Image# 201609129030778156			_		PAGE 1 / 46
FEC AN	EPORT OF F ND DISBURS Other Than An Author	SEMENT	S	Office	Use Only
	e or print V	Example: If typir	ng, type	12FE4M5	
COMMITTEE (in full)		over the lines.		IZFE4M5	
			YN PAC)		
ADDRESS (number and street)	09 12TH STREET, SW				
Check if different					
Alexan and statistic	VASHINGTON			DC 200	024
2. FEC IDENTIFICATION NUMB	ER V CITY	▲	S	TATE 🔺	ZIP CODE
C C00364158	3. IS RE		NEW N) <b>OR</b>	AMENDE (A)	D
<ul> <li><b>4. TYPE OF REPORT</b> (Choose One)</li> <li>(a) Quarterly Reports:</li> </ul>	Report Due On:		May 20 (M5) Jun 20 (M6)	Aug 20 (M8	(Non-Election Year Only)
April 15 Quarterly Report (Q1)	Apr 2	0 (M4)	Jul 20 (M7)	Oct 20 (M1)	0) Jan 31 (YE)
July 15 Quarterly Report (Q2)	(c) 12-Day <b>PRE</b> -Election	Primary (12F	?)	General (12G)	Runoff (12R)
October 15 Quarterly Report (Q3)	Report for the:	Convention (	12C)	Special (12S)	
January 31 Year-End Report (YE)	Election	on/		YYYYY	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Election	General (300	G)	Runoff (30R)	Special (30S)
Termination Report (TER)	Report for the: Election	on/	D D /	Y = Y = Y = Y	in the State of
5. Covering Period	01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	through	08		2016
I certify that I have examined this R	eport and to the best of n	ny knowledge and I	belief it is true	e, correct and comp	lete.
Type or Print Name of Treasurer A	IARY SCHILLING				
Signature of Treasurer	HILLING	[Electronically	y Filed] Da		12 / Y Y Y Y 2016
NOTE: Submission of false, erroneous	, or incomplete information	may subject the pers	son signing thi	s Report to the pena	alties of 2 U.S.C. §437g.
Office Use Only				FE	C 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)

R	Report Covering the Period: From: 08	/ D D / Y Y Y Y 01 2016 To	. 08 / D D / Y Y Y Y Y 2016
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2016		324208.25
	(b) Cash on Hand at Beginning of Reporting Period	339336.70	
	(c) Total Receipts (from Line 19)	37794.44	382635.83
	<ul> <li>(d) Subtotal (add Lines 6(b) and</li> <li>6(c) for Column A and Lines</li> <li>6(a) and 6(c) for Column B)</li> </ul>	377131.14	706844.08
7.	Total Disbursements (from Line 31)	18635.72	348348.66
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	358495.42	358495.42
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)

Write or Type Committee Name

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

Report Covering the Period: From: 08	01 2016 To:	08 / 31 / Y Y Y 2016
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
1. Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees	00007.44	070050.05
(i) Itemized (use Schedule A)	29637.44	273056.85
(ii) the iteration of	6657.00	107078.98
(ii) Unitemized (iii) TOTAL (add		10/0/0.30
Lines 11(a)(i) and (ii)	36294.44	380135.83
	7 00201.11	7 7
(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)	36294.44	380135.83
2. Transfers From Affiliated/Other		
Party Committees	0.00	0.00
3. All Loans Received	0.00	0.00
4. Loan Repayments Received	0.00	0.00
5. Offsets To Operating Expenditures		
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	0.00
6. Refunds of Contributions Made		
to Federal Candidates and Other		
Political Committees	1500.00	2500.00
7. Other Federal Receipts		
(Dividends, Interest, etc.)	0.00	0.00
8. Transfers from Non-Federal and Levin Funds		1 1
(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
<ol> <li>Total Receipts (add Lines 11(d),</li> <li>12, 12, 14, 15, 16, 17, and 18(a))</li> </ol>	27704 44	382635.83
12, 13, 14, 15, 16, 17, and 18(c))▶	37794.44	302033.83
0. Total Federal Receipts		
(subtract Line 18(c) from Line 19)▶	37794.44	382635.83
	7 7	302033.03

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I

#### DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)		Page 4
II. Disbursements	COLUMN A Total This Period	COLUMN B
Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		Calendar Year-to-Date
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	635.72	10695.66
<ul> <li>(c) Total Operating Expenditures</li> <li>(add 21(a)(i), (a)(ii), and (b))</li> </ul>	635.72	10695.66
Transfers to Affiliated/Other Party		
Committees Contributions to Federal Candidates/Committees	0.00	0.00
and Other Political Committees	15000.00	263000.00
(use Schedule E) Coordinated Party Expenditures	0.00	0.00
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	, 0.00
Loan Repayments Made	0.00	0.00
Loans Made	0.00	0.00
Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees	0.00	4653.00
<ul><li>(b) Political Party Committees</li><li>(c) Other Political Committees</li></ul>	0.00	0.00
(such as PACs)	0.00	0.00
(d) Total Contribution Refunds	0.00	4050.00
(add Lines 28(a), (b), and (c))►		4653.00
Other Disbursements	3000.00	70000.00
<ul><li>Federal Election Activity (2 U.S.C. §431(20))</li><li>(a) Allocated Federal Election Activity (from Schedule H6)</li></ul>		
(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
<ul> <li>(c) Total Federal Election Activity (add</li> <li>Lines 30(a)(i), 30(a)(ii) and 30(b)) ▶</li> </ul>	0.00	0.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	18635.72	348348.66
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	18635.72	348348.66

L

#### DETAILED SUMMARY PAGE

of Disbursements

I. Net Contributions/Operating Ex- penditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date		
Total Contributions (other than loans) (from Line 11(d), page 3)	36294.44	380135.83		
Total Contribution Refunds (from Line 28(d))	0.00	4653.00		
Net Contributions (other than loans) (subtract Line 34 from Line 33)	36294.44	375482.83		
Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	635.72	10695.66		
Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00		
Net Operating Expenditures (subtract Line 37 from Line 36)	635.72	10695.66		

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SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	5	

FOR LINE NUMBER:

PAGE 6 OF

ITEMIZED RECEIPTS			Use separate schedule(s) for each category of the		(check only one)								
			Detailed Summary Page	×		11b	11c		12				
	information copied from such Reports and St							g con			7		
· · · · ·	or commercial purposes, other than using the	name and a	ddress of any political committee	to so	licit con	tributions	trom suc	h cor	nmitte	e.			
	NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS (	OF OB-G	YNS PAC (OB-GYN P	AC)									
	Full Name (Last, First, Middle Initial) MELODY R. ADLER				Date of	Receipt							
Ν	Mailing Address 815 BISHOPSGATE LANE				м м 08	/ D	D / Y B		16				
	City VIRGINIA BEACH	State VA	Zip Code 23452		Transa	action ID	: SA11AI	.3395	51				
F	FEC ID number of contributing ederal political committee.	С			Amount	or Each	Receipt th		300.00	)			
(	Name of Employer COMPLETE WOMEN'S CARE	Occupation PHYSICIAN			Men	no ltem							
F	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 300.00										
	Full Name (Last, First, Middle Initial) THOMAS L. ALDERSON				Date of	Receipt							
_	Mailing Address 3664 EDINBOROUGH DRIVE				м м 08	/ D	D / Y 4	20 <sup>-</sup>	ү 16				
	City ROCHESTER HILLS	State MI	Zip Code 48306				: SA11AI. Receipt th						
	FEC ID number of contributing ederal political committee.	С				- 7			100.00	)			
	Name of Employer I/CLAREN WOMEN'S HEALTH	Occupation PHYSICIAN			Men	no ltem							
F	Receipt For:		Year-to-Date ▼										
	Other (specify) ▼		, 800.00										
	Full Name (Last, First, Middle Initial) THADDEUS L. ANDERSON				Date of	Receipt							
Ν	Mailing Address 2350 SIMPSON STREET				м м 08	/ D 0	р / Ү 6	20	ү 16				
	City DUBUQUE	State IA	Zip Code 52003				: SA11AI Receipt th						
	FEC ID number of contributing ederal political committee.	С				7	,		250.00	)			
	Name of Employer	Occupation			Men	no ltem							
	DUBUQUE OB/GYN Receipt For:	PHYSICIAN Aggregate	N Year-to-Date ▼	-									
	Primary General Other (specify) ▼		1645.00										
su	<b>IBTOTAL</b> of Receipts This Page (optional)					-7	- 1		650.00	)	Ī		
то	TAL This Period (last page this line number of	only)											

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PAGE 7 OF

			Detailed Summary Page	×	-		11b		11c	12		
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	y information copied from such Reports and for commercial purposes, other than using the											
$\rangle$	NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS	OF OB-G	YNS PAC (OB-GYN F	PAC)								
Α.	Full Name (Last, First, Middle Initial) THOMAS F. ARNOLD			Date of Receipt								
	Mailing Address 1145 14TH AVENUE WEST				м м 08	/	D 07		/ Y	ү ү 2016	Y	
	City DICKINSON	State ND	Zip Code 58601	A					A11AI.	<b>33957</b> is Perio	d	
	FEC ID number of contributing federal political committee.	С					7		7	400	0.00	
	Name of Employer CATHOLIC HEALTH INITIATIVES	Occupation PHYSICIAN			Mer	no l	tem					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 3275.00	]								
В.	Full Name (Last, First, Middle Initial) RADWAN ASAAD				Date of	Re	ceipt					
	Mailing Address 37261 FOX GLEN				м м 08	/	23		/ Y	2016	Y	
	City FARMINGTON HILLS	State MI	Zip Code 48331	#					<b>A11AI.:</b> ceipt th	<b>34094</b> iis Perio	d	
	FEC ID number of contributing federal political committee.	С					-		7	83	3.33	
	Name of Employer HUTZEL WOMENS SPECIALISTS	Occupation PHYSICIAN			Mer	no l	tem					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 416.65	]								
с.	Full Name (Last, First, Middle Initial) VANESSA M. BARNABEI				Date of	Re	ceipt					
	Mailing Address 640B ESSJAY ROAD				м м 08	/	D 1(		/ Y	ү 2016	Y	
	City WILLIAMSVILLE	State NY	Zip Code 14221	<i>F</i>					<b>A11AI.</b> ceipt th	<b>33947</b> is Perio	d	
	FEC ID number of contributing federal political committee.	С					,		,	500	0.00	
	Name of Employer	Occupation PHYSICIAN			Mer	no l	tem					
	SUNY AT BUFFALO Receipt For: Primary General Other (specify)		Year-to-Date ▼ 500.00	]								
	Other (specify) ▼ UBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line numbe				-		3		-7	983	3.33	

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		Detailed Summary Page	×	11a		11b		11c	12	
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NAME OF COMMITTEE (In Full)										
THE AMERICAN CONGRESS	S OF OB-G	YNS PAC (OB-GYN F	PAC)		_					
Full Name (Last, First, Middle Initial) HARRISON W. BARNES				Date of	Re	ceipt				
Mailing Address 285 LINKSIDE CIRCLE				м м	1	D 16	_	Y	y y 2016	Y
City	State	Zip Code				ion ID				
PONTE VEDRA BEACH	FL	32082	A	mount	of	Each I	Rece	ipt this	8 Period	
FEC ID number of contributing federal political committee.	С					-		7	250.0	00
Name of Employer	Occupation	I	1	Mer	mo l	ltem				
NORTH FLORIDA OB/GYN	PHYSICIAN	J								
Receipt For:	Aggregate	Year-to-Date ▼								
Primary General Other (specify) ▼		250.00	1							
Full Name (Last, First, Middle Initial)										
THOMAS E. BASCO				Date of	Re	ceipt				
Mailing Address 4000 COLISEUM DRIVE				м м 08	1	D 30	_	Y	y y 2016	Y
City	State	Zip Code				ion ID :				
HAMPTON	VA	23666	A	mount	t of	Each I	Rece	ipt this	s Period	
FEC ID number of contributing federal political committee.	С					7	_	,	300.0	00
Name of Employer OB/GYN ASSOCIATES OF HAMPTON	Occupation PHYSICIAN			Mei	rno l	ltem				
Receipt For: Primary General	Aggregate	Year-to-Date ▼	.]							
Other (specify)		300.00	1							
Full Name (Last, First, Middle Initial) ANA C. BASSO	<u> </u>			Date of	Re	ceipt				
Mailing Address 807 JAMESTOWN CRESC				м м 08	1	31		Y	y y 2016	Ŷ
	State	Zip Code				ion ID				
NORFOLK	VA	23508	A	mount	of	Each I	Rece	ipt this	8 Period	
FEC ID number of contributing federal political committee.	С			_	_	7	_	,	300.0	00
Name of Employer	Occupation		- [	Mer	mol	ltem				
WOMAN CARE CENTERS	PHYSICIAN	۷								
Receipt For:	Aggregate	Year-to-Date ▼								
Primary General		300.00	1							
Other (specify)		300.00								
SUBTOTAL of Receipts This Page (optional)									850.0	00
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# SCHEDULE A (FEC Form 3X)

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		Use separate schedule(s)	(check only one)							
I LIVIIZED RECEIFIS		for each category of the Detailed Summary Page	<b>X</b> 11a 11b 11c 12							
			13     14     15     16       berson for the purpose of soliciting contributions e to solicit contributions from such committee.							
NAME OF COMMITTEE (IN Full) THE AMERICAN CONGRES	SS OF OB-G	GYNS PAC (OB-GYN F	PAC)							
Full Name (Last, First, Middle Initial) A. DAVID A. BILLINGS			Date of Receipt							
Mailing Address 1800 23RD AVENUE SC	DUTHEAST		08 06 _ 2016 _							
City MINOT	State ND	Zip Code 58701	Transaction ID : SA11AI.33966 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		450.00							
Name of Employer TRINITY HEALTH Receipt For:	Occupation PHYSICIAN	N	Memo Item							
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 450.00	1							
Full Name (Last, First, Middle Initial) <b>B.</b> KEITH R. BRILL			Date of Receipt							
Mailing Address 5502 SOUTH FORT APA			08 18 2016							
City LAS VEGAS	State NV	Zip Code 89148	Transaction ID : SA11AI.34099 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		65.00							
Name of Employer WOMEN'S SPECIALTY CARE	Occupation PHYSICIAN		Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 520.00	]							
Full Name (Last, First, Middle Initial) C. HAYWOOD L. BROWN			Date of Receipt							
Mailing Address 10113 BARNHART WAY	(		08 31 2016							
City RALEIGH	State NC	Zip Code 27617	Transaction ID : SA11AI.34219 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		800.00							
Name of Employer	Occupation PHYSICIAI		Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2000.00	1							
SUBTOTAL of Receipts This Page (optiona	al)		1315.00							
TOTAL This Period (last page this line nur	nber only)									

# SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER:

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		Use separate schedule(s)		(check only one)						
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page		11b 11c	12					
Any information copied from such Reports ar or for commercial purposes, other than using			erson for the purp							
NAME OF COMMITTEE (In Full) THE AMERICAN CONGRES	S OF OB-G	SYNS PAC (OB-GYN F	AC)							
Full Name (Last, First, Middle Initial) A. HAYWOOD L. BROWN			Date of Rec	ceipt						
Mailing Address 10113 BARNHART WAY			08 /	ого / Y 31	2016	Ý				
City RALEIGH	State NC	Zip Code 27617	Transactio	on ID : SA11AI. Each Receipt th	34220	_				
FEC ID number of contributing federal political committee.	С			y	200.00	0				
Name of Employer DUKE UNIVERSITY Receipt For:	Occupation PHYSICIAN		Memo It	em						
Other (specify) ▼	Aggregate	2200.00								
Full Name (Last, First, Middle Initial) B. DONALD K. BRYAN			Date of Rec	ceipt						
Mailing Address 4361 SAWMILL ROAD			M M / / 08	D D / Y 31	2016	Ŷ				
City COLUMBUS	State OH	Zip Code 43220		on ID : SA11AI.: Each Receipt th						
FEC ID number of contributing federal political committee.	С				300.00	0				
Name of Employer KINGSDALE GYNECOLOGIC	Occupation PHYSICIAN		Memo It	em						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00								
Full Name (Last, First, Middle Initial) C. MELISSA J. BUCHBERG			Date of Rec	ceint						
Mailing Address 404 MARYLAND COURT					2016	Y				
City VIRGINIA BEACH	State VA	Zip Code 23451		on ID : SA11AI. Each Receipt th						
FEC ID number of contributing federal political committee.	С			7 7	250.00	0				
Name of Employer COMPLETE WOMEN'S CARE	Occupation PHYSICIAI		Memo It	em						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00								
SUBTOTAL of Receipts This Page (optional	)				750.00	0				
TOTAL This Period (last page this line num	ber only)	 								

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			Detailed Summary Page	×	11a		11b		11c	12	
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	y information copied from such Reports and S for commercial purposes, other than using the										
$\rangle$	NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS	OF OB-G	YNS PAC (OB-GYN	PAC)							
A.	Full Name (Last, First, Middle Initial) MARGARET A. BURNS				Date of	Re	eceipt				
	Mailing Address 4105 MEADOW LANE	Chata	Zin Onda		M M 08		3	0		ү ү 2016	Y
	City NEWTOWN SQUARE	State PA	Zip Code 19073	<i>F</i>					A11AI.3 ceipt thi	<b>34210</b> is Period	
	FEC ID number of contributing federal political committee.	С							7	300.0	
	Name of Employer WOMEN'S HEALTHCARE GROUP	Occupation PHYSICIAN			Mer	mo l	ltem				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00								
в.	Full Name (Last, First, Middle Initial) THOMAS H. BURWINKEL				Date of	Re	eceipt				
	Mailing Address 11124 MARLETTE DRIVE				м м	/	D 3		/ Y	y y 2016	Y
	CINCINNATI	State OH	Zip Code 45249	/					A11AI.3 ceipt thi	<b>4221</b> s Period	
	FEC ID number of contributing federal political committee.	С					7		7	1000.0	0
	Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN			Mei	mo l	ltem				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00								
<u>с.</u>	Full Name (Last, First, Middle Initial) JEANNE M. BUSCH				Date of	Re	eceipt				
	Mailing Address 2337 MADISON AVENUE				м м 08	/	D 3		/ Y	ү ү 2016	Y
	City VIRGINIA BEACH	State VA	Zip Code 23456	/					A11AI.: ceipt thi	34141 s Period	_
	FEC ID number of contributing federal political committee.	С					7		7	300.0	0
	Name of Employer	Occupation		- 1	Mei	mo l	ltem				
	GYNECOLOGY SPECIALISTS	PHYSICIAN	١								
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 300.00								
s	UBTOTAL of Receipts This Page (optional)			•	-		7		7	1600.0	0
Т	OTAL This Period (last page this line number	only)									

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SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS		

FOR LINE NUMBER:

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X     11a     11b     11c     12       13     14     15     16     17
	y information copied from such Reports and S for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS (	OF OB-G	GYNS PAC (OB-GYN P.	AC)
Α.	Full Name (Last, First, Middle Initial) OCTAVIA M. CANNON Mailing Address 3643 CANFIELD HILL COURT	-		Date of Receipt
	City	State	Zip Code	08 20 _ 2016 _
	CHARLOTTE	NC	28270	Transaction ID : SA11AI.34097 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.00
	Name of Employer ARBORETUM OB/GYN	Occupation PHYSICIAN		— Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
в.	Full Name (Last, First, Middle Initial) DANIEL R. CHRISTIE			Date of Receipt
	Mailing Address 13703 NORTHWEST 18TH ST	REET		08 16 2016
	City PEMBROKE PINES	State FL	Zip Code 33028	Transaction ID : SA11AI.34035 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		150.00
	Name of Employer IVF FLORIDA	Occupation PHYSICIAN		Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00	
с.	Full Name (Last, First, Middle Initial) JEANNE A. CONRY			Date of Receipt
	Mailing Address 8204 CANTERSHIRE WAY			08 01 Y Y Y Y Y 08 01 2016
	City GRANITE BAY	State CA	Zip Code 95746	Transaction ID : SA11AI.33869 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		391.11
	Name of Employer	Occupation	1	Memo Item
	KAISER PERMANENTE	PHYSICIAN	N	
	Receipt For: Primary General Other (specify) v	Aggregate	Year-to-Date ▼ 3435.54	
	UBTOTAL of Receipts This Page (optional)			591.11
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			Detailed Summary Page		11a		11		11c	12		17
	y information copied from such Reports and a for commercial purposes, other than using th				for the		pos	se of s	soliciting	g contri	ibutio	ns
$\rangle$	NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS	OF OB-G	GYNS PAC (OB-GYN	PAC)								
A.	Full Name (Last, First, Middle Initial) CYNTHIA S. COOPER				Date c	of Re	ecei	ipt				
	Mailing Address 41 MILL POND ROAD	Otata	Zin Oode		м – м 08		L	11		Y 2016		
	City DURHAM	State NH	Zip Code 03824						SA11AL		iod	
	FEC ID number of contributing federal political committee.	С					1				25.00	
	Name of Employer WELL SENSE HEALTH PLAN	Occupation PHYSICIAN			Me	emo l	lten	n				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 325.00									
B.	Full Name (Last, First, Middle Initial) MONIQUE S. CRABB				Date o	of Re	ecei	ipt				
	Mailing Address 2625 BOMBAY LANDING				M M	/	ľ	12	/ Y	2016		1
	City VIRGINIA BEACH	State VA	Zip Code 23456						A11AI.: ceipt th		iod	
	FEC ID number of contributing federal political committee.	С			<u> </u>		7		- 7	3(	00.00	
	Name of Employer COMPLETE WOMEN'S CARE	Occupation PHYSICIAN			Me	emo	lten	n				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00									
С.	Full Name (Last, First, Middle Initial) DOUGLAS J. CREEDON				Date o	of Re	ecei	ipt				
	Mailing Address 1119 BUCKRIDGE DRIVE N	ORTHEAST			08	/	Ľ	02	/ Y	2016		]
	City ROCHESTER	State MN	Zip Code 55906						SA11AI.		iod	
	FEC ID number of contributing federal political committee.	С					7		7	20	00.00	
	Name of Employer NORTH MEMORIAL MEDICAL CENTER	Occupation PHYSICIAN			Me	emol	lten	n				
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 1800.00									
s	UBTOTAL of Receipts This Page (optional)			•			-			82	25.00	
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$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS	OF OB-G	YNS PAC (OB-GYN F	PAC)							
Α.	Full Name (Last, First, Middle Initial) JON L. CROCKFORD				Date of	Re	eceip	pt			
	Mailing Address 227A 85TH STREET				м м 08	/	D	30	/ Y	ү ү 2016	Ý
	City VIRGINIA BEACH	State VA	Zip Code 23451						A11AI.		
	FEC ID number of contributing federal political committee.	С			Amount	OT	Eac	ch Red	ceipt th	nis Peric 300	d D.00
	Name of Employer THE GROUP FOR WOMEN	Occupation PHYSICIAN			Mer	no l	ltem	ו			
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 300.00	]							
В.	Full Name (Last, First, Middle Initial) THOMAS S. DARDARIAN				Date of	Re	eceip	pt			
	Mailing Address 108 CETON COURT				м м 08	/	D	17	/ Y	2016	Y
	City BROOMAIL	State PA	Zip Code 19008						A11AI.: ceipt th	<b>34071</b> nis Peric	d
	FEC ID number of contributing federal political committee.	С					,		7	21	0.00
	Name of Employer MAIN LINE WOMEN'S HEALTH CARE	Occupation PHYSICIAN			Mei	mo l	ltem	n			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1680.00	]							
С.	Full Name (Last, First, Middle Initial) MARK S. DEFRANCESCO				Date of	Re	eceip	pt			
	Mailing Address 35 TERRELL FARM PLACE				м м 08	/	D	21	/ Y	2016	Y
	City CHESHIRE	State CT	Zip Code 06410						A11AI. ceipt th	. <b>34096</b> nis Peric	d
	FEC ID number of contributing federal political committee.	С					,		7	504	0.00
	Name of Employer	Occupation			Mer	mo l	ltem	n			
	WOMEN'S HEALTH CONNECTICUT	PHYSICIAN	١								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 3000.00	1							
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NAME OF COMMITTEE (In Full)	S OF OB-G	YNS PAC (OB-GYN F	PAC)							
✓       Full Name (Last, First, Middle Initial)         A.       ISAAC DELKE         Mailing Address 2880 FOREST CIRCLE         City         JACKSONVILLE         FEC ID number of contributing federal political committee.         Name of Employer         UNIVERSITY OF FLORIDA         Receipt For:         Primary       General         Other (specify)	State FL C Occupation PHYSICIAN Aggregate				/ acti of	ion ID Each	1 : S/	A11AI.:	2016 33998 is Perioc 500	
Full Name (Last, First, Middle Initial) <b>DORENE E. DEMPSTER</b> Mailing Address 4895 HARDER HILL ROA City STURGEON BAY FEC ID number of contributing federal political committee. Name of Employer DOOR COUNTY MEDICAL CENTER Receipt For:	State WI C Occupation PHYSICIAN		[		/ action of	26 on ID	6 : SA	11AI.3	2016 34087 is Perioc 250	
Primary       General         Other (specify) ▼         Full Name (Last, First, Middle Initial)         NATHANIEL DENICOLA         Mailing Address 2218 MANNING STREET		250.00	]	Date of	Re /	ceipt		/ Y	2016	Y
City PHILADELPHIA FEC ID number of contributing federal political committee. Name of Employer UNIVERSITY OF PENNSYLVANIA Receipt For: Primary General Other (specify) ▼	State PA C Occupation PHYSICIAN Aggregate			Trans	of	i <b>on ID</b> Each	: S/	A11AI eipt th		_
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	THE AMERICAN CONGRESS	OF OB-G	TINS PAC (UB-GYN P	AC)						
Α.	Full Name (Last, First, Middle Initial) DAVID W. DOTY				Date o	of Re	eceipt			
	Mailing Address 13004 SHAMUS COURT				M M	1 /	D	D / Y	- Y - Y	Y
	City	State	Zip Code	_	08		14		2016	
	LOUISVILLE	KY	40299					<b>SA11AI</b> . Receipt th		ł
	FEC ID number of contributing federal political committee.	С					7	7	200	_
	Name of Employer	Occupation	I		Me	emo	ltem			
	ANTHEM HEALTH	MEDICAL [	DIRECTOR							
	Receipt For:	Aggregate	Year-to-Date ▼							
	Primary General Other (specify)		450.00							
в.	Full Name (Last, First, Middle Initial) DAVID W. DOTY				Date o	of Re	eceipt			
	Mailing Address 13004 SHAMUS COURT				м м 08	/	31		ү ү 2016	Y
	City	State	Zip Code					SA11AI.		
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	FEC ID number of contributing federal political committee.	С					7	7	100	.00
	Name of Employer ANTHEM HEALTH	Occupation MEDICAL D			Me	emo	ltem			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 550.00							
<u>с</u> .	Full Name (Last, First, Middle Initial) DIANNE M. EDGAR				Date o	of Re	eceipt			
	Mailing Address 1340 HIGHLAND AVENUE				M M 08	1	04		2016	Y
	City ROCHESTER	State NY	Zip Code					: SA11AI		
			14620	-	Amoun	nt of	Each F	Receipt th	nis Perioo	ł
	FEC ID number of contributing federal political committee.	С				-	7		250	.00
	Name of Employer	Occupation			IME	emo	ltem			
	PARK WEST WOMEN'S HEALTH	PHYSICIAN	N							
	Receipt For: Primary General	Aggregate	Year-to-Date ▼							
	Other (specify)		750.00							
s	UBTOTAL of Receipts This Page (optional)								550	.00
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11	OTAL This Period (last page this line number	oniy/	•••••••			1.0	7			

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or for commercial purposes, other than usi	ng the name and a	address of any political committee	e to so	olicit cor	ntrib	utions f	from such	n committ	ee.
NAME OF COMMITTEE (In Full) THE AMERICAN CONGRE	SS OF OB-G	GYNS PAC (OB-GYN F	PAC)						
Full Name (Last, First, Middle Initial) AARON ELKIN				Date of	Re	ceipt			
Mailing Address 20210 NORTHEAST 34	TH COURT			м – м 08	/	D 0	) / Y	ү ү 2016	Y
City AVENTURA	State FL	Zip Code 33180					SA11AI. Receipt th	<b>33999</b> nis Period	
FEC ID number of contributing federal political committee.	С					т. I.		1200.0	00
Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN			Mer	no l	tem			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2395.00							
Full Name (Last, First, Middle Initial) B. AARON ELKIN	l			Date of	Re	ceipt			
Mailing Address 20210 NORTHEAST 34	TH COURT			м м 08	/	D D D		y y 2016	Y
City AVENTURA	State FL	Zip Code 33180					SA11AI.: Receipt th	34000 nis Period	_
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Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN			Mer	no l	tem			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2495.00							
Full Name (Last, First, Middle Initial) C. MARIA ELLIS				Date of	Re	ceipt			
Mailing Address 660 STRONG ROAD				м м 08	/	12		ү ү 2016	Y
City SOUTH WINDSOR	State CT	Zip Code 06074					SA11AI. Receipt th	.34062 his Period	
FEC ID number of contributing federal political committee.	С					7		200.0	00
Name of Employer WOODLAND WOMEN'S HEALTH	Occupation PHYSICIAI			Mer	no l	tem			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 610.00							
SUBTOTAL of Receipts This Page (option	nal)		<u> </u>			,	7	1500.0	00
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or for NA TI A. M Ma Cit	commercial purposes, other than using the ME OF COMMITTEE (In Full) HE AMERICAN CONGRESS ( Il Name (Last, First, Middle Initial) IARYGRACE ELSON	name and a	ddress of any political committee	e to sol							
$\begin{array}{c} Ful \\ Ful \\ A. \\ Ma \\ \hline Ma \\ \hline Cit \\ \end{array}$	HE AMERICAN CONGRESS	OF OB-G	YNS PAC (OB-GYN F	PAC)							
A. M Ma Cit	IARYGRACE ELSON										
Cit	iling Address 4944 RAPID CREEK ROAD			[	Date of	Re	ceipt				
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	IVERSITY OF IOWA HEALTH CARE	PHYSICIAN	l								
Re	ceipt For:	Aggregate	Year-to-Date ▼								
	Primary General Other (specify) ▼		2936.00	]							
	II Name (Last, First, Middle Initial) LIZABETH A. ETKIN-KRAMER				Date of	Re	ceipt				
Ма	iling Address 2834 REGATTA AVENUE				м м	/	16		/ Y	2016	Y
Cit	у	State	Zip Code		Transa	acti	on ID :	: S/	A11AI.3	34038	
MI	AMI BEACH	FL	33140	A	mount	of	Each I	Red	ceipt th	is Perio	ł
	C ID number of contributing leral political committee.	С					7		7	250	.00
	me of Employer LF-EMPLOYED	Occupation PHYSICIAN			Mer	no l	tem				
Re	ceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 290.00	]							
	II Name (Last, First, Middle Initial)				Date of	Re	ceipt				
Ма	iling Address 516 JENNIFER LANE				м м 08	/	D 17		/ Y	y y 2016	Y
Cit	y INDEMERE	State FL	Zip Code 34786						A11AI.:		
FE	C ID number of contributing leral political committee.	С		<i>P</i>	Amount	of	Each I	≺eo	ceipt th	is Perioo 500	
No		Occurretion		- i	Mer	no l	tem				
	me of Employer RLANDO HEALTH PHYSICIANS	Occupation PHYSICIAN			_						
	ceipt For:			_							
	Primary General	Aggregate	Year-to-Date ▼								
	Other (specify)		500.00								
SUB	TOTAL of Receipts This Page (optional)									950	.00

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			Detailed Summary Page	×	-		11b		11c	12	
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$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS	OF OB-G	YNS PAC (OB-GYN F	PAC)							
A.	Full Name (Last, First, Middle Initial) MARTHA T. FERNANDEZ			[	Date of	Re	eceipt				
	Mailing Address 1308 LAURELWOOD LANE				м м 08	/		D 07	/ Y	у у 2016	Y
	City	State	Zip Code		Trans	acti	ion II	) : S	A11AI.	33958	
	VIRGINIA BEACH	VA	23452	/	Amount	of	Each	Re	ceipt th	nis Perioo	b
	FEC ID number of contributing federal political committee.	С					7		7	300	.00
	Name of Employer	Occupation			Mer	mo I	ltem				
	TRINITY HEALTH	PHYSICIAN	1								
	Receipt For: Primary General	Aggregate	Year-to-Date ▼								
	Other (specify)		300.00								
В.	Full Name (Last, First, Middle Initial) DAVID A. FORSTEIN				Date of	Re	eceipt				
	Mailing Address 14 HOLLINGSWORTH DRIVE				м м	/		D 29	/ Y	2016	Y
	City	State	Zip Code		Trans	acti	ion ID	):S	A11AI.:	34213	
	GREENVILLE	SC	29607	A	Amount	t of	Each	n Re	ceipt th	nis Perioo	b
	FEC ID number of contributing federal political committee.	С					7		,	50	.00
	Name of Employer GREENVILLE HEALTH SYSTEM	Occupation PHYSICIAN	I		Mei	mo l	ltem				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 550.00	]							
<u>с.</u>	Full Name (Last, First, Middle Initial)				Date of	Re	eceipt				
	Mailing Address 635 HIDDEN FALLS LANE				м м 08	/		D 31	/ Y	2016	Ŷ
	City	State VA	Zip Code		Trans	act	ion II	D : S	A11AI.	34144	
	CHESAPEAKE	VA	23320	/	Amount	of	Each	Re	ceipt th	nis Perioo	b
	FEC ID number of contributing federal political committee.	С				_	7		,	250	.00
	Name of Employer	Occupation			Mer	mo l	ltem				
	TOTAL CARE FOR WOMEN	PHYSICIAN	l								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Other (specify)		250.00								
s	UBTOTAL of Receipts This Page (optional)						7		,	600	.00
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	WIZED RECEIPTS		for each category of the Detailed Summary Page	<b>X</b>	11a		111	o	11c	12		
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	NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS	OF OB-G	YNS PAC (OB-GYN P	PAC)								
-	Full Name (Last, First, Middle Initial) MELANIE GELLHAUS			C	Date of	Re	ceij	ot				
	Mailing Address 906 TAMARACK TRAIL			_ [	м м 08	/		31	/ Y	2016		
	City IOWA CITY	State IA	Zip Code 52245				-		SA11AI			
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1	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	]								
	Full Name (Last, First, Middle Initial) THOMAS M. GELLHAUS				Date of	Re	ceij	ot				
I	Mailing Address 906 TAMARACK TRAIL				м м 08	/		03	/ Y	2016		1
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	Name of Employer JNIVERSITY OF IOWA HOSPITALS	Occupation PHYSICIAN			Me	mo li	tem	1				
Ī	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2900.00	]								
	Full Name (Last, First, Middle Initial)				Date of	Re	ceij	ot				
I	Mailing Address 1029 BOBOLINK DRIVE				м м 08	/	6	12	/ Y	2016		
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1	Name of Employer	Occupation			Me	mo lt	tem	I				
	COMPLETE WOMEN'S CARE	PHYSICIAN	l									
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$\rangle$	NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS	OF OB-G	YNS PAC (OB-GYN P	AC)							
A.	Full Name (Last, First, Middle Initial) ILENE B. GOLDSTEIN			C	Date of	Re	eceip	pt			
	Mailing Address 921 ATLANTIC AVENUE				м м 08		L	31		ү ү 2016	Y
	City VIRGINIA BEACH	State VA	Zip Code 23451	A					A11AI.	34145 his Period	
	FEC ID number of contributing federal political committee.	С					7		7	300.0	00
	Name of Employer MID-ATLANTIC WOMEN'S CARE	Occupation PHYSICIAN		٦ L	Mer	mo li	tem	ו			
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 300.00								
в.	Full Name (Last, First, Middle Initial) ELIZABETH B. GOLPIRA				Date of	Re	eceip	pt			
	Mailing Address 1702 CLONCURRY ROAD				м м 08	/	D	31	/ Y	2016	Y
	City NORFOLK	State VA	Zip Code 23505						A11AI.: ceipt th		
	FEC ID number of contributing federal political committee.	С					7		7	300.0	00
	Name of Employer WOMAN CARE CENTERS	Occupation PHYSICIAN			Mei	mo l	ltem	n			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00								
с.	Full Name (Last, First, Middle Initial) COLE D. GREVES				Date of	Re	eceip	pt			
	Mailing Address 12214 HATFIELD COURT				м м 08	/	D	D D 14	/ Y	2016	Y
	City ORLANDO	State FL	Zip Code 32837	A					A11AI. ceipt th	34003 iis Period	
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	Name of Employer	Occupation		- [	Mei	mo l	ltem	n			
	ORLANDO HEALTH	PHYSICIAN	1	_							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2550.00								
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		Detailed Summary Page	×	-		11b		11c	12	<u> </u>			
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NAME OF COMMITTEE (In Full)							5 110						
Full Name (Last, First, Middle Initial) A. DAVID N. HACKNEY			[	Date of	Re	eceipt							
Mailing Address 2918 HUNTINGTON ROAD				м м	1	3		/ Y	2016	Y			
City	State	Zip Code		Trans	acti	ion ID	) : S	A11AI.	34147				
CLEVELAND	OH	44120	A	Mount	of	Each	Re	ceipt th	is Perioc				
FEC ID number of contributing federal political committee.	С					7		7	250	.00			
Name of Employer	Occupation		1	Mer	no l	ltem							
UNIVERSITY HOSPITALS	PHYSICIAN	١											
Receipt For: Primary General Other (anonit)	Aggregate	Year-to-Date ▼ 250.00											
Other (specify)		250.00											
Full Name (Last, First, Middle Initial) B. DENISE L. HARRIS				Date of	Re	eceipt							
Mailing Address 424 PEACE HAVEN DRIVE				M = M         /         D = D         /         Y = Y = Y = Y         Y           08         31         _2016									
City	State	Zip Code						A11AI.:					
NORFOLK	VA	23502	A	Mount	is Period								
FEC ID number of contributing federal political committee.	С					,		,	300	.00			
Name of Employer THE GROUP FOR WOMEN	Occupation PHYSICIAN			Mer	no l	ltem							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00											
Full Name (Last, First, Middle Initial) C. KAREN E. HARRIS	I			Date of	Re	eceipt							
Mailing Address 2800 NORTHWEST 29TH S	TREET			м м 08	1	1	D 6	/ Y	2016	Y			
City GAINESVILLE	State FL	Zip Code 32605	A					<b>SA11AI.</b> ceipt th	<b>34041</b> is Perioc				
FEC ID number of contributing federal political committee.	С					7	-	,	100				
Name of Employer	Occupation	1	-  [	Mer	mo l	ltem							
FLORIDA WOMEN'S PHYSICIANS	PHYSICIAN	N											
Receipt For:	Aggregate	Year-to-Date ▼											
Other (specify) ▼		425.00											
SUBTOTAL of Receipts This Page (optional)	<u> </u>								650.	00			
TOTAL This Period (last page this line numbe						7		7					

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			Detailed Summary Page	×	11a		11b		11c	12			
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	y information copied from such Reports and S for commercial purposes, other than using the												
$\rangle$	NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS	OF OB-G	YNS PAC (OB-GYN F	PAC)									
A.	Full Name (Last, First, Middle Initial) TAMARA G. HELFER			[	Date of	Re	ceipt						
	Mailing Address 4412 TROSTSHIRE CIRCLE				08 31 2016								
	City CHAMPAIGN	State IL	Zip Code 61822						A11AL	34233 is Period			
	FEC ID number of contributing federal political committee.	С				UI	1			200.0			
	Name of Employer CHRISTIE CLINIC	Occupation PHYSICIAN			Mer	no l	tem						
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2700.00	]									
В.	Full Name (Last, First, Middle Initial) CHRISTINE M. HERDE				Date of	Re	ceipt						
	Mailing Address 2507 SOUTH ROAD				м м 08	/	D 0-		/ Y	ү ү 2016	Y		
	City POUGHKEEPSIE	State NY	Zip Code 12601	<i>µ</i>	Transa	<b>33974</b> is Period							
	FEC ID number of contributing federal political committee.	С		ļļ			7		7	125.0	00		
	Name of Employer CAREMOUNT MEDICAL GROUP	Occupation PHYSICIAN			Mer	no l	tem						
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1010.00										
с.	Full Name (Last, First, Middle Initial) ROBERT M. HILL				Date of	Re	ceipt						
	Mailing Address 10101 RAINBOW ROAD				м м 08	/	D 3		/ Y	2016	Y		
	City CARROLLTON	State VA	Zip Code 23314	#					<b>A11AI.</b> ceipt th	<b>34150</b> is Period			
	FEC ID number of contributing federal political committee.	C					7		,	300.0	00		
	Name of Employer HAMPTON ROADS OB/GYN	Occupation PHYSICIAN			Mer	no l	tem						
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 300.00	]									
	UBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number			<u> </u>	-	_	7		- 7	625.0	00		

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Any information copied from such Reports and or for commercial purposes, other than using the												
NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS							3 110					
Full Name (Last, First, Middle Initial) A. AMANDA KALLEN Mailing Address 333 CEDER STREET				Date of Receipt								
City	State	Zip Code		08			13	A11AI.	2016			
NEW HAVEN	СТ	06510							is Perio	d		
FEC ID number of contributing federal political committee.	С					7		7	20	).00		
Name of Employer YALE UNIVERSITY	Occupation PHYSICIAN			Mer	no li	tem						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00										
Full Name (Last, First, Middle Initial) B. LEAH A. KAUFMAN				Date of	Re	eceipt						
Mailing Address 8525 WOODBOX ROAD				м м 08	/		D 19	/ Y	ү ү 2016	Y		
City MANLIUS	State NY	Zip Code 13104						A11AI.: ceipt th	<b>34098</b> is Perio	d		
FEC ID number of contributing federal political committee.	С					7		7	50	).00		
Name of Employer SUNY UPSTATE	Occupation PHYSICIAN			Mei	mo l	ltem						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 440.00										
Full Name (Last, First, Middle Initial) C. ANDREW M. KAUNITZ				Date of	Re	ceipt						
Mailing Address 2966 FOREST CIRCLE				м м 08	/		D 16	/ Y	2016	Y		
City JACKSONVILLE	State FL	Zip Code 32257						A11AI. ceipt th	<b>34042</b> is Perio	d		
FEC ID number of contributing federal political committee.	С					7		,		).00		
Name of Employer	Occupation			Mer	mo l'	tem						
UNIVERSITY OF FLORIDA Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00	]									
SUBTOTAL of Receipts This Page (optional)					_	7		7	320	0.00		

# SCHEDULE A (FEC Form 3X)

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)
II LIVIIZED RECEIPIJ		for each category of the Detailed Summary Page	<b>X</b> 11a 11b 11c 12
			13     14     15     16     1       person for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (IN FUII) THE AMERICAN CONGRES	SS OF OB-G	GYNS PAC (OB-GYN F	YAC)
Full Name (Last, First, Middle Initial) A. BRIDGET B. KELLER			Date of Receipt
Mailing Address 4248 LINDEN HILLS BO	ULEVARD		08 02 _ 2016 _
City MINNEAPOLIS	State MN	Zip Code 55410	Transaction ID : SA11AI.33872 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		200.00
Name of Employer PARK NICOLLET CLINIC Receipt For:	Occupation PHYSICIAN	N	Memo Item
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 800.00	1
Full Name (Last, First, Middle Initial) B. BRIDGET B. KELLER			Date of Receipt
Mailing Address 4248 LINDEN HILLS BO			M = M / D = D / Y = Y = Y = Y 08 08 2016
City MINNEAPOLIS	State MN	Zip Code 55410	Transaction ID : SA11AI.33954 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		200.00
Name of Employer PARK NICOLLET CLINIC	Occupation PHYSICIAN		Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	]
Full Name (Last, First, Middle Initial) C. GAYLE O. KOUTROUVELIS			Date of Receipt
Mailing Address 11924 SPORTSMAN RC	DAD		08 16 2016
City GALVESTON	State TX	Zip Code 77554	Transaction ID : SA11AI.34043 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		100.00
Name of Employer UNIVERSITY OF TEXAS	Occupation PHYSICIAI		Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00	]
SUBTOTAL of Receipts This Page (optional	al)		500.00
TOTAL This Period (last page this line nur	nber only)		

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SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	;	

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PAGE 26 OF

	EMIZED RECEIPTS		for each category of Detailed Summary Pa		★         11a         11b         11c         12           13         14         15         16         17
	y information copied from such Reports and St for commercial purposes, other than using the				
	NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS (	OF OB-G	YNS PAC (OB-G	GYN PAC	;)
Α.	Full Name (Last, First, Middle Initial)         ZENETTE M. LEAO         Mailing Address       1608 BEARDSLY COURT				Date of Receipt
	City CHESAPEAKE	State VA	Zip Code 23322		08     31     2016       Transaction ID : SA11AI.34152       Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		]	300.00
	Name of Employer GYNECOLOGY SPECIALISTS Receipt For: Primary General	Occupation PHYSICIAN Aggregate			Memo Item
	Other (specify) ▼		300	0.00	
Β.	Full Name (Last, First, Middle Initial) JANICE P. LEVIN Mailing Address 2100 CHAMBERLING KEY				Date of Receipt
	City VIRGINIA BEACH	State VA	Zip Code 23454		08     12     2016       Transaction ID : SA11AI.33892       Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		]	250.00
	Name of Employer MID-ATLANTIC WOMEN'S CARE	Occupation PHYSICIAN			Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250	0.00	
C.	Full Name (Last, First, Middle Initial)				Date of Receipt
	Mailing Address 3421 WEST 9TH STREET	Chata	Zin Oada		M         M         /         D         D         /         Y
	City WATERLOO	State IA	Zip Code 50702		Transaction ID : SA11AI.33956 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			200.00
	Name of Employer	Occupation			Memo Item
	PARTNERS IN OB/GYN Receipt For:	PHYSICIAN	V Year-to-Date ▼		
	Primary General Other (specify) ▼	Aggregate	1200	0.00	
s	UBTOTAL of Receipts This Page (optional)			····· ►	750.00
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SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	5	

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	EMIZED RECEIPTS		for each categor Detailed Summa		×	-		11b	11c	12	<b>—</b>	747
	y information copied from such Reports and Sta for commercial purposes, other than using the											17
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS C	)F OB-G	YNS PAC (O	B-GYN PA	AC)							
Α.	Full Name (Last, First, Middle Initial) LINDA M. LONG				[	Date of	f Re	ceipt				
	Mailing Address 3072 FALMOUTH DRIVE	State	Zip Code			м м 08 Тгарс		31	SA11AI.	2016	Y	
	CHESAPEAKE	VA	23321		4				Receipt th		b	
	FEC ID number of contributing federal political committee.	С						7	7	300	.00	
	Name of Employer MID-ATLANTIC WOMEN'S CARE	Occupation PHYSICIAN				Me	mo l	tem				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	300.00								
в.	Full Name (Last, First, Middle Initial) ROBERT P. LORENZ					Date of	f Re	ceipt				
	Mailing Address 3226 WELLINGTON COURT					м м 08	/	31		ү ү 2016	Y	
	City WEST BLOOMFIELD	State MI	Zip Code 48324						<b>SA11AI.</b> Receipt th		Ł	
	FEC ID number of contributing federal political committee.	С						,	7	500	.00	
	Name of Employer BEAUMONT HEALTH	Occupation PHYSICIAN				Me	mo l	tem				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	500.00								
с.	Full Name (Last, First, Middle Initial)					Date of	f Re	ceipt				
	Mailing Address 3500 MEADOW SOUND DRIV					м м 08	1	D 06		2016	Y	
	City DE PERE	State WI	Zip Code 54115						: SA11AI. Receipt th		4	
	FEC ID number of contributing federal political committee.	С				anoun		,	, teocipt u	125		
	Name of Employer	Occupation				Me	mo l	tem				
	BELLIN HEALTH	PHYSICIAN	١									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	450.00								
s	UBTOTAL of Receipts This Page (optional)							7		925	.00	
т	OTAL This Period (last page this line number o	nly)		•••••	j			,	,			

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••			Detailed Summary Page	×	-		11b	11c			<b>—</b>
Ar	y information copied from such Reports and S	Statements ma	l ay not be sold or used by any p	erson f	13 or the	puri	14 pose of s	15 soliciting	conti	-	17 ons
	for commercial purposes, other than using the										
	NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS	OF OB-G	YNS PAC (OB-GYN F	PAC)							
A.	Full Name (Last, First, Middle Initial) EDUARDO I. MARICHAL				Date of	Re	eceipt				
	Mailing Address 4207 SOUTHWEST 102ND T	ERRACE			м м 08	/	D D D	/ Y	Y 201		Y
	City	State FL	Zip Code	_			ion ID : S				
	GAINESVILLE	FL	32608	/	Amount	t of	Each Re	eceipt th	is Per	riod	
	FEC ID number of contributing federal political committee.	С					 -			50.0	
	Name of Employer	Occupation			Mei	mo I	ltem				
	NORTH FLORIDA PHYSICIANS	PHYSICIAN	1								
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	_							
	Other (specify)		250.00								
В.	Full Name (Last, First, Middle Initial) WILLIAM L. MARTIN				Date of	Re	eceipt				
	Mailing Address 452 LINKHORN DRIVE				м м 08	1	D D 31	/ Y	2016		Y
	City	State	Zip Code		Trans	acti	ion ID : S	A11AL	34155		
	VIRGINIA BEACH	VA	23451	/	Amount	of	Each Re	eceipt th	is Per	riod	
	FEC ID number of contributing federal political committee.	С							3	00.0	0
	Name of Employer MID-ATLANTIC WOMEN'S CARE	Occupation PHYSICIAN			Me	mo l	ltem				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	]							
<u></u> с.	Full Name (Last, First, Middle Initial)				Date of	Re	eceipt				
	Mailing Address 359 PERTHSHIRE DRIVE				м м 08	/	D D 16	/ Y	2010		Y
	City ORANGE PARK	State FL	Zip Code 32073				ion ID : S				
	FEC ID number of contributing federal political committee.	С			Amouni	O	Each Re	ceipt th		00.0	0
	Name of Employer	Occupation	I	-	Me	mo l	ltem				
	NORTH FLORIDA OB/GYN	PHYSICIAN	١								
	Receipt For:	Aggregate	Year-to-Date ▼ 1000.00	1							
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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check	only o	ne)								
		for each category of the Detailed Summary Page	<b>×</b> 11:	a 🗌	11b	11c	12	<b>—</b>					
Any information copied from such Reports or for commercial purposes, other than us													
NAME OF COMMITTEE (In Full) THE AMERICAN CONGRE	SS OF OB-G	GYNS PAC (OB-GYN F	PAC)										
Full Name (Last, First, Middle Initial) A. MARYANNE MCDONNELL			Date	of R	eceipt								
Mailing Address 19 MAPLE VALLEY RC	DAD		м 0		07	/ Y	2016	Y					
City BOSTON	State CT	Zip Code 06043			tion ID : S Each Re		33959 iis Period						
FEC ID number of contributing federal political committee.	С				7	- 7	200.0	)0					
Name of Employer OB/GYN GROUP Receipt For:	Occupation PHYSICIAI			Memo	ltem								
Primary General Other (specify) ▼		525.00	]										
Full Name (Last, First, Middle Initial) B. AASTA MEHTA			Date	of R	eceipt								
Mailing Address 201 NORTH 8TH STRE	ET		м 0		12	/ Y	ү ү 2016	Y					
City PHILADELPHIA	State PA	Zip Code 19106		Transaction ID : SA11AI.34063           Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C				,		210.0	)0					
Name of Employer LEHIGH VALLEY PHYSICIAN GROUP	Occupation PHYSICIAN			Memo	ltem								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1820.00	]										
Full Name (Last, First, Middle Initial) C. PATRICIA M. MILLER			Date	of R	eceipt								
Mailing Address 25 VILLAGE BROOK L	ANE		0	8	31	/ Y	y y 2016	Y					
City DERRY	State NH	Zip Code 03038			tion ID : S		34240 iis Period						
FEC ID number of contributing federal political committee.	C					- 7	200.0	00					
Name of Employer SELF-EMPLOYED	Occupation PHYSICIAI			Memo	Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	]										
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PAGE 30 OF

		Detailed Summary Page	×	11a 13		11b	$\vdash$	11c 15	12	17
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or for commercial purposes, other than usi	ng the name and a	address of any political committe	e to sol	icit co	ntrib	oution	is fro	om such	n commit	tee.
	SS OF OB-G	GYNS PAC (OB-GYN F	PAC)							
Full Name (Last, First, Middle Initial) A. PATRICIA M. MILLER			[	Date of	f Re	eceipt	t			
Mailing Address 25 VILLAGE BROOK L	ANE			м м	/		D 31	/ Y	2016	Y
City	State	Zip Code			sact			A11AI.		
DERRY	NH	03038	A	moun	t of	Each	n Re	ceipt th	is Period	
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Name of Employer	Occupation	1	1	Me	mo l	ltem				
SELF-EMPLOYED	PHYSICIAN	N								
Receipt For:	Aggregate	Year-to-Date ▼								
Other (specify)		350.00	]							
Full Name (Last, First, Middle Initial) B. EILEAN L. MYER	1			Date of	f Re	eceipt	t			
Mailing Address 40 CRESTVIEW DRIVE				м м		D	D 31	/ Y	ү ү 2016	Y
City	State	Zip Code		Trans	acti	ion II	): S	A11AI.:	34242	
FLORENCE	MA	01062	A	moun	t of	Each	n Re	ceipt th	is Period	
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	Occupation	1		Me	mol	ltem				
BAYSTATE MEDICAL CENTER	PHYSICIAN	١								
Receipt For:	Aggregate	Year-to-Date ▼								
Other (specify)		575.00	]							
Full Name (Last, First, Middle Initial) C. JEFF E. NORTHCUTT	L			Date of	f Re	eceipt	t			
Mailing Address 1908 NORTH 14TH ST				м м 08	1		D 04	/ Y	ү ү 2016	Y
City PONCA CITY	State OK	Zip Code 74601						A11AI.		
	UN	74001	A	moun	t of	Each	n Re	ceipt th	is Period	
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Name of Employer	Occupation	1		Me	mol	ltem				
SELF-EMPLOYED	PHYSICIAN	N								
Receipt For:	Aggregate	Year-to-Date ▼								
Other (specify)		1000.00	]							
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Any information copied from such Reports and or for commercial purposes, other than using	I Statements mather name and a	l ay not be sold or used by any p address of any political committe	erson for t e to solicit	he pu	14 rpose of butions f	15 soliciting rom such	contribut	17 ions ee.
NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS	S OF OB-G	GYNS PAC (OB-GYN F	PAC)					
Full Name (Last, First, Middle Initial) A. MOHAMAD PARVA			Date	e of R	eceipt			
Mailing Address 880 BISHOPS GATE LANE				M 8	/ D D 31	/ Y	2016	Y
City VIRGINIA BEACH	State VA	Zip Code 23452			<u>tion ID :</u> f Each R		34156 is Period	_
FEC ID number of contributing federal political committee.	С				7		300.0	0
Name of Employer THE GROUP FOR WOMEN	Occupation PHYSICIAN			Memo	ltem			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	]					
Full Name (Last, First, Middle Initial) B. MICHAEL L. PECH			Date	e of R	eceipt			
Mailing Address 3074 PINE RIDGE ROAD			0	M 8	/ D D 31	/ Y	y y 2016	Y
City OSHKOSH	State WI	Zip Code 54904			tion ID: f Each R	-		
FEC ID number of contributing federal political committee.	С						1000.0	0
Name of Employer MILE BLUFF MEDICAL CENTER	Occupation PHYSICIAN			Memo	ltem			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	1					
Full Name (Last, First, Middle Initial) C. JANET PERKINS			Date	e of R	eceipt			
Mailing Address 32 FROST DRIVE				M 8	/ D D 14	/ Y	2016	Y
City DURHAM	State NH	Zip Code 03824			tion ID : f Each R		34079 is Period	
FEC ID number of contributing federal political committee.	C				7	7	250.0	0
Name of Employer GARRISON WOMEN'S HEALTH	Occupation PHYSICIAI			Memo	ltem			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	]					
SUBTOTAL of Receipts This Page (optional).					7		1550.0	0
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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	×	<b>1</b> 1a 13		1b 4	11c	12 16	17	
	y information copied from such Reports and Str for commercial purposes, other than using the										
	NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS (	)F OB-G	GYNS PAC (OB-GYN	PAC)							
	Full Name (Last, First, Middle Initial)         TIMOTHY M. PHELAN         Mailing Address 2525 RIVERSIDE AVENUE         City         JACKSONVILLE         FEC ID number of contributing federal political committee.         Name of Employer         NORTH FLORIDA OB/GYN         Receipt For:         Primary       General         Other (specify) ▼	State FL Occupation PHYSICIAN Aggregate			Amount	actio	16 <u>n ID :</u> ach R	SA11AI.: Receipt th		d	
	Full Name (Last, First, Middle Initial) GINIENE M. PIRKLE Mailing Address 317 WHITE DOGWOOD DRIVE City CHESAPEAKE FEC ID number of contributing federal political committee.	State VA	Zip Code 23322		Date of Receipt 08 1 1 2016 Transaction ID : SA11AI.34157 Amount of Each Receipt this Period 300.00 Memo Item						
	Name of Employer         THE GROUP FOR WOMEN         Receipt For:         Primary       General         Other (specify) ▼	Occupation PHYSICIAN Aggregate									
	Full Name (Last, First, Middle Initial)         SUJATHA PRABHAKARAN         Mailing Address 1100 IMPERIAL DRIVE         City         SARASOTA         FEC ID number of contributing federal political committee.         Name of Employer         PLANNED PARENTHOOD         Receipt For:         Primary       General         Other (specify) ▼	State FL Occupation PHYSICIAN Aggregate			Amount	/ sactio	16 n ID : ach R		is Period	d .00	
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# SCHEDULE A (FEC Form 3X)

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Deta         Any information copied from such Reports and Statements may not bor for commercial purposes, other than using the name and address         NAME OF COMMITTEE (In Full)         THE AMERICAN CONGRESS OF OB-GYNS         Full Name (Last, First, Middle Initial)         A.         HOLLY S. PURITZ         Mailing Address 7940 NORTH SHORE ROAD         City       State         PEC ID number of contributing federal political committee.         Name of Employer       Occupation         THE GROUP FOR WOMEN       PHYSICIAN         Receipt For:       Aggregate Year-to         Other (specify)          Full Name (Last, First, Middle Initial)         B.       MAURA P. QUINLAN         Mailing Address 33 BREWSTER AVENUE         City       State	each category of the ailed Summary Page       11a       11b       11c       12         13       14       15       16       17         be sold or used by any person for the purpose of soliciting contributions of any political committee to solicit contributions from such committee.       6         PAC (OB-GYN PAC)       Date of Receipt       07       2016         p Code       Transaction ID : SA11AI.33962       Amount of Each Receipt this Period         Memo Item       209.00       Memo Item
or for commercial purposes, other than using the name and address         NAME OF COMMITTEE (In Full)         THE AMERICAN CONGRESS OF OB-GYNS         Full Name (Last, First, Middle Initial)         A. HOLLY S. PURITZ         Mailing Address 7940 NORTH SHORE ROAD         City       State         City       State         NORFOLK       VA         FEC ID number of contributing federal political committee.         Name of Employer       Occupation         THE GROUP FOR WOMEN       PHYSICIAN         Receipt For:       Aggregate Year-to         Other (specify) ▼       Aggregate Year-to         Full Name (Last, First, Middle Initial)       B. MAURA P. QUINLAN         Mailing Address 33 BREWSTER AVENUE       State         City       State       Zip         LA GRANGE PARK       IL       60	be sold or used by any person for the purpose of soliciting contributions of any political committee to solicit contributions from such committee. <b>B PAC (OB-GYN PAC)</b> Date of Receipt         08       07         2016         Transaction ID : SA11AI.33962         Amount of Each Receipt this Period
NAME OF COMMITTEE (In Full)         THE AMERICAN CONGRESS OF OB-GYNS         Full Name (Last, First, Middle Initial)         A.       HOLLY S. PURITZ         Mailing Address 7940 NORTH SHORE ROAD         City       State       Zip         NORFOLK       VA       23         FEC ID number of contributing federal political committee.       Occupation         Name of Employer       Occupation         THE GROUP FOR WOMEN       PHYSICIAN         Receipt For:       Primary       General         Other (specify)       ✓       Aggregate Year-to         Full Name (Last, First, Middle Initial)       B.       MAURA P. QUINLAN         Mailing Address 33 BREWSTER AVENUE       City       State       Zip         LA GRANGE PARK       IL       60         FEC ID number of contributing       City       State       Zip	Date of Receipt Date of Receip
A. HOLLY S. PURITZ         Mailing Address 7940 NORTH SHORE ROAD         City       State       Zip         NORFOLK       VA       23         FEC ID number of contributing federal political committee.       C       C         Name of Employer       Occupation       PHYSICIAN         Receipt For:       Other (specify) ♥       Aggregate Year-to         Primary       General       Other (specify) ♥         B. MAURA P. QUINLAN       Mailing Address 33 BREWSTER AVENUE       Zig         LA GRANGE PARK       IL       60         FEC ID number of contributing       C       C	p Code 3505 Amount of Each Receipt this Period
City       State       Zip         NORFOLK       VA       23         FEC ID number of contributing       C       C         FEC ID number of contributing       C       C         FEC ID number of contributing       C       C         Name of Employer       Occupation       PHYSICIAN         Receipt For:       Primary       General         Other (specify)       ✓       Aggregate Year-to         B.       MAURA P. QUINLAN       Mailing Address 33 BREWSTER AVENUE         City       State       Zip         LA GRANGE PARK       IL       60         FEC ID number of contributing       C	08     07     2016       p Code     Transaction ID : SA11AI.33962       3505     Amount of Each Receipt this Period
NORFOLK       VA       23         FEC ID number of contributing federal political committee.       C       C         Name of Employer       Occupation       PHYSICIAN         THE GROUP FOR WOMEN       PHYSICIAN       Aggregate Year-to         Primary       General       Other (specify) ▼       Aggregate Year-to         Other (specify)       ▼       Image: Committee Committee Committee Committee City       C         B.       MAURA P. QUINLAN       Mailing Address 33 BREWSTER AVENUE       City       State       Zip         LA GRANGE PARK       IL       60       FEC ID number of contributing       C       C	3505 Amount of Each Receipt this Period
federal political committee.       C         Name of Employer       Occupation         THE GROUP FOR WOMEN       PHYSICIAN         Receipt For:       Aggregate Year-to         Primary       General         Other (specify)       Image: Committee Committee Committee City         B.       MAURA P. QUINLAN         Mailing Address 33 BREWSTER AVENUE         City       State       Zip         LA GRANGE PARK       IL       60         FEC ID number of contributing       C	
THE GROUP FOR WOMEN       PHYSICIAN         Receipt For:       Aggregate Year-to         Primary       General         Other (specify)       Image: Control of Contributing         Full Name (Last, First, Middle Initial)       MAURA P. QUINLAN         Mailing Address 33 BREWSTER AVENUE       City         City       State       Zip         LA GRANGE PARK       IL       60         FEC ID number of contributing       C	Memo Item
Full Name (Last, First, Middle Initial)         MAURA P. QUINLAN         Mailing Address 33 BREWSTER AVENUE         City       State       Zip         LA GRANGE PARK       IL       60         FEC ID number of contributing       C	o-Date ▼
B. MAURA P. QUINLAN Mailing Address 33 BREWSTER AVENUE City State Zig LA GRANGE PARK IL 60 FEC ID number of contributing	1672.00
City     State     Zip       LA GRANGE PARK     IL     60       FEC ID number of contributing     C	Date of Receipt
LA GRANGE PARK IL 60 FEC ID number of contributing	M = M         /         D = D         /         Y = Y = Y = Y         Y           08         10         2016
ě l	p Code     Transaction ID : SA11AI.33949       D926     Amount of Each Receipt this Period
Name of Employer         Occupation           NORTHWESTERN UNIVERSITY         PHYSICIAN	Memo Item
Receipt For:       Aggregate Year-to         Primary       General         Other (specify) ▼	o-Date ▼ 500.00
Full Name (Last, First, Middle Initial) C. ADRIANNE RACEK	Date of Receipt
Mailing Address 760 WESTGATE STREET	08 / Y Y Y Y Y 2016
	p Code     Transaction ID : SA11AI.33987       2246     Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	200.00
Name of Employer         Occupation           UNIVERSITY OF IOWA HOSPITALS         PHYSICIAN	Memo Item
Receipt For:       Aggregate Year-to         Primary       General         Other (specify) ▼	p-Date ▼
SUBTOTAL of Receipts This Page (optional)	240.00

FOR LINE NUMBER:

PAGE 34 OF

	X       11a       11b       11c       12         13       14       15       16       17         erson for the purpose of soliciting contributions       to solicit contributions from such committee.         PAC)       Date of Receipt       08       31       2016         Transaction ID : SA11AI.34158       Amount of Each Receipt this Period       300.00         Memo Item       08       10       10       10		
ress of any political committee	Date of Receipt 08 / 31 / 2016 Transaction ID : SA11AI.34158 Amount of Each Receipt this Period		
Zip Code	Date of Receipt 08 31 2016 Transaction ID : SA11AI.34158 Amount of Each Receipt this Period 300.00		
	M m m       /       D D       /       Y Y Y Y Y         08       31       2016         Transaction ID : SA11AI.34158         Amount of Each Receipt this Period         300.00		
	08       31       2016         Transaction ID : SA11AI.34158         Amount of Each Receipt this Period         300.00		
	Amount of Each Receipt this Period 300.00		
	— Memo Item		
	_		
ar-to-Date ▼ 300.00			
Full Name (Last, First, Middle Initial)         STEVEN W. REMMENGA         Mailing Address 16995 PRINCETON ROAD			
	M = M         /         D = D         /         Y = Y = Y = Y         Y         Q		
Zip Code 68301	Transaction ID : SA11AI.34067 Amount of Each Receipt this Period		
	200.00		
	Memo Item		
ar-to-Date ▼ 1858.00			
	Date of Receipt		
	08 17 2016		
Zip Code 68301	Transaction ID : SA11AI.34075 Amount of Each Receipt this Period		
	209.00		
	Memo Item		
ar-to-Date ▼ 2067.00			
	709.00		
	Zip Code 68301 ear-to-Date ▼		

# SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER:

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only	/ one)		
ILEIVILLED RECEIFIS		for each category of the Detailed Summary Page	<b>X</b> 11a	11b 11c		<u> </u>
Any information copied from such Reports and or for commercial purposes, other than using						
NAME OF COMMITTEE (In Full) THE AMERICAN CONGRES	S OF OB-G	GYNS PAC (OB-GYN F	PAC)			
Full Name (Last, First, Middle Initial) A. STEVEN W. REMMENGA			Date of	Receipt		
Mailing Address 16995 PRINCETON ROAD	)		м м 08	/ D D / 31	2016	Y
City ADAMS	State NE	Zip Code 68301		action ID : SA11/ of Each Receipt		
FEC ID number of contributing federal political committee.	С				250.0	0
Name of Employer UNIVERSITY OF NEBRASKA	Occupation PHYSICIAI		Mer	no ltem		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2317.00	1			
Full Name (Last, First, Middle Initial) B. BRANDI RING	. BRANDI RING					
Mailing Address 3755 SOUTH EMPORIA W	/AΥ		M M M	/ D D / 11	y y y 2016	Y
City AURORA	State CO	Zip Code 80014		action ID : SA11A of Each Receipt		
FEC ID number of contributing federal political committee.	С			7 7	84.0	0
Name of Employer MILE HIGH OB/GYN	Occupation PHYSICIAN		Mer	no Item		
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 504.00	1			
Full Name (Last, First, Middle Initial) C. HEATHER Z. SANKEY			Date of	Receipt		
	Mailing Address 34 LONGFELLOW DRIVE				2016	Y
City WEST SPRINGFIELD	State MA	Zip Code 01089		action ID : SA11		
FEC ID number of contributing federal political committee.	C				250.0	0
Name of Employer BAYSTATE MEDICAL CENTER	Occupation PHYSICIAI		Mer	no Item		
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00	1			
SUBTOTAL of Receipts This Page (optional)					584.0	0
TOTAL This Period (last page this line numb	er only)					

#### Image# 201609129030778191

SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	5	

FOR LINE NUMBER:

PAGE 36 OF

		Use separate schedule(s)			(check only one)							
	EMIZED RECEIPTS		for each category of the Detailed Summary Page	[2	<b>1</b> 1a	11b		11c		12		
	y information copied from such Reports and St		ay not be sold or used by any pe						con		ons	17
or	for commercial purposes, other than using the	name and a	ddress of any political committee	to se	olicit cor	ntributio	ns fro	m such	n cor	nmitte	e.	
$\rangle$	NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS (	OF OB-G	YNS PAC (OB-GYN P	AC)	)							
A.	Full Name (Last, First, Middle Initial) ELIZABETH SLAGLE				Date of	Receip	ot					
	Mailing Address 4712 13TH				м м 08	/ D	07	/ Y		16	Y	
	City MINNEAPOLIS	State MN	Zip Code 55407			action I						
	FEC ID number of contributing federal political committee.	С						7		25.00	0	]
	Name of Employer HEALTH PARTNERS	Occupation PHYSICIAN			Mei	mo ltem						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 275.00									
в.	Full Name (Last, First, Middle Initial) PATRICIA A. SMITH				Date of	Receip	ot					
	Mailing Address 738 FONTAINE STREET				м м 08	/ D	р 16	/ Y	۲ 201	ү 16	Y	
	City ALEXANDRIA	State VA	Zip Code 22302			action I						
	FEC ID number of contributing federal political committee.	С			<u> </u>	7		,		50.00	D	]
	Name of Employer GWU MEDICAL FACULTY ASSOCIATES	Occupation PHYSICIAN			Me	mo ltem						
	Receipt For:	Aggregate	Year-to-Date ▼									
	Other (specify) ▼		800.00									
с.	Full Name (Last, First, Middle Initial) KIMBERLY J. STOCKMASTER				Date of	Receip	ot					
	Mailing Address 1329 SYCAMORE ROAD				м м 08	/ D	D 31	/ Y	201	16	Y	
	City VIRGINIA BEACH	State VA	Zip Code 23452			action I						
	FEC ID number of contributing federal political committee.	С				, or Eac		,		300.00	0	]
	Name of Employer	Occupation			Me	mo ltem						
	THE GROUP FOR WOMEN Receipt For:	PHYSICIAN Aggregate	N Year-to-Date ▼									
	Primary General Other (specify) ▼		300.00									
s	UBTOTAL of Receipts This Page (optional)		<b>&gt;</b>							375.00	)	1
	OTAL This Period (last page this line number of			-				7			Ì	j

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SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	5	

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	✗         11a         11b         11c         12           13         14         15         16         17						
	y information copied from such Reports and St for commercial purposes, other than using the									
	NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS (	OF OB-G	YNS PAC (OB-GYN P	AC)						
Α.	Full Name (Last, First, Middle Initial) DANA G. STONE Mailing Address 1730 HUNTINGTON AVENUE	Date of Receipt								
	City	State	Zip Code	08 09 2016 Transaction ID : SA11AI.33978						
	OKLAHOMA CITY	OK	73116	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		210.00						
	Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN		— Memo Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1680.00							
В.	Full Name (Last, First, Middle Initial)	Date of Receipt								
	Mailing Address 1713 SOUTH WOODHOUSE F	08 / D D / Y Y Y Y Y 2016								
	City VIRGINIA BEACH	Transaction ID : SA11AI.34160 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		300.00						
	Name of Employer MID-ATLANTIC WOMEN'S CARE	Occupation PHYSICIAN		Memo Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00							
<u>с.</u>	Full Name (Last, First, Middle Initial)			Date of Receipt						
	Mailing Address 3620 NORTH 34TH AVENUE			08 14 2016						
	City HOLLYWOOD	State FL	Zip Code 33021	Transaction ID : SA11AI.34005 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		250.00						
	Name of Employer	Occupation	1	Memo Item						
	SELF-EMPLOYED	PHYSICIAN	N	_						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00							
s	UBTOTAL of Receipts This Page (optional)			760.00						
Т	OTAL This Period (last page this line number of	only)	••••••							

FOR LINE NUMBER:

PAGE 38 OF

Any information copied from such Reports and Statem or for commercial purposes, other than using the name NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS OF	e and address of any political committe	e to solicit contributions from such committee.
or for commercial purposes, other than using the name NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS OF (	e and address of any political committe	person for the purpose of soliciting contributions to solicit contributions from such committee.
THE AMERICAN CONGRESS OF	OB-GYNS PAC (OB-GYN F	
/		Date of Receipt
,	tate Zip Code DE 19803	M = M       /       D = D       /       Y = Y = Y = Y         08       08       _       2016         Transaction ID : SA11AI.33955         Amount of Each Receipt this Period
SELF-EMPLOYED     PHY       Receipt For:     Age       Primary     General       Other (specify)     ▼	supation /SICIAN gregate Year-to-Date ▼ 1672.00	209.00
JACKSON M FEC ID number of contributing federal political committee. C Name of Employer Occ JACKSON HEALTHCARE FOR WOMEN PHY Receipt For:	tate Zip Code IS 39211 supation 'SICIAN gregate Year-to-Date ▼ 2750.00	Date of Receipt
MILWAUKEE FEC ID number of contributing federal political committee. C Name of Employer Occ COLUMBIA - ST. MARY'S HOSPITAL PH'	tate Zip Code VI 53211 cupation YSICIAN gregate Year-to-Date ▼ 575.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional)		709.00

# SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER:

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one	)		
ILEWIZED RECEIPIS		for each category of the Detailed Summary Page		11b 11c	12	
Any information copied from such Reports an or for commercial purposes, other than using	nd Statements ma g the name and a	┃ ay not be sold or used by any p ddress of any political committe	erson for the purpo	14   15 ose of soliciting itions from such	16 contribution committe	000 17 000 000 000 000 000 000 000 000 000 00
NAME OF COMMITTEE (In Full) THE AMERICAN CONGRES	S OF OB-G	YNS PAC (OB-GYN F	PAC)			
Full Name (Last, First, Middle Initial) A. MAUREEN WHELIHAN			Date of Rec	eipt		
Mailing Address 2686 NORTH FEDERAL	HIGHWAY		M M / / 08	09 / Y	2016	Y
City BOYNTON BEACH	State FL	Zip Code 33435		on ID : SA11AI.: Each Receipt th		_
FEC ID number of contributing federal political committee.	C		,		500.0	0
Name of Employer ELITE GYN CARE	Occupation PHYSICIAN		Memo Ite	€m		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	]			
Full Name (Last, First, Middle Initial) B. EMILY M. WHITE						
Mailing Address 60 EAST MANNING STR	EET		Date of Rec	·	2016	Y
City PROVIDENCE	State RI	Zip Code 02906		n ID : SA11AI.3 Each Receipt th		_
FEC ID number of contributing federal political committee.	С				100.0	0
Name of Employer PROVIDENCE COMMUNITY HEALTH	Occupation PHYSICIAN			em		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1400.00	]			
Full Name (Last, First, Middle Initial) C. HUGH D. WOLCOTT			Date of Rec	eipt		
Mailing Address 1202 YANCEY CIRCLE			08 /	D D / Y 31	2016	Y
City VIRGINIA BEACH	State VA	Zip Code 23454		on ID : SA11AI.: Each Receipt th		
FEC ID number of contributing federal political committee.	С		,		300.0	0
Name of Employer MID-ATLANTIC WOMEN'S CARE	Occupation PHYSICIAI		Memo Ite	em		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	1			
SUBTOTAL of Receipts This Page (optiona	l)				900.00	0
TOTAL This Period (last page this line num	ber only)					

FOR LINE NUMBER:

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17													
	y information copied from such Reports and S for commercial purposes, other than using the			erson for the purpose of soliciting contributions													
$\rangle$	NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS (	OF OB-G	YNS PAC (OB-GYN P	AC)													
Α.	Full Name (Last, First, Middle Initial) ROBERT YELVERTON			Date of Receipt													
	Mailing Address 2526 JETTON AVENUE	State	Zip Code	08 16 2016 Transaction ID : SA11AI.34058													
	ТАМРА	FL	33629	Amount of Each Receipt this Period													
	FEC ID number of contributing federal political committee.	70.00															
	Name of Employer	Memo Item															
	SELF-EMPLOYED	PHYSICIAN	١														
	Receipt For:	Aggregate	Year-to-Date ▼														
	Primary General Other (specify) ▼		420.00														
В.	Full Name (Last, First, Middle Initial)			Date of Receipt													
	Mailing Address			M = M / D = D / Y = Y = Y = Y													
	City	State	Zip Code	Amount of Each Receipt this Period													
	FEC ID number of contributing federal political committee.	Memo Item															
	Name of Employer																
	Receipt For: Primary General Other (specify) ▼																
с.	Full Name (Last, First, Middle Initial)			Date of Receipt													
	Mailing Address			M M / D D / Y Y Y Y Y													
	City	State	Zip Code	Amount of Each Receipt this Period													
	FEC ID number of contributing federal political committee.	С	Amount of Each Receipt this Period														
	Name of Employer	f Employer Occupation															
	Receipt For: Primary General Other (specify) v	Aggregate	Year-to-Date ▼														
s	UBTOTAL of Receipts This Page (optional)		•••••	70.00													
т	OTAL This Period (last page this line number	only)	••••••	29637.44													

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

(check only one)

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			Detailed Summary Page		11a 13		11b 14	11c	12 <b>X</b> 16	17					
	on copied from such Reports and St prcial purposes, other than using the				or the p	purpo	ose of	soliciting	g contrib	utions					
NAME OF	COMMITTEE (In Full) MERICAN CONGRESS (														
A. RENEE	(Last, First, Middle Initial) ELLMERS FOR CONGRESS	СОММІТТ	ΈE		Date of Receipt										
	Idress P.O. BOX 99567		м м 08	/	05	/ Y	үчү 2016	Y							
City RALEIGH		State NC	Zip Code 27624					SA16.33 eceipt th	<b>862</b> his Perio	d					
	umber of contributing litical committee.	C coo	)471896	1500.00											
Name of E	Employer	Occupation		REFUND OF 03/22/2016 CONTRIBUTION											
Receipt Fo		Aggregate	Year-to-Date ▼ 1500.00		-										
В	(Last, First, Middle Initial)				ate of	Rec	eipt								
Mailing Ad	dress				M = M	/	D D	/ Y	Y Y	Y					
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	umber of contributing litical committee.	С		Memo Item											
Name of E	Employer	Occupation			Men	no lte	em								
Receipt Fo															
Full Name	(Last, First, Middle Initial)			D	ate of	Rec	eipt								
Mailing Ad	dress				M M	/	D D	/ Y	Y Y	Y					
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	umber of contributing litical committee.	С		ļ											
Name of E	Employer	Occupation		Memo Item											
Receipt Fo		Aggregate	Year-to-Date V												
SUBTOTAL	of Receipts This Page (optional)								1500	0.00					
TOTAL This	Period (last page this line number of	only)		Ī				,	1500	0.00					

	CHEDULE B (FEC Form 3X)	Use sen	arate schedule(s)				NUMBER: PAGE 42 OF 4																
IT _	EMIZED DISBURSEMENTS	for each	category of the Summary Page	(C		k only 21b 27	one) 22 28a		23 28b	24 28c		25 26 29 30b											
	y information copied from such Reports and States for commercial purposes, other than using the nar																						
	NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS OF	OB-GY	NS PAC (OI	3-G1	ΥN	PAC	)																
Α.	Full Name (Last, First, Middle Initial) FIRST NATIONAL MERCHANT S	OLUTIO	NS				Date o		burse		Ý	Y Y											
	Mailing Address 1620 DODGE STREET	0	7. 0. 1				08 03 2016																
	City OMAHA Purpose of Disbursement	State NE	Zip Code 68197				Transaction ID : SB21B.33868																
	CREDIT CARD TRANSACTION FEES						Amount of Each Disbursement this Period																
	Candidate Name			Cate T	egoi ype																		
	Office Sought:     House     Disburse       Senate     President     Image: Senate	House     Disbursement For:       Senate     Primary										Memo Item											
в.	State:     District:       Full Name (Last, First, Middle Initial)       SAGE PAYMENT SOLUTIONS						Date o	of Dis	sburse	ment													
	Mailing Address 1750 OLD MEADOW ROAD				M         M         /         D         D         /         Y																		
	MCLEAN	State VA		Transaction ID : SB21B.33867																			
	Purpose of Disbursement CREDIT CARD TRANSACTION FEES						Amount of Each Disbursement this Period																
	Candidate Name			Cate	egoi ype	ry/	340.8																
	Senate President	ment For: Primary Other (spe	General cify) ▼		Memo Item																		
	State: District: Full Name (Last, First, Middle Initial)																						
C.	SQUARE, INC.						Date c	_	burse		Y	Y Y											
	Mailing Address 901 MISSION STREET						08		1		201												
	SAN FRANCISCO	State CA	Zip Code 94103				Tran	sacti	on ID	: SB21B.	.33997												
	Purpose of Disbursement CREDIT CARD TRANSACTION FEES Candidate Name			Cate	eaoi	rv/	Amour	nt of	Each	Disburser	ment tl	nis Period											
	Office Sought: House Disburse	ment For:			ype																		
	Senate President	Primary Other (spe	General cify) <b>▼</b>				Me																
Г	State: District:						_	-				205 70											
⊢	UBTOTAL of Disbursements This Page (optional)						+	-	1		-	35.72											
Т	OTAL This Period (last page this line number only	)							7		E	35.72											

S	CHEDULE B (FEC Form 3X)			F	OR		NU	IMBER:				PAG	Ε	43 C	F 46		
	EMIZED DISBURSEMENTS	Use sep for each	·		k only	nly one)											
		Detailed			21b 27	-	22 28a	×	23 28b		24 		25 29	26 30			
	ny information copied from such Reports and Stater for commercial purposes, other than using the nam					/ pers		for the		pose (	of soli	citing		ntribut	ions		
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	THE AMERICAN CONGRESS OF	OB-GY	'NS PAC (OI	3-G`	ΥN	PA	(C)										
<u> </u>	Full Name (Last, First, Middle Initial)				( D.												
А.	AMI BERA FOR CONGRESS							Date of	t Dis					N/	¥.		
	Mailing Address P.O. BOX 582496							м м 08	/	D 1	9	Ŷ		16	Ŷ		
	,	State CA	Zip Code 95758					Trans	acti	ion ID	: SB2	3.33	991				
	ELK GROVE Purpose of Disbursement				_												
	CONTRIBUTION							Amoun	t of	rsement this Perio							
	Candidate Name			Cat	egoi	ry/		<u> </u>						1500.0	0		
	AMERISH BERA Office Sought: x House Disburser	nent For:	2016	Т	ype					7		7	-	1000.0			
	Senate	Primary	<b>x</b> General					Me	mo l	tem							
	State: CA District: 07	Other (spe	ecify) 🔻														
	Full Name (Last, First, Middle Initial)																
В.	DENISE JUNEAU FOR CONGRES	SS						Date of	f Dis								
	Mailing Address P.O. BOX 563			08 31 2016													
	City	State	Zip Code				Transaction ID : SB23.34198										
	HELENA	MT	59624					Trans	sact	ion ID	: SB2	23.34	198				
	Purpose of Disbursement CONTRIBUTION				-		Amount of Foot Distancement							thic E	Poriod		
	Candidate Name			Cot	0.000	n/	Amount of Each Disbursement this Period										
	DENISE JUNEAU			Cate T	ype	ry/											
			2016				Memo Item										
	President	Primary Other (spe	General														
	State: MT District: 01	oulor (ope	(Solly)														
_	Full Name (Last, First, Middle Initial)		_														
C.	GRETCHEN DRISKELL FOR CON	IGRES	S					Date of	t Dis								
	Mailing Address PO BOX 464						08 / D D / Y Y Y Y 2016										
	5	State	Zip Code					Trans	act	ion ID	: SB2	3.34	195				
	SALINE Purpose of Disbursement	MI	48176	_	_	_	-										
	CONTRIBUTION							Amoun	t of	Each	Disbu	rsem	nent	this F	Period		
				Cat				_						2500.0	0		
	GRETCHEN DRISKELL Office Sought: Y House Disburser	nent For:	2016	Т	ype			<u></u>		7		7		2000.0			
	Senate Disburser	Primary	Z016 <b>X</b> General					Mei	mo l	tem							
	President	Other (spe	ecify)														
_	State: MI District: 07																
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IТ 	EMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page			c only of 21b 27		×	23 28b	24 28c		25	26 30b										
	y information copied from such Reports and Staten for commercial purposes, other than using the nam												;										
	NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS OF	OB-GY	NS PAC (OI	B-G\	ΥN	PAC	;)																
A.	Full Name (Last, First, Middle Initial) HOYER FOR CONGRESS						Date of	f Disl	burser		YYY	YY											
	Mailing Address 700 13TH STREET, NW						08		26	3	201	6											
	WASHINGTON	State DC	Zip Code 20005				Trans	actio	on ID :	SB23.3	34092												
	CONTRIBUTION Candidate Name											Amount of Each Disbursement this Period											
	STENY H. HOYER	nent For:	2010	Cate T	egor ype	y/	Ľ	_	, .	7		500.00											
	Senate	Primary Other (spe	<b>x</b> General				Memo Item																
в.	Full Name (Last, First, Middle Initial)		Date of Disbursement																				
	Mailing Address P.O. BOX 590464			08 19 2016																			
	NEWTON	State MA	Zip Code 02459				Transaction ID : SB23.33993																
	Purpose of Disbursement CONTRIBUTION Candidate Name JOSEPH P. KENNEDY, III			y/	Amount of Each Disbursement this Perio																		
	· · · · · · · · · · · · · · · · · · ·	nent For: Primary Other (spe	General		Memo Item																		
C.	Full Name (Last, First, Middle Initial) MONICA VERNON FOR CONGRESS								Date of Disbursement														
	Mailing Address P.O. BOX 1635						08	/	D 31		201	6 9											
	CEDAR RAPIDS	State IA	Zip Code 52406				Trans	actio	on ID	: SB23.:	34201												
	Purpose of Disbursement CONTRIBUTION Candidate Name						Amount of Each Disbursement this Period																
	MONICA W. VERNON	nent For:	2016	Cate T	egor ype	y/		_	7		25	500.00											
	Senate Senate Senate State: IA District: 01	Primary Other (spe	<b>x</b> General				Memo Item																
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~ SCHAKOWSKY FOR	CONGRESS	>					M	-			Y Y	Y	Y					
Mailing Address P.O. BOX 5130							0	3		9	_ 20							
City			Transaction ID : SB23.33996															
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CONTRIBUTION							Amo	Amount of Each Disbursement this Period										
Candidate Name				Cat							2	2500.0	0					
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Senate		Primary	X General				ľ	/lemo	Item									
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$\square$	NAME OF COMMITTEE (In Full)																
	THE AMERICAN CONGRESS OF	OB-GY	NS PAC (O	B-G`	YN		C)										
Α.	Full Name (Last, First, Middle Initial) FRIENDS FOR KARLA						0	Date o	f Dis	sburse	eme	ent					
								M M	/	D	D	/ Y	Y	Y	Y		
	Mailing Address 11114 FIFTH STREET NORTH						08 31 2016										
	City S FARGO	Zip Code 58102	Transaction ID : SB29.34204														
	Purpose of Disbursement NON-FEDERAL CONTRIBUTION									Ε.				<b>.</b> .			
	Candidate Name			0-1			F	Amoun	tor	Each	Dis	sbursen	ient	ba			
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в.	Full Name (Last, First, Middle Initial) HODGE FOR SENATE						[	Date o	f Dis	sburse	eme	ent					
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	Mailing Address P.O. BOX 257						08 31 2016										
	City S BISMARCK	Zip Code 58502				Transaction ID : SB29.34206											
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	Office Sought: House Disburser	ment For:		Ĩ	Me	mo li	tem		7								
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<u>с</u> .	Full Name (Last, First, Middle Initial)							Date o	f Dis	sburse	eme	ent					
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	Mailing Address 4625 SPECTACULAR BID DRIVE							08		1	15		20	016			
	City S EDMOND	State OK	Zip Code 73025					Trans	sact	ion ID	) : S	SB29.33	894	ŀ			
	Purpose of Disbursement NON-FEDERAL CONTRIBUTION				_												
	Candidate Name			Category/ Type							sbursen		this 1000.		bd		
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