemized	9817.00	118261.09
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	33322.27	325118.39
(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)	33322.27	325118.39
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	33322.27	325118.39
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	33322.27	325118.39

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

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	1540.29	7529.43
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1540.29	7529.43
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	43000.00	245500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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	4900.00	4900.00
(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)).....	4900.00	4900.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	1000.00
30. Federal Election Activity (52 U.S.C. § 30101(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)) ..	49440.29	258929.43
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	49440.29	258929.43

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

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)	33322.27	325118.39
34. Total Contribution Refunds (from Line 28(d))	4900.00	4900.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	28422.27	320218.39
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1540.29	7529.43
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1540.29	7529.43

**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 6 OF 36
<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

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

NAME OF COMMITTEE (In Full)
American Congress of Obstetricians & Gynecologists PAC

A. Packard, Lisa, Kay, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 903 Camille Ln
 City Mountain View State CA Zip Code 94040-2668
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Palo Alto Medical Foundation Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 605.00

Date of Receipt 06 / 12 / 2017
Transaction ID : VPF9SN8X340
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Dardarian, Thomas, S, , DO
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 108 Ceton Ct
 City Broomall State PA Zip Code 19008-2524
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Main Line Women's Health Care Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2550.00

Date of Receipt 06 / 17 / 2017
Transaction ID : VPF9SN9TF60
 Amount of Each Receipt this Period 425.00
 Memo Item

C. Sonn, Tammy, Shim, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 236 Ladue Oaks Dr
 City Saint Louis State MO Zip Code 63141-8162
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Washington University School of Med Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 26 / 2017
Transaction ID : VPF9SNB9Z80
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1025.00
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 7 OF 36
	<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)
American Congress of Obstetricians & Gynecologists PAC

A. Greenspan, Peter, Bogach, , DO
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3601 NW Winding Woods Dr

City Lees Summit	State MO	Zip Code 64064-1883
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) University Physicians Assoc.	Occupation (for Individual) Physician
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		05		2017

Transaction ID : VPF9SNF3VX0

Amount of Each Receipt this Period
500.00

Memo Item

B. Coslett-Charlton, Lynne, M., , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 289 Harris Hill Rd

City Shavertown	State PA	Zip Code 18708-9684
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Physician
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		11		2017

Transaction ID : VPF9SN8JX71

Amount of Each Receipt this Period
1250.00

Memo Item

C. Alderson, Thomas, L., , DO
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3664 Edinborough Dr

City Rochester Hills	State MI	Zip Code 48306-3632
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) McLaren Women's Health	Occupation (for Individual) Physician
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2017

Transaction ID : VPF9SNAYZE1

Amount of Each Receipt this Period
100.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 36
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
American Congress of Obstetricians & Gynecologists PAC

A. Harris, Karen, Eloise, , MD MPH
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2800 NW 29th St
 City Gainesville State FL Zip Code 32605-2708
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) North Florida Women's Physicians Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 925.00

Date of Receipt 06 / 16 / 2017
Transaction ID : VPF9SN9Q7M1
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Smith, Patricia, Amanda, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 738 Fontaine St
 City Alexandria State VA Zip Code 22302-3607
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) George Washington University, Medical Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1125.00

Date of Receipt 06 / 12 / 2017
Transaction ID : VPF9SN8MC22
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Nayak, Suresh, R., , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1822 Saint Andrews Ct
 City Milpitas State CA Zip Code 95035-7611
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 26 / 2017
Transaction ID : VPF9SNB9H72
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	600.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 36
<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)
American Congress of Obstetricians & Gynecologists PAC

A. Forstein, David, A., , DO
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14 Hollingsworth Dr
 City Greenville State SC Zip Code 29607-3923
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Greenville Health System Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 28 / 2017
Transaction ID : VPF9SNBDY72
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Yelverton, Robert, Ware, , Jr, MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2821 W Fountain Blvd
 City Tampa State FL Zip Code 33609-4011
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 06 / 16 / 2017
Transaction ID : VPF9SN9Q7R2
 Amount of Each Receipt this Period 70.00
 Memo Item

c. Schendel-Dittmann, Megan, Kathleen, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17850 N 68th St Unit 1110
 City Phoenix State AZ Zip Code 85054-9114
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) District Medical Group Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 26 / 2017
Transaction ID : VPF9SNBA4Z2
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	370.00
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 10 OF 36
<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)
American Congress of Obstetricians & Gynecologists PAC

A. Brill, Keith, Robert, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 258 Whitewater Village Ct

City Henderson	State NV	Zip Code 89012-3299
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Women's Specialty Care	Occupation (for Individual) Physician
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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	/	18	/	2017

Transaction ID : VPF9SN9TM13

Amount of Each Receipt this Period
65.00

Memo Item

B. Massingill, George, Sealy, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3887 S Hills Cir

City Ft Worth	State TX	Zip Code 76109-2758
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Planned Parenthood of Greater Texas	Occupation (for Individual) Physician
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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	/	05	/	2017

Transaction ID : VPF9SN7PFC3

Amount of Each Receipt this Period
500.00

Memo Item

C. Morgan, Alethia, Ellen, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3075 S Birch St

City Denver	State CO	Zip Code 80222-6712
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) COPIC	Occupation (for Individual) Physician
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2017

Transaction ID : VPF9SN9KFH3

Amount of Each Receipt this Period
1200.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1765.00
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 36
<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)
American Congress of Obstetricians & Gynecologists PAC

A. Cyka, Ronette, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 313 Windfair Ct

City Las Vegas	State NV	Zip Code 89145-8682
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Ronette Cyka, MD, Ltd.	Occupation (for Individual) Physician
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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	/	27	/	2017

Transaction ID : VPF9SNBCM3H3

Amount of Each Receipt this Period
500.00

Memo Item

B. Daniels, Kay, I., , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1951 Waverley St

City Palo Alto	State CA	Zip Code 94301-3848
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Stanford University	Occupation (for Individual) Physician
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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	/	24	/	2017

Transaction ID : VPF9SNAYYJ3

Amount of Each Receipt this Period
500.00

Memo Item

C. White, Emily, Maureen, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 60 E Manning St

City Providence	State RI	Zip Code 02906-4048
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Providence Community Health Center	Occupation (for Individual) Physician
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	06	/	2017

Transaction ID : VPF9SN7SGW3

Amount of Each Receipt this Period
100.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 36
<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)
American Congress of Obstetricians & Gynecologists PAC

A. Auguste, Tamika, C., , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1150 K St NW
 Apt 402
 City Washington State DC Zip Code 20005-6803
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MedStar Health Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 06 / 18 / 2017
Transaction ID : VPF9SN9TKW3
 Amount of Each Receipt this Period 200.00
 Memo Item

B. Autry, Amy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1364 Vermont St
 City San Francisco State CA Zip Code 94110-3532
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UCSF Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 19 / 2017
Transaction ID : VPF9SNA5C04
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Sirott, Laura, L., , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 429 S Berkely Ave
 City Pasadena State CA Zip Code 91107-5063
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 06 / 16 / 2017
Transaction ID : VPF9SNE0PA4
 Amount of Each Receipt this Period 625.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1075.00
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 13 OF 36
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Congress of Obstetricians & Gynecologists PAC

A. Druzin, Maurice, Ieslie, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1408 Pitman Ave

City Palo Alto	State CA	Zip Code 94301-3055
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Stanford University	Occupation (for Individual) 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	/	26	/	2017

Transaction ID : VPF9SNBA4B4

Amount of Each Receipt this Period
500.00

Memo Item

B. Roach, Michelle, Krystina, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3000 Hillsboro Pike
Apt 79

City Nashville	State TN	Zip Code 37215-1324
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Vanderbilt	Occupation (for Individual) Physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
290.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	27	/	2017

Transaction ID : VPF9SNBCGH4

Amount of Each Receipt this Period
250.00

Memo Item

C. Cheek, Ben, H., , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 231 Cascade Rd

City Columbus	State GA	Zip Code 31904-2873
------------------	-------------	------------------------

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

Name of Employer (for Individual) St. Francis Hospital	Occupation (for Individual) Physician
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
999.98

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	09	/	2017

Transaction ID : VPF9SN8BJN4

Amount of Each Receipt this Period
83.33

Memo Item

SUBTOTAL of Receipts This Page (optional).....	833.33
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 36
	<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)
American Congress of Obstetricians & Gynecologists PAC

A. Maeder, Margie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2686 Dahlia St
 City Denver State CO Zip Code 80207-3048
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Rocky Mountain Women's Care Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 16 / 2017
Transaction ID : VPF9SN9Q7Q4
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Ogunyemi, Dotun, Adeboye, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2007 Hazel St
 City Birmingham State MI Zip Code 48009-6825
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) William Beaumont Hospital Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 715.00

Date of Receipt 06 / 18 / 2017
Transaction ID : VPF9SN9TM05
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Preus, Eve, M., , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 688 N 29th St
 City Boise State ID Zip Code 83702-3809
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Utah Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 06 / 07 / 2017
Transaction ID : VPF9SN81325
 Amount of Each Receipt this Period 12.50
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	362.50
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 15 OF 36
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Congress of Obstetricians & Gynecologists PAC

A. Kelly, Randall, Tiffany, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4215 E Everglade Ave
 City Odessa State TX Zip Code 79762-7135
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Texas Tech University Health Sciences Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 26 / 2017
Transaction ID : VPF9SNB9F45
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Eglowstein, Marla, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6423 Zorn Rd
 City Albany State NY Zip Code 12203-5942
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 27 / 2017
Transaction ID : VPF9SNBDX55
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Manning, Mark, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 585 Chrislyn Dr
 City Gadsden State AL Zip Code 35901-8315
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Gadsden Regional Medical Center Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 06 / 26 / 2017
Transaction ID : VPF9SNBA575
 Amount of Each Receipt this Period 1000.00
 Memo Item

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		FOR LINE NUMBER: (check only one)	PAGE 16 OF 36
<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)
American Congress of Obstetricians & Gynecologists PAC

A. Smith, Patricia, Amanda, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 738 Fontaine St

City Alexandria	State VA	Zip Code 22302-3607
--------------------	-------------	------------------------

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

Name of Employer (for Individual) George Washington University, Medical	Occupation (for Individual) Physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1125.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2017

Transaction ID : VPF9SN9KFB5

Amount of Each Receipt this Period
50.00

Memo Item

B. Puritz, Holly, Suzanne, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7940 N Shore Rd

City Norfolk	State VA	Zip Code 23505-1737
-----------------	-------------	------------------------

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

Name of Employer (for Individual) The Group for Women	Occupation (for Individual) Physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1254.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	07	/	2017

Transaction ID : VPF9SN813G5

Amount of Each Receipt this Period
209.00

Memo Item

C. Remmenga, Steven, W., , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 16995 Princeton Rd

City Adams	State NE	Zip Code 68301-7785
---------------	-------------	------------------------

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

Name of Employer (for Individual) University of Nebraska	Occupation (for Individual) Physician
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1254.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	17	/	2017

Transaction ID : VPF9SN9TFJ5

Amount of Each Receipt this Period
209.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	468.00
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 17 OF 36
<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)
American Congress of Obstetricians & Gynecologists PAC

A. Mehta, Aasta, Dinesh, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1001 Towamencin Ave
Apt A210

City Lansdale	State PA	Zip Code 19446-5734
------------------	-------------	------------------------

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

Name of Employer (for Individual) Lehigh Valley Physician Group	Occupation (for Individual) Physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 12 / 2017

Transaction ID : VPF9SN8M8N5

Amount of Each Receipt this Period
210.00

Memo Item

B. Eisinger, Steven, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3735 East Ave

City Rochester	State NY	Zip Code 14618-3522
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Highland Hospital Family Medicine	Occupation (for Individual) Physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 26 / 2017

Transaction ID : VPF9SNBA5T5

Amount of Each Receipt this Period
5000.00

Memo Item

C. Koutrouvelis, Gayle, Olson, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 11924 Sportsman Rd

City Galveston	State TX	Zip Code 77554-9365
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) University of Texas Medical Branch	Occupation (for Individual) Physician
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 16 / 2017

Transaction ID : VPF9SN9KF66

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	5310.00
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 18 OF 36
	<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)
American Congress of Obstetricians & Gynecologists PAC

A. Gillogley, Katherine, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6225 N Point Way
 City Sacramento State CA Zip Code 95831-1063
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mercy Medical Group Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 30 / 2017
Transaction ID : VPF9SNBR686
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Ring, Brandi, Nicole, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3755 S Emporia Way Unit L-204
 City Aurora State CO Zip Code 80014-8227
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mile High Ob-Gyn Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 599.00

Date of Receipt 06 / 11 / 2017
Transaction ID : VPF9SN8JV86
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Asaad, Radwan, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 37261 Fox Gln
 City Farmington Hills State MI Zip Code 48331-1809
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hutzel Women's Specialists Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 23 / 2017
Transaction ID : VPF9SNAV96
 Amount of Each Receipt this Period 83.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	417.33
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 19 OF 36
<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)
American Congress of Obstetricians & Gynecologists PAC

A. Stone, Dana, Gail, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1730 Huntington Ave

City Nichols Hills	State OK	Zip Code 73116-5511
-----------------------	-------------	------------------------

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

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1370.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	09	/	2017

Transaction ID : VPF9SN8BKC6

Amount of Each Receipt this Period
210.00

Memo Item

B. Flora, Robert, Francis, , MD MBA MPH
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 22668 Beckenham Ct

City Novi	State MI	Zip Code 48374-3526
--------------	-------------	------------------------

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

Name of Employer (for Individual) Self Employed	Occupation (for Individual) 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	/	12	/	2017

Transaction ID : VPF9SN8M8G6

Amount of Each Receipt this Period
250.00

Memo Item

C. Gilbert, William, M, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5546 Clarendon Way

City Carmichael	State CA	Zip Code 95608-5507
--------------------	-------------	------------------------

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

Name of Employer (for Individual) MednaX	Occupation (for Individual) Physician
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2017

Transaction ID : VPF9SNBWFJ6

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	710.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 36
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Congress of Obstetricians & Gynecologists PAC

A. Farrell, Maureen, E., MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4344 Santa Monica Ave

City San Diego	State CA	Zip Code 92107-2931
-------------------	-------------	------------------------

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

Name of Employer (for Individual) US Navy	Occupation (for Individual) Physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	01	/	2017

Transaction ID : VPF9SN77TJ6

Amount of Each Receipt this Period
250.00

Memo Item

B. Bigay-Rodriguez, Felix, U., MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4432 8th St SW

City Vero Beach	State FL	Zip Code 32968-4153
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Indian River Medical Center	Occupation (for Individual) Physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2017

Transaction ID : VPF9SN9Q6P6

Amount of Each Receipt this Period
50.00

Memo Item

C. Ayoub, Thomas, Victor, MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 186 Middle Ridge Rd

City New Canaan	State CT	Zip Code 06840-5046
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Women's Healthcare of New England	Occupation (for Individual) Physician
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	27	/	2017

Transaction ID : VPF9SNBDX97

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	550.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 36
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Congress of Obstetricians & Gynecologists PAC

A. Wrightson, Jeffrey, A., , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1109 Pine Island Ct
 City Las Vegas State NV Zip Code 89134-6330
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Well Health Quality Care Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 06 / 09 / 2017
Transaction ID : VPF9SN8BN97
 Amount of Each Receipt this Period 50.00
 Memo Item

B. DeFrancesco, Mark, S., , MD, MBA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 35 Terrell Farm Pl
 City Cheshire State CT Zip Code 06410-2910
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Women's Health Connecticut Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 06 / 30 / 2017
Transaction ID : VPF9SNBR8F7
 Amount of Each Receipt this Period 625.00
 Memo Item

C. Stone, Dana, Gail, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1730 Huntington Ave
 City Nichols Hills State OK Zip Code 73116-5511
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1370.00

Date of Receipt 06 / 05 / 2017
Transaction ID : VPF9SNF3VG7
 Amount of Each Receipt this Period 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	685.00
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 22 OF 36
	<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)
American Congress of Obstetricians & Gynecologists PAC

A. Prabhakaran, Sujatha, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 736 Central Ave

City Sarasota	State FL	Zip Code 34236-4042
------------------	-------------	------------------------

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

Name of Employer (for Individual) Planned Parenthood of SW and Central F	Occupation (for Individual) Physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2017

Transaction ID : VPF9SN9KFM7

Amount of Each Receipt this Period
50.00

Memo Item

B. Chervenak, Donald, Michael, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 813 Sun Valley Way

City Florham Park	State NJ	Zip Code 07932-3047
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4540.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	19	/	2017

Transaction ID : VPF9SNA5BT7

Amount of Each Receipt this Period
500.00

Memo Item

C. Conry, Jeanne, Ann, , MD, PhD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8204 Cantershire Way

City Granite Bay	State CA	Zip Code 95746-9476
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Kaiser Permanente	Occupation (for Individual) Physician
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2346.66

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	01	/	2017

Transaction ID : VPF9SN75B38

Amount of Each Receipt this Period
391.11

Memo Item

SUBTOTAL of Receipts This Page (optional).....	941.11
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 23 OF 36
<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)
American Congress of Obstetricians & Gynecologists PAC

A. Williams, Alisa, Lynn, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4060 4th Ave
Ste 640

City San Diego State CA Zip Code 92103-2118

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

Name of Employer (for Individual) Alisa Williams, MD, Inc. Occupation (for Individual) Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 27 / 2017
Transaction ID : VPF9SNBD978

Amount of Each Receipt this Period 250.00

Memo Item

B. Brabson, Leonard, Allison, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 939 E Emerald Ave
Ste 806A

City Knoxville State TN Zip Code 37917-4577

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

Name of Employer (for Individual) Tennova Healthcare Occupation (for Individual) Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 06 / 12 / 2017
Transaction ID : VPF9SN8WS98

Amount of Each Receipt this Period 625.00

Memo Item

C. Perry, Tashera, E., , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1110 E Cobblefield Ct

City Bloomington State IN Zip Code 47401-6305

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

Name of Employer (for Individual) Indiana Univ. Health Southern Indiana Occupation (for Individual) Physician

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 475.00

Date of Receipt 06 / 20 / 2017
Transaction ID : VPF9SNAD3E8

Amount of Each Receipt this Period 25.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 36
	<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)
American Congress of Obstetricians & Gynecologists PAC

A. Teng, Rebecca, Lynn, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3302 Hancock Dr
 City Austin State TX Zip Code 78731-5430
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Central Texas OBGYN Associates Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 290.00

Date of Receipt 06 / 11 / 2017
Transaction ID : VPF9SN8JYR8
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Gold, Karen, Pearce, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4502 E 41st St
 City Tulsa State OK Zip Code 74135-2536
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oklahoma University Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 05 / 2017
Transaction ID : VPF9SNF3VS8
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Cherrytree, Ingrid, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 01630 SW Carey Ln
 City Portland State OR Zip Code 97219-7908
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Providence Medical Group Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 06 / 26 / 2017
Transaction ID : VPF9SNB9ES8
 Amount of Each Receipt this Period 1000.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 25 OF 36
<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)
American Congress of Obstetricians & Gynecologists PAC

A. Fenton, Douglas, K., , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2921 Managua Pl

City Carlsbad	State CA	Zip Code 92009-7106
------------------	-------------	------------------------

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

Name of Employer (for Individual) Scripps Coastal Medical Group	Occupation (for Individual) Physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1254.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		07		2017

Transaction ID : VPF9SN813X8

Amount of Each Receipt this Period
209.00

Memo Item

B. Banfield, Anne, Louise, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 22 Eastridge Dr

City Elkins	State WV	Zip Code 26241-9585
----------------	-------------	------------------------

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

Name of Employer (for Individual) Davis Health System	Occupation (for Individual) Physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1050.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		19		2017

Transaction ID : VPF9SNA5BY8

Amount of Each Receipt this Period
400.00

Memo Item

C. Giles, Dobie, Lee, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4302 Goldfinch Cir

City Middleton	State WI	Zip Code 53562-5210
-------------------	-------------	------------------------

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

Name of Employer (for Individual) University of Wisconsin	Occupation (for Individual) Physician
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1045.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		14		2017

Transaction ID : VPF9SN96J69

Amount of Each Receipt this Period
209.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	818.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 36
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Congress of Obstetricians & Gynecologists PAC

A. Cannon, Octavia, , , DO
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3643 Canfield Hill Ct

City Charlotte	State NC	Zip Code 28270-1111
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Arboretum Ob-Gyn	Occupation (for Individual) Physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		20		2017

Transaction ID : VPF9SNA6QC9

Amount of Each Receipt this Period
50.00

Memo Item

B. Fried, Yvonne, Suzanne, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 540 Catalina Dr

City Ashland	State OR	Zip Code 97520-1605
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Ashland Center for Women's Health	Occupation (for Individual) Physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		27		2017

Transaction ID : VPF9SNBCFJ9

Amount of Each Receipt this Period
250.00

Memo Item

c. Herde, Christine, Marie, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2507 South Rd
Mount Kisco Medical Group

City Poughkeepsie	State NY	Zip Code 12601-5458
----------------------	-------------	------------------------

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

Name of Employer (for Individual) CareMount Medical Group	Occupation (for Individual) Physician
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1050.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		04		2017

Transaction ID : VPF9SN7DBQ9

Amount of Each Receipt this Period
175.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	475.00
TOTAL This Period (last page this line number only).....	23505.27

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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)

American Congress of Obstetricians & Gynecologists PAC

Full Name (Last, First, Middle Initial)

A. Sage Payment Solutions

Mailing Address 1750 Old Meadow Rd

City
McLean

State
VA

Zip Code
22102-4304

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
06			05			2017			

FEC Identification Number

C [REDACTED]

Transaction ID : VPEAHA6BX
Amount of Each Disbursement this Period

[REDACTED] 20.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Sage Payment Solutions

Mailing Address 1750 Old Meadow Rd

City
McLean

State
VA

Zip Code
22102-4304

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify)

State: District:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
06			02			2017			

FEC Identification Number

C [REDACTED]

Transaction ID : VPEAHA6BX
Amount of Each Disbursement this Period

[REDACTED] 1449.53

Memo Item

Full Name (Last, First, Middle Initial)

C. First Data

Mailing Address 5565 Glenridge Connector NE
Ste 2000

City
Atlanta

State
GA

Zip Code
30342-1651

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
06			06			2017			

FEC Identification Number

C [REDACTED]

Transaction ID : VPEAHA6BV
Amount of Each Disbursement this Period

[REDACTED] 4.95

Memo Item

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

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

[REDACTED] 1474.48

[REDACTED] 1474.48

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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)
American Congress of Obstetricians & Gynecologists PAC

Full Name (Last, First, Middle Initial) A. Tammy Baldwin For Senate		Date of Disbursement MM / DD / YYYY 06 / 27 / 2017
Mailing Address PO Box 696		FEC Identification Number C00326801 Transaction ID : VPEAHA6BXI Amount of Each Disbursement this Period 1000.00
City Madison	State WI	Zip Code 53701-0696
Purpose of Disbursement Federal Contribution		Category/ Type
Candidate Name BALDWIN, TAMMY, , ,		
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: WI	District: 00	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. Susan Davis For Congress		Date of Disbursement MM / DD / YYYY 06 / 27 / 2017
Mailing Address PO Box 84049		FEC Identification Number C00344671 Transaction ID : VPEAHA6BXI Amount of Each Disbursement this Period 1000.00
City San Diego	State CA	Zip Code 92138-4049
Purpose of Disbursement Federal Contribution		Category/ Type
Candidate Name DAVIS, SUSAN, , ,		
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA	District: 53	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. John Lewis For Congress		Date of Disbursement MM / DD / YYYY 06 / 27 / 2017
Mailing Address PO Box 2323		FEC Identification Number C00202416 Transaction ID : VPEAHA6BXI Amount of Each Disbursement this Period 2000.00
City Atlanta	State GA	Zip Code 30301-2323
Purpose of Disbursement Federal Contribution		Category/ Type
Candidate Name LEWIS, JOHN R., , ,		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: GA	District: 05	<input type="checkbox"/> Memo Item

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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)
American Congress of Obstetricians & Gynecologists PAC

Full Name (Last, First, Middle Initial) A. McSally for Congress			Date of Disbursement MM / DD / YYYY 06 / 27 / 2017	
Mailing Address PO Box 19128				
City Tucson	State AZ	Zip Code 85731-9128	FEC Identification Number C00512236 Transaction ID : VPEAHA6BX Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Federal Contribution			Category/Type	
Candidate Name MCSALLY, MARTHA, , ,				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>	
State: AZ	District: 02			

Full Name (Last, First, Middle Initial) B. Ryan Costello for Congress			Date of Disbursement MM / DD / YYYY 06 / 28 / 2017	
Mailing Address PO Box 3154				
City West Chester	State PA	Zip Code 19381-3154	FEC Identification Number C00554899 Transaction ID : VPEAHA6BY Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Federal Contribution			Category/Type	
Candidate Name Costello, Ryan, A, ,				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>	
State: PA	District: 06			

Full Name (Last, First, Middle Initial) C. Dedicated to Establishing National Teamwork PAC (DENT PAC)			Date of Disbursement MM / DD / YYYY 06 / 27 / 2017	
Mailing Address 610 S Boulevard				
City Tampa	State FL	Zip Code 33606-2647	FEC Identification Number C00427930 Transaction ID : VPEAHA6BX Amount of Each Disbursement this Period 5000.00	
Purpose of Disbursement Federal Contribution			Category/Type	
Candidate Name Dedicated to Establishing National Teamwork PAC (DENT PAC)				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>	
State:	District:			

SUBTOTAL of Disbursements This Page (optional).....▶	7000.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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)
American Congress of Obstetricians & Gynecologists PAC

A. Dr. Raul Ruiz For Congress

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 3433

City: Palm Desert State: CA Zip Code: 92261-3433

Purpose of Disbursement: Federal Contribution

Candidate Name: **RUIZ, RAUL DR., , MD**

Office Sought: House Senate President
State: CA District: 36

Disbursement For: 2018
 Primary General Other (specify) ▼

Date of Disbursement: 06 / 27 / 2017

FEC Identification Number: **C00502575**
Transaction ID: **VPEAHA6BX**
Amount of Each Disbursement this Period: 2500.00

Memo Item

B. Ryan Costello for Congress

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 3154

City: West Chester State: PA Zip Code: 19381-3154

Purpose of Disbursement: Federal Contribution

Candidate Name: **Costello, Ryan, A, ,**

Office Sought: House Senate President
State: PA District: 06

Disbursement For: 2018
 Primary General Other (specify) ▼

Date of Disbursement: 06 / 28 / 2017

FEC Identification Number: **C00554899**
Transaction ID: **VPEAHA6BY**
Amount of Each Disbursement this Period: 500.00

Memo Item

C. Pat Meehan For Congress

Full Name (Last, First, Middle Initial)
Mailing Address 50 S Providence Rd

City: Media State: PA Zip Code: 19063-3531

Purpose of Disbursement: Federal Contribution

Candidate Name: **MEEHAN, PATRICK L. MR., , ,**

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

Disbursement For: 2018
 Primary General Other (specify) ▼

Date of Disbursement: 06 / 27 / 2017

FEC Identification Number: **C00466870**
Transaction ID: **VPEAHA6BY**
Amount of Each Disbursement this Period: 1000.00

Memo Item

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

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

4000.00

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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)
American Congress of Obstetricians & Gynecologists PAC

A. Nancy Pelosi For Congress

Full Name (Last, First, Middle Initial)

Mailing Address 700 13th St NW
Ste 600

City Washington State DC Zip Code 20005-5998

Purpose of Disbursement
Federal Contribution

Candidate Name
PELOSI, NANCY, , ,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: CA District: 12

Date of Disbursement

MM / DD / YYYY
06 / 27 / 2017

FEC Identification Number

C C00213512

Transaction ID : VPEAHA6BX!
Amount of Each Disbursement this Period

5000.00

Memo Item

B. Denali Leadership PAC

Full Name (Last, First, Middle Initial)

Mailing Address 16158 Essex Park Dr

City Anchorage State AK Zip Code 99516-7541

Purpose of Disbursement
Federal Contribution

Candidate Name
Denali Leadership PAC

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

Date of Disbursement

MM / DD / YYYY
06 / 27 / 2017

FEC Identification Number

C C00438291

Transaction ID : VPEAHA6BX!
Amount of Each Disbursement this Period

2000.00

Memo Item

C. Ami Bera for Congress

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 582496

City Elk Grove State CA Zip Code 95758-0042

Purpose of Disbursement
Federal Contribution

Candidate Name
BERA, AMERISH, , ,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: CA District: 07

Date of Disbursement

MM / DD / YYYY
06 / 28 / 2017

FEC Identification Number

C C00461061

Transaction ID : VPEAHA6BY
Amount of Each Disbursement this Period

1000.00

Memo Item

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

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

8000.00

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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)
American Congress of Obstetricians & Gynecologists PAC

A. Brian Fitzpatrick For Congress

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 939

City Langhorne State PA Zip Code 19047-0939

Purpose of Disbursement Federal Contribution

Candidate Name **FITZPATRICK, BRIAN, , ,**

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: PA District: 08

Date of Disbursement: 06 / 27 / 2017

FEC Identification Number: **C00607416**
Transaction ID : **VPEAHA6BX**
Amount of Each Disbursement this Period: 1000.00

Memo Item

B. Jackie Speier For Congress

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 112

City Burlingame State CA Zip Code 94011-0112

Purpose of Disbursement Federal Contribution

Candidate Name **SPEIER, JACKIE, , ,**

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: CA District: 14

Date of Disbursement: 06 / 27 / 2017

FEC Identification Number: **C00443705**
Transaction ID : **VPEAHA6BX**
Amount of Each Disbursement this Period: 1000.00

Memo Item

C. Diana DeGette For Congress

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 61337

City Denver State CO Zip Code 80206-8337

Purpose of Disbursement Federal Contribution

Candidate Name **DEGETTE, DIANA, , ,**

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: CO District: 01

Date of Disbursement: 06 / 27 / 2017

FEC Identification Number: **C00311639**
Transaction ID : **VPEAHA6BX**
Amount of Each Disbursement this Period: 1000.00

Memo Item

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

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

3000.00

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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)
American Congress of Obstetricians & Gynecologists PAC

A. Heller for Senate

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 371907

City Las Vegas State NV Zip Code 89137-1907

Purpose of Disbursement Federal Contribution

Candidate Name **HELLER, DEAN, , ,**

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: NV District: 00

Date of Disbursement: 06 / 27 / 2017

FEC Identification Number: **C00494229**
Transaction ID : **VPEAHA6BX**
Amount of Each Disbursement this Period: 3000.00

Memo Item

B. Lisa Murkowski For US Senate

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 100847

City Anchorage State AK Zip Code 99510-0847

Purpose of Disbursement Federal Contribution

Candidate Name **Murkowski, Lisa, , ,**

Office Sought: House Senate President

Disbursement For: 2022 Primary General Other (specify) ▼

State: AK District: 00

Date of Disbursement: 06 / 27 / 2017

FEC Identification Number: **C00384529**
Transaction ID : **VPEAHA6BY4**
Amount of Each Disbursement this Period: 1000.00

Memo Item

C. Kyrsten Sinema for Congress

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 25879

City Tempe State AZ Zip Code 85285-5879

Purpose of Disbursement Federal Contribution

Candidate Name **Sinema, Kyrsten, , ,**

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: AZ District: 09

Date of Disbursement: 06 / 28 / 2017

FEC Identification Number: **C00508804**
Transaction ID : **VPEAHA6BY**
Amount of Each Disbursement this Period: 2500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 6500.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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)

American Congress of Obstetricians & Gynecologists PAC

Full Name (Last, First, Middle Initial)

A. Duckworth Victory Fund

Mailing Address 124 Washington St
Ste 101

City
Foxboro

State
MA

Zip Code
02035-1368

Purpose of Disbursement
Federal Contribution

Candidate Name

Duckworth Victory Fund

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	7		2	0	1	7

FEC Identification Number

C C00577189

Transaction ID : VPEAHA6BXI

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Michael Burgess For Congressv

Mailing Address PO Box 2334

City
Denton

State
TX

Zip Code
76202-2334

Purpose of Disbursement
Federal Contribution

Candidate Name

BURGESS, MICHAEL, , , M.D.

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: TX District: 26

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	7		2	0	1	7

FEC Identification Number

C C00372532

Transaction ID : VPEAHA6BXI

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Friends Of Rosa Delauro

Mailing Address 129 Church St
Ste 818

City
New Haven

State
CT

Zip Code
06510-2005

Purpose of Disbursement
Federal Contribution

Candidate Name

DELARUO, ROSA, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: CT District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	7		2	0	1	7

FEC Identification Number

C C00238865

Transaction ID : VPEAHA6BXI

Amount of Each Disbursement this Period

1000.00

Memo Item

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

5500.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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)

American Congress of Obstetricians & Gynecologists PAC

Full Name (Last, First, Middle Initial)

A. Hoyer For Congress

Mailing Address 700 13th St NW
Ste 600

City
Washington

State
DC

Zip Code
20005-5998

Purpose of Disbursement
Federal Contribution

Candidate Name

HOYER, STENY HAMILTON, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: MD District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	27	/	2017

FEC Identification Number

C C00140715

Transaction ID : VPEAHA6BX
Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Charlie Dent For Congress

Mailing Address PO Box 442

City
Allentown

State
PA

Zip Code
18105-0442

Purpose of Disbursement
Federal Contribution

Candidate Name

DENT, CHARLES, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: PA District: 15

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	27	/	2017

FEC Identification Number

C C00386847

Transaction ID : VPEAHA6BX
Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

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

5000.00

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

43000.00

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" 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)
American Congress of Obstetricians & Gynecologists PAC

Full Name (Last, First, Middle Initial) A. Eisinger, Steven, , ,		Date of Disbursement MM / DD / YYYY 06 / 29 / 2017	
Mailing Address 3735 East Ave			
City Rochester	State NY	Zip Code 14618-3522	
Purpose of Disbursement Contribution Refund		Category/Type <input type="checkbox"/>	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			
		FEC Identification Number C	
		Transaction ID : VPEAHA6BZI Amount of Each Disbursement this Period 4900.00	
		<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B.		Date of Disbursement MM / DD / YYYY	
Mailing Address			
City	State	Zip Code	
Purpose of Disbursement		Category/Type <input type="checkbox"/>	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			
		FEC Identification Number C	
		Amount of Each Disbursement this Period	
		<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C.		Date of Disbursement MM / DD / YYYY	
Mailing Address			
City	State	Zip Code	
Purpose of Disbursement		Category/Type <input type="checkbox"/>	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			
		FEC Identification Number C	
		Amount of Each Disbursement this Period	
		<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	4900.00
TOTAL This Period (last page this line number only).....▶	4900.00