

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)
FEC IDENTIFICATION NUMBER C C00364158
Check if [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee EXPERT COMMUNICATIONS & TRAINING, INC.
Mailing Address 5416 COUNTRY CLUB DRIVE
City LA GRANGE State IL Zip Code 60525
Purpose of Expenditure RADIO ADS Category/Type
Name of Federal Candidate EVAN H. JENKINS [X] Support [] Oppose
Calendar Year-To-Date Per Election for Office Sought 30000.00

Date of Public Distribution/Dissemination 10 / 20 / 2014
Amount 30000.00
Transaction ID : SE.18546
Date of Disbursement or Obligation 10 / 14 / 2014
Office Sought: [X] House District: 03 [] President [] Senate State: WV
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee MAMMEN GROUP, INC.
Mailing Address 1901 L STREET, NW
City WASHINGTON State DC Zip Code 20036
Purpose of Expenditure MAILING Category/Type
Name of Federal Candidate AMERISH BERA [X] Support [] Oppose
Calendar Year-To-Date Per Election for Office Sought 59933.29

Date of Public Distribution/Dissemination 10 / 20 / 2014
Amount 14959.43
Transaction ID : SE.18545
Date of Disbursement or Obligation 10 / 14 / 2014
Office Sought: [X] House District: 07 [] President [] Senate State: CA
Disbursement For: [] Primary [X] General 2014 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 44959.43
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Signature STACIE MONROE [Electronically Filed] Date 10 / 20 / 2014

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)
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Check if [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee MAMMEN GROUP, INC.

Date of Public Distribution/Dissemination 10 / 20 / 2014

Mailing Address 1901 L STREET, NW

Amount 9961.70

City WASHINGTON State DC Zip Code 20036

Transaction ID : SE.18547
Date of Disbursement or Obligation 10 / 14 / 2014

Purpose of Expenditure MAILING Category/Type

Name of Federal Candidate DANIEL B. MAFFEI [X] Support [] Oppose

Office Sought: [X] House District: 24 [] President [] Senate State: NY

Calendar Year-To-Date Per Election for Office Sought 9961.70

Disbursement For: [] Primary [X] General 2014 [] Other (specify)

Full Name of Payee

Date of Public Distribution/Dissemination

Mailing Address

Amount

City State Zip Code

Date of Disbursement or Obligation

Purpose of Expenditure Category/Type

Name of Federal Candidate [] Support [] Oppose

Office Sought: [] House District: [] President [] Senate State: []

Calendar Year-To-Date Per Election for Office Sought

Disbursement For: [] Primary [] General [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 9961.70

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures 54921.13

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature STACIE MONROE [Electronically Filed] Date 10 / 20 / 2014