

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

ADDRESS (number and street) 409 12TH STREET, SW  
 Check if different than previously reported. (ACC)  
WASHINGTON DC 20024

2. **FEC IDENTIFICATION NUMBER** C00364158  
3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report(Q1)  
 July 15 Quarterly Report(Q2)  
 October 15 Quarterly Report(Q3)  
 January 31 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE-Election** Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12G)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post -Election** Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 05 01 2011 through 05 31 2011

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

Type or Print Name of Treasurer STACIE MONROE

Signature of Treasurer Electronically Filed by STACIE MONROE Date 06 09 2011

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

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

**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

Report Covering the Period: From: 

M	M
0	5

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To: 

M	M
0	5

D	D
3	1

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>X</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	X	Y	Y	Y	2	0	1	1		231135.44
X	Y	Y	Y							
2	0	1	1							
(b) Cash on Hand at Beginning of Reporting Period .....	335194.32									
(c) Total Receipts (from Line 19) .....	30692.33	279103.65								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	365886.65	510239.09								
7. Total Disbursements (from Line 31) .....	42435.23	186787.67								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	323451.42	323451.42								
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**

Write or Type Committee Name

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

Report Covering the Period: From: 

M	M
0	5

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To: 

M	M
0	5

D	D
3	1

Y	Y	Y	Y
2	0	1	1

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	24877.33	218483.99
(ii) Unitemized .....	5815.00	60364.66
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	30692.33	278848.65
(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) .....	30692.33	278848.65
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	255.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	30692.33	279103.65
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	30692.33	279103.65

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	935.23	5887.67
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	935.23	5887.67
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	41500.00	180000.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	900.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	900.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	42435.23	186787.67
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	42435.23	186787.67

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	30692.33	278848.65
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	900.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	30692.33	277948.65
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	935.23	5887.67
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	935.23	5887.67

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 34  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)  
**THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)**

**A.** Full Name (Last, First, Middle Initial)  
**TED L. ANDERSON**

Mailing Address **516 LEANNE WAY**

City **FRANKLIN** State **TN** Zip Code **37069**

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

Name of Employer **VANDERBILT UNIVERSITY** Occupation **PHYSICIAN**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1500.00**

Date of Receipt **05 / 06 / 2011**  
**Transaction ID: SA11AI.22253**  
 Amount of Each Receipt this Period **750.00**

**B.** Full Name (Last, First, Middle Initial)  
**THOMAS F. ARNOLD**

Mailing Address **1145 14TH AVENUE WEST**

City **DICKINSON** State **ND** Zip Code **58601**

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

Name of Employer **MEDICAL CENTER ONE** Occupation **PHYSICIAN**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1510.00**

Date of Receipt **05 / 06 / 2011**  
**Transaction ID: SA11AI.22254**  
 Amount of Each Receipt this Period **250.00**

**C.** Full Name (Last, First, Middle Initial)  
**JANICE L. BACON**

Mailing Address **3401 HEATHERWOOD ROAD**

City **COLUMBIA** State **SC** Zip Code **29205**

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

Name of Employer **UNIVERSITY OF SOUTH CAROLINA** Occupation **PHYSICIAN**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1550.00**

Date of Receipt **05 / 06 / 2011**  
**Transaction ID: SA11AI.22255**  
 Amount of Each Receipt this Period **1500.00**

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2500.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 34  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

<p><b>A.</b> Full Name (Last, First, Middle Initial) KENNETH I. BARRON</p> <p>Mailing Address 14 CADY STREET</p> <p>City Providence State RI Zip Code 02903</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer TRUESDALE OB/GYN Occupation PHYSICIAN</p> <p>Receipt For:  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">300.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">05 / 08 / 2011</span></p> <p><b>Transaction ID:</b> SA11AI.22290</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">150.00</span></p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) LEONARD A. BRABSON</p> <p>Mailing Address 939 EMERALD AVENUE</p> <p>City Knoxville State TN Zip Code 37917</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer SELF-EMPLOYED Occupation PHYSICIAN</p> <p>Receipt For:  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">500.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">05 / 17 / 2011</span></p> <p><b>Transaction ID:</b> SA11AI.22368</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">250.00</span></p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) JAMES T. BREEDEN</p> <p>Mailing Address 1775 CHAPARRAL</p> <p>City Carson City State NV Zip Code 89703</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer CARSON MEDICAL GROUP Occupation PHYSICIAN</p> <p>Receipt For:  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">1500.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">05 / 06 / 2011</span></p> <p><b>Transaction ID:</b> SA11AI.22256</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">500.00</span></p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">900.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 34  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

**A.** Full Name (Last, First, Middle Initial)  
STEPHEN P. BUCHANAN

Mailing Address 945 SPRING CREEK DRIVE

City State Zip Code  
GRAPEVINE TX 76051

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
UNIVERSITY OF NORTH TEXAS PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt 05 / 15 / 2011  
Transaction ID: SA11AI.22373  
Amount of Each Receipt this Period 100.00

**B.** Full Name (Last, First, Middle Initial)  
BENJAMIN H. CHEEK

Mailing Address 1626 SUMMIT DRIVE

City State Zip Code  
COLUMBUS GA 31906

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
OB/GYN ASSOCIATES OF COLUMBUS PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 05 / 11 / 2011  
Transaction ID: SA11AI.22231  
Amount of Each Receipt this Period 500.00

**C.** Full Name (Last, First, Middle Initial)  
JEANNE A. CONRY

Mailing Address 8204 CANTERSHIRE WAY

City State Zip Code  
GRANITE BAY CA 95746

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
KAISER PERMANENTE PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 05 / 11 / 2011  
Transaction ID: SA11AI.22232  
Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... 1100.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 34  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

<p><b>A.</b> Full Name (Last, First, Middle Initial) BRENDA L. DAWLEY</p> <p>Mailing Address 1 WINDSOR DRIVE</p> <p>City State Zip Code HUNTINGTON WV 25701</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation UNIVERSITY OB/GYN PHYSICIAN</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">500.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">05 / 06 / 2011</span></p> <p><b>Transaction ID:</b> SA11AI.22258</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">500.00</span></p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) LAURA A. DEAN</p> <p>Mailing Address 14 HIGHWAY 96 EAST</p> <p>City State Zip Code DELLWOOD MN 55110</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation STILLWATER MEDICAL GROUP PHYSICIAN</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">1500.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">05 / 06 / 2011</span></p> <p><b>Transaction ID:</b> SA11AI.22259</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">500.00</span></p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) ROBERT H. DEBBS</p> <p>Mailing Address 2 SASSAFRAS COURT</p> <p>City State Zip Code VOORHEES NJ 08043</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation UNIVERSITY OF PENNSYLVANIA PHYSICIAN</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">300.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">05 / 11 / 2011</span></p> <p><b>Transaction ID:</b> SA11AI.22409</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">100.00</span></p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">1100.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 34  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

**A.**

Full Name (Last, First, Middle Initial)  
MARK S. DEFRANCESCO

Mailing Address 35 TERRELL FARM PLACE

City State Zip Code  
CHESHIRE CT 06410

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

Name of Employer SELF-EMPLOYED Occupation PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
MM / DD / YYYY  
05 / 06 / 2011

Transaction ID: SA11AI.22260

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
NATHANIEL G. DENICOLA

Mailing Address 821 BARRACKS, CARRIAGE HOUSE

City State Zip Code  
NEW ORLEANS LA 70116

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

Name of Employer TULANE OB/GYN Occupation PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt  
MM / DD / YYYY  
05 / 11 / 2011

Transaction ID: SA11AI.22410

Amount of Each Receipt this Period  
84.00

**C.**

Full Name (Last, First, Middle Initial)  
JOSEPH L. DESTEFANO

Mailing Address 8700 VENTNOR AVENUE

City State Zip Code  
MARGATE NJ 08402

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

Name of Employer REGIONAL WOMEN'S HEALTH Occupation PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
05 / 07 / 2011

Transaction ID: SA11AI.22278

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **834.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 34  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

**A.** Full Name (Last, First, Middle Initial)  
MERIDITH J. FARROW

Mailing Address 114 33RD AVENUE SOUTH

City JACKSONVILLE State FL Zip Code 32250

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

Name of Employer UNIVERSITY OF FLORIDA Occupation PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 05 / 05 / 2011  
Transaction ID: SA11AI.22250  
Amount of Each Receipt this Period: 50.00

**B.** Full Name (Last, First, Middle Initial)  
DOUGLAS K. FENTON

Mailing Address 332 SANTA FE DRIVE

City ENCINITAS State CA Zip Code 92024

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

Name of Employer NORTH COAST WOMEN'S CARE Occupation PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 05 / 02 / 2011  
Transaction ID: SA11AI.22249  
Amount of Each Receipt this Period: 100.00

**C.** Full Name (Last, First, Middle Initial)  
THOMAS A. FERRARA

Mailing Address 11398 TALON TRACE

City FISHERS State IN Zip Code 46037

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

Name of Employer COMMUNITY HEALTH NETWORK Occupation PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1600.00

Date of Receipt: 05 / 06 / 2011  
Transaction ID: SA11AI.22261  
Amount of Each Receipt this Period: 1500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1650.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 34  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

**A.**

Full Name (Last, First, Middle Initial)  
RAVI GADA

Mailing Address 3006 KENOSHA DRIVE

City State Zip Code  
ROCHESTER MN 55901

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

Name of Employer MAYO CLINIC Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 0 6 / 2 0 1 1

Transaction ID: SA11AI.22262

Amount of Each Receipt this Period  
1000.00

**B.**

Full Name (Last, First, Middle Initial)  
STEVEN A. GELBER

Mailing Address 20 ARROWWOOD DRIVE

City State Zip Code  
ITHACA NY 14850

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

Name of Employer OB/GYN ASSOCIATES Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 0 7 / 2 0 1 1

Transaction ID: SA11AI.22280

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
THOMAS M. GELLHAUS

Mailing Address 6345 JAMES ROAD

City State Zip Code  
BETTENDORF IA 52722

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

Name of Employer UNIVERSITY OF IOWA Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1750.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 0 6 / 2 0 1 1

Transaction ID: SA11AI.22263

Amount of Each Receipt this Period  
750.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2000.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 34  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

**A.** Full Name (Last, First, Middle Initial)  
MIRIAM GREENE

Mailing Address 340 EAST 34TH STREET

City State Zip Code  
NEW YORK NY 10016

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

Name of Employer SELF-EMPLOYED Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 0 6 / 2 0 1 1

Transaction ID: SA11AI.22264

Amount of Each Receipt this Period  
1500.00

**B.** Full Name (Last, First, Middle Initial)  
TAMMY R. GRUENBERG

Mailing Address 2704 NETHERLAND AVENUE

City State Zip Code  
BRONX NY 10463

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

Name of Employer NEW YORK MEDICAL ALLIANCE Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 0 7 / 2 0 1 1

Transaction ID: SA11AI.22281

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
FRANK N. HARRISON, JR.

Mailing Address 3741 HEARTHSTONE COURT

City State Zip Code  
CHARLOTTE NC 28211

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

Name of Employer CAROLINAS MEDICAL CENTER Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 2 3 / 2 0 1 1

Transaction ID: SA11AI.22350

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2250.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 34  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

**A.** Full Name (Last, First, Middle Initial)  
RICHARD W. HENDERSON

Mailing Address 1709 CLEAVER LANE

City State Zip Code  
WILMINGTON DE 19803

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

Name of Employer Occupation  
ST. FRANCIS HOSPITAL PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
MM / DD / YYYY  
05 / 06 / 2011

Transaction ID: SA11AI.22265

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
JULIA V. JOHNSON

Mailing Address 119 BELMONT STREET

City State Zip Code  
WORCESTER MA 01605

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

Name of Employer Occupation  
UNIVERSITY OF MASSACHUSETTS PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
05 / 06 / 2011

Transaction ID: SA11AI.22266

Amount of Each Receipt this Period  
80.00

**C.** Full Name (Last, First, Middle Initial)  
GERALD F. JOSEPH, JR.

Mailing Address 39288 MAGNOLIA TRACE

City State Zip Code  
PONCHATOULA LA 70454

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

Name of Employer Occupation  
OCHSNER MEDICAL CENTER PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1600.00

Date of Receipt  
MM / DD / YYYY  
05 / 06 / 2011

Transaction ID: SA11AI.22267

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1080.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 34
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

<b>A.</b>	Full Name (Last, First, Middle Initial) KOTESWARA R. KUNDA		Date of Receipt
	Mailing Address 2936 THOUSAND OAKS DRIVE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 05 / 12 / 2011
	City	State	Zip Code
	AUSTIN	TX	78746
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.22393
Name of Employer SAN MARCOS OB/GYN		Occupation PHYSICIAN	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 100.00
		<input type="text"/> 400.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) GINA L. LAND		Date of Receipt
	Mailing Address 795 EASTERN BYPASS		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 05 / 07 / 2011
	City	State	Zip Code
	RICHMOND	KY	40475
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.22283
Name of Employer RICHMOND WOMEN'S HEALTH CARE		Occupation PHYSICIAN	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00
		<input type="text"/> 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) KIMBERLY K. LESLIE		Date of Receipt
	Mailing Address 5201 RIO GRANDE BOULEVARD		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 05 / 11 / 2011
	City	State	Zip Code
	ALBUQUERQUE	NM	87107
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.22238
Name of Employer UNIVERSITY OF NEW MEXICO		Occupation PHYSICIAN	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00
		<input type="text"/> 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 850.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 34
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

<b>A.</b>	Full Name (Last, First, Middle Initial) TERRY A. LEWIS	Date of Receipt MM / DD / YYYY 05 / 12 / 2011
	Mailing Address 2189 SOUTH AVENUE A	<b>Transaction ID:</b> SA11AI.22395
	City State Zip Code YUMA AZ 85364	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation ZIA OB/GYN PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) JAMES N. MARTIN, JR.	Date of Receipt MM / DD / YYYY 05 / 28 / 2011
	Mailing Address 2101 EASTOVER DRIVE	<b>Transaction ID:</b> SA11AI.22449
	City State Zip Code JACKSON MS 39211	Amount of Each Receipt this Period 80.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation UNIVERSITY OF MISSISSIPPI PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) LOUISE S. MATTHEWS	Date of Receipt MM / DD / YYYY 05 / 14 / 2011
	Mailing Address 150 WOODLEY ROAD	<b>Transaction ID:</b> SA11AI.22379
	City State Zip Code WINNETKA IL 60093	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation NORTH SHORE UNIVERSITY HEALTH PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>580.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 34
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

<b>A.</b>	Full Name (Last, First, Middle Initial) PANTEA MOZAYENI		Date of Receipt	
	Mailing Address 2 SALVO		M M / D D / Y Y Y Y 05 / 10 / 2011	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.22323
	IRVINE	CA	92606	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		250.00	
Name of Employer DOCTORS OF WOMEN		Occupation PHYSICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) WADE A. NEIMAN		Date of Receipt	
	Mailing Address 1300 CRENSHAW COURT		M M / D D / Y Y Y Y 05 / 11 / 2011	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.22242
	LYNCHBURG	VA	24503	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		250.00	
Name of Employer WOMEN'S HEALTH SERVICES		Occupation PHYSICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1050.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) HOLLY L. OLSON		Date of Receipt	
	Mailing Address 1067 ALAOKI STREET		M M / D D / Y Y Y Y 05 / 06 / 2011	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.22268
	MILILANI	HI	96789	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		500.00	
Name of Employer U.S. ARMY		Occupation PHYSICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 34  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

**A.** Full Name (Last, First, Middle Initial)  
RACHEL T. OVERCASH

Mailing Address 1111 23RD STREET, NW

City WASHINGTON State DC Zip Code 20037

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

Name of Employer GEORGE WASHINGTON UNIVERSITY Occupation PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 05 / 06 / 2011  
Transaction ID: SA11AI.22269  
Amount of Each Receipt this Period: 250.00

**B.** Full Name (Last, First, Middle Initial)  
CAROL S. PAPOV

Mailing Address 59 WASHINGTON RIDGE ROAD

City NEW MILFORD State CT Zip Code 06776

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

Name of Employer WOMEN'S HEALTHCARE Occupation PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 05 / 10 / 2011  
Transaction ID: SA11AI.22326  
Amount of Each Receipt this Period: 250.00

**C.** Full Name (Last, First, Middle Initial)  
WILFRED PARNELL

Mailing Address 7777 FOREST LANE

City DALLAS State TX Zip Code 75230

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

Name of Employer SELF-EMPLOYED Occupation PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 05 / 23 / 2011  
Transaction ID: SA11AI.22429  
Amount of Each Receipt this Period: 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 600.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 34  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

**A.** Full Name (Last, First, Middle Initial)  
JOSEPH A. PECCERILLO

Mailing Address 68 CANTERBURY LANE

City SOUTHINGTON State CT Zip Code 06489

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

Name of Employer HELM & HELM Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 05 / 12 / 2011  
**Transaction ID:** SA11AI.22401  
 Amount of Each Receipt this Period: 250.00

**B.** Full Name (Last, First, Middle Initial)  
MARGARET PUNCH

Mailing Address 3136 MILLS COURT

City ANN ARBOR State MI Zip Code 48104

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

Name of Employer UNIVERSITY OF MICHIGAN Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 05 / 06 / 2011  
**Transaction ID:** SA11AI.22271  
 Amount of Each Receipt this Period: 250.00

**C.** Full Name (Last, First, Middle Initial)  
ANNE M. RAINVILLE

Mailing Address 509 OCEAN AVENUE

City PORTLAND State ME Zip Code 04103

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

Name of Employer MAINE MEDICAL CENTER Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 05 / 12 / 2011  
**Transaction ID:** SA11AI.22403  
 Amount of Each Receipt this Period: 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 750.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 34  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

**A.** Full Name (Last, First, Middle Initial)  
NINA D. REYNOLDS

Mailing Address 33 MAIN STREET

City State Zip Code  
CHATHAM NJ 07928

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

Name of Employer Occupation  
OVERLOOK MEDICAL CENTER PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
05 / 12 / 2011

Transaction ID: SA11AI.22405

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
CARLA ROBERTS

Mailing Address 2832 HARTHORNE DRIVE

City State Zip Code  
ATLANTA GA 30345

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

Name of Employer Occupation  
EMORY UNIVERSITY PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
05 / 19 / 2011

Transaction ID: SA11AI.22417

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
STEPHAN R. SANKO

Mailing Address 125 LATTIMORE ROAD

City State Zip Code  
ROCHESTER NY 14620

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

Name of Employer Occupation  
ROCHESTER OB/GYN ASSOCIAT-ES PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
05 / 07 / 2011

Transaction ID: SA11AI.22286

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1750.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 34  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

**A.**

Full Name (Last, First, Middle Initial)  
JOSE H. SANTOS

Mailing Address 2100 NORTH OCEAN BOULEVARD

City State Zip Code  
FT. LAUDERDALE FL 33305

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

Name of Employer Occupation  
SELF-EMPLOYED PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 0 / 2 0 1 1

Transaction ID: SA11AI.22330

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)  
PETER A. SCHWARTZ

Mailing Address 2009 REGENCY DRIVE

City State Zip Code  
READING PA 19610

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

Name of Employer Occupation  
READING HOSPITAL PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 6 / 2 0 1 1

Transaction ID: SA11AI.22272

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)  
ALBERT G. THOMAS

Mailing Address 14 FOREST AVENUE

City State Zip Code  
NEW ROCHELLE NY 10804

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

Name of Employer Occupation  
MOUNT SINAI MEDICAL CENTER PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 7 / 2 0 1 1

Transaction ID: SA11AI.22287

Amount of Each Receipt this Period

300.00

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

1550.00

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

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

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

FOR LINE NUMBER: PAGE 22 / 34  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

**A.** Full Name (Last, First, Middle Initial)  
JANICE E. TILDON-BURTON

Mailing Address 1700 TALLEY ROAD

City State Zip Code  
WILMINGTON DE 19803

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

Name of Employer SELF-EMPLOYED      Occupation PHYSICIAN

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      416.65

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 2 4 / 2 0 1 1

**Transaction ID:** SA11AI.22438

Amount of Each Receipt this Period  
83.33

**B.** Full Name (Last, First, Middle Initial)  
APRIL M. TILLERY

Mailing Address P.O. BOX 710

City State Zip Code  
INDEPENDENCE KY 41051

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

Name of Employer ALL WOMAN, PLLC      Occupation PHYSICIAN

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      250.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 1 2 / 2 0 1 1

**Transaction ID:** SA11AI.22407

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
PAUL G. TOMICH

Mailing Address 3637 QUINCE COURT

City State Zip Code  
DOWNERS GROVE IL 60515

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

Name of Employer UNIVERSITY OF NEBRASKA      Occupation PHYSICIAN

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      1500.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 1 1 / 2 0 1 1

**Transaction ID:** SA11AI.22247

Amount of Each Receipt this Period  
900.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1233.33**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 34
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

<b>A.</b>	Full Name (Last, First, Middle Initial) ELISABETH D. TUCKER	Date of Receipt MM / DD / YYYY 05 / 10 / 2011
	Mailing Address 2510 NORTH 12TH AVENUE	<b>Transaction ID:</b> SA11AI.22334
	City State Zip Code PENSACOLA FL 32503	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer BAPTIST MEDICAL GROUP	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) NANCY H. WIGGINTON	Date of Receipt MM / DD / YYYY 05 / 17 / 2011
	Mailing Address 1274 HANSEN ROAD	<b>Transaction ID:</b> SA11AI.22371
	City State Zip Code LIVERMORE CA 94550	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer SUTTER EAST BAY MEDICAL GROUP	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) MITCHELL L. WILLENS	Date of Receipt MM / DD / YYYY 05 / 06 / 2011
	Mailing Address 910 EAST HOUSTON STREET	<b>Transaction ID:</b> SA11AI.22275
	City State Zip Code TYLER TX 75702	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1400.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 24 / 34</span>
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

**A.**

Full Name (Last, First, Middle Initial) PETER WRIGHT, III		Date of Receipt
Mailing Address 19 BAKER AVENUE		<input type="text" value="05"/> / <input type="text" value="25"/> / <input type="text" value="2011"/>
City	State	Zip Code
POUGHKEEPSIE	NY	12601
FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.22439
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
Name of Employer HEALTH QUEST MEDICAL PRACTICE	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="250.00"/>	

**B.**

Full Name (Last, First, Middle Initial) RANAE L. YOCKEY		Date of Receipt
Mailing Address 800 BIESTERFIELD ROAD		<input type="text" value="05"/> / <input type="text" value="06"/> / <input type="text" value="2011"/>
City	State	Zip Code
ELK GROVE VILLAGE	IL	60007
FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.22276
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="1500.00"/>
Name of Employer ADVANCED WOMEN'S CARE	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="1500.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="1750.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="24877.33"/>

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 25 / 34

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

<b>A.</b> Full Name (Last, First, Middle Initial) AMERICAN EXPRESS Mailing Address P.O. BOX 53852 City PHOENIX State AZ Zip Code 85072 Purpose of Disbursement CREDIT CARD TRANSACTION FEES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.22347 Date of Disbursement 05 / 05 / 2011
	Amount of Each Disbursement this Period 436.72
<b>B.</b> Full Name (Last, First, Middle Initial) FIRST NATIONAL MERCHANT SOLUTIONS Mailing Address 1620 DODGE STREET City OMAHA State NE Zip Code 68197 Purpose of Disbursement CREDIT CARD TRANSACTION FEES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.22230 Date of Disbursement 05 / 03 / 2011
	Amount of Each Disbursement this Period 498.51

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>935.23</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>935.23</b>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

<p><b>A.</b> Full Name (Last, First, Middle Initial) ALLYSON SCHWARTZ FOR CONGRESS</p> <p>Mailing Address P.O. BOX 2232</p> <p>City JENKINTOWN State PA Zip Code 19046</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name ALLYSON Y. SCHWARTZ</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 13</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.22210</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 1 1</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) ANN MARIE BUERKLE FOR CONGRESS</p> <p>Mailing Address 3779 UNDERWOOD WAY</p> <p>City SYRACUSE State NY Zip Code 13215</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name ANN MARIE BUERKLE</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 25</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.22343</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 1 1</p> <p>Amount of Each Disbursement this Period 1500.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) ANTHONY PORTANTINO CONGRESSIONAL EXPLORATORY COMMITTEE</p> <p>Mailing Address 555 SOUTH FLOWER STREET</p> <p>City LOS ANGELES State CA Zip Code 90071</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name ANTHONY PORTANTINO</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 29</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.22223</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 0 / 2 0 1 1</p> <p>Amount of Each Disbursement this Period 2500.00</p>

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

6500.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

<b>A.</b> Full Name (Last, First, Middle Initial) <b>BECERRA FOR CONGRESS</b> <hr/> Mailing Address P.O. BOX 261060 <hr/> City LOS ANGELES State CA Zip Code 90026 <hr/> Purpose of Disbursement CONTRIBUTION <hr/> Candidate Name XAVIER BECERRA <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 31 <hr/> Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB23.22359 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 2 4 / 2 0 1 1
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Category/ Type
<b>B.</b> Full Name (Last, First, Middle Initial) <b>BERA FOR CONGRESS</b> <hr/> Mailing Address P.O. BOX 582496 <hr/> City ELK GROVE State CA Zip Code 95758 <hr/> Purpose of Disbursement CONTRIBUTION <hr/> Candidate Name AMERISH BERA <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 03 <hr/> Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB23.22217 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 1 0 / 2 0 1 1
	Amount of Each Disbursement this Period 2500.00
	Category/ Type
	Category/ Type
<b>C.</b> Full Name (Last, First, Middle Initial) <b>CHARLIE DENT FOR CONGRESS</b> <hr/> Mailing Address P.O. BOX 442 <hr/> City ALLENTOWN State PA Zip Code 18105 <hr/> Purpose of Disbursement CONTRIBUTION <hr/> Candidate Name CHARLES W. DENT <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 15 <hr/> Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB23.22218 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 1 0 / 2 0 1 1
	Amount of Each Disbursement this Period 1500.00
	Category/ Type
	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	5000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

**A.** Full Name (Last, First, Middle Initial)  
DIANA DEGETTE FOR CONGRESS

Mailing Address P.O. BOX 61337

City DENVER State CO Zip Code 80206

Purpose of Disbursement CONTRIBUTION

Candidate Name DIANA L. DEGETTE

Office Sought:  House  
 Senate  
 President

State: CO District: 01

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23.22346

Date of Disbursement

05 / 18 / 2011

Amount of Each Disbursement this Period

3000.00

**B.** Full Name (Last, First, Middle Initial)  
DIANE BLACK FOR CONGRESS

Mailing Address P.O. BOX 1437

City GALLATIN State TN Zip Code 37066

Purpose of Disbursement CONTRIBUTION

Candidate Name DIANE L. BLACK

Office Sought:  House  
 Senate  
 President

State: TN District: 06

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23.22197

Date of Disbursement

05 / 04 / 2011

Amount of Each Disbursement this Period

1000.00

**C.** Full Name (Last, First, Middle Initial)  
FLEMING FOR CONGRESS

Mailing Address P.O. BOX 1236

City MINDEN State LA Zip Code 71058

Purpose of Disbursement CONTRIBUTION

Candidate Name JOHN C. FLEMING, JR.

Office Sought:  House  
 Senate  
 President

State: LA District: 04

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23.22222

Date of Disbursement

05 / 10 / 2011

Amount of Each Disbursement this Period

1000.00

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

5000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

<b>A.</b>	Full Name (Last, First, Middle Initial) FRIENDS OF JOHN BARRASSO  Mailing Address P.O. BOX 52008  City CASPER State WY Zip Code 82605  Purpose of Disbursement CONTRIBUTION Candidate Name JOHN A. BARRASSO Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WY District: 00 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.22356 Date of Disbursement 05 / 24 / 2011	Amount of Each Disbursement this Period 1500.00
<b>B.</b>	Full Name (Last, First, Middle Initial) FRIENDS OF LOIS CAPPs  Mailing Address P.O. BOX 23940  City SANTA BARBARA State CA Zip Code 93121  Purpose of Disbursement CONTRIBUTION Candidate Name LOIS G. CAPPs Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 23 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.22360 Date of Disbursement 05 / 24 / 2011	Amount of Each Disbursement this Period 1000.00
<b>C.</b>	Full Name (Last, First, Middle Initial) FRIENDS OF MAX BAUCUS  Mailing Address P.O. BOX 586  City HELENA State MT Zip Code 59624  Purpose of Disbursement CONTRIBUTION Candidate Name MAX S. BAUCUS Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MT District: 00 Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.22357 Date of Disbursement 05 / 24 / 2011	Amount of Each Disbursement this Period 1500.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

A.	Full Name (Last, First, Middle Initial) FRIENDS OF MAX BAUCUS	Transaction ID: SB23.22358 Date of Disbursement 05 / 24 / 2011
	Mailing Address P.O. BOX 586	Amount of Each Disbursement this Period 1000.00
	City HELENA State MT Zip Code 59624	
	Purpose of Disbursement CONTRIBUTION	Category/Type
	Candidate Name MAX S. BAUCUS	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MT District: 00	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) FRIENDS OF ROSA DELAURO	Transaction ID: SB23.22416 Date of Disbursement 05 / 30 / 2011
	Mailing Address 12 TRUMBULL STREET	Amount of Each Disbursement this Period 1000.00
	City NEW HAVEN State CT Zip Code 06511	
	Purpose of Disbursement CONTRIBUTION	Category/Type
	Candidate Name ROSA DELAURO	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 03	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) FRIENDS OF SHERROD BROWN	Transaction ID: SB23.22342 Date of Disbursement 05 / 18 / 2011
	Mailing Address P.O. BOX 76187	Amount of Each Disbursement this Period 1000.00
	City WASHINGTON State DC Zip Code 20013	
	Purpose of Disbursement CONTRIBUTION	Category/Type
	Candidate Name SHERROD BROWN	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 00	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

3000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

**A.** Full Name (Last, First, Middle Initial)  
GEOFF DAVIS FOR CONGRESS

Mailing Address P.O. BOX 17192

City State Zip Code  
FT. MITCHELL KY 41017

Purpose of Disbursement  
CONTRIBUTION  
Candidate Name  
GEOFFREY C. DAVIS

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼  
State: KY District: 04

Transaction ID: SB23.22200  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

**B.** Full Name (Last, First, Middle Initial)  
JOHN D. DINGELL FOR CONGRESS

Mailing Address 700 13TH STREET, NW

City State Zip Code  
WASHINGTON DC 20005

Purpose of Disbursement  
CONTRIBUTION  
Candidate Name  
JOHN D. DINGELL

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼  
State: MI District: 15

Transaction ID: SB23.22221  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

**C.** Full Name (Last, First, Middle Initial)  
LATOURETTE FOR CONGRESS COMMITTEE

Mailing Address 320 KENARDEN DRIVE

City State Zip Code  
HIGHLAND HEIGHTS OH 44143

Purpose of Disbursement  
CONTRIBUTION  
Candidate Name  
STEVE C. LATOURETTE

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼  
State: OH District: 14

Transaction ID: SB23.22206  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

**A.** Full Name (Last, First, Middle Initial)  
LISA MURKOWSKI FOR U.S. SENATE

Mailing Address P.O. BOX 100847

City ANCHORAGE State AK Zip Code 99510

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
LISA MURKOWSKI

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: AK District: 00

Transaction ID: SB23.22361

Date of Disbursement

05 / 24 / 2011

Amount of Each Disbursement this Period

1000.00

**B.** Full Name (Last, First, Middle Initial)  
LYNN JENKINS FOR CONGRESS

Mailing Address P.O. BOX 1441

City TOPEKA State KS Zip Code 66601

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
LYNN JENKINS

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: KS District: 02

Transaction ID: SB23.22203

Date of Disbursement

05 / 04 / 2011

Amount of Each Disbursement this Period

1000.00

**C.** Full Name (Last, First, Middle Initial)  
MARSHA BLACKBURN FOR CONGRESS

Mailing Address P.O. BOX 3750

City BRENTWOOD State TN Zip Code 37024

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
MARSHA BLACKBURN

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: TN District: 07

Transaction ID: SB23.22413

Date of Disbursement

05 / 30 / 2011

Amount of Each Disbursement this Period

2500.00

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

4500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

A.	Full Name (Last, First, Middle Initial) OLSON FOR CONGRESS	Transaction ID: SB23.22207 Date of Disbursement
	Mailing Address P.O. BOX 16381	<input type="text" value="05"/> <input type="text" value="04"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City SUGAR LAND State TX Zip Code 77496	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION	<input type="text" value="1000.00"/>
	Candidate Name PETER G. OLSON	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: TX District: 22	

B.	Full Name (Last, First, Middle Initial) PETE STARK RE-ELECTION COMMITTEE	Transaction ID: SB23.22363 Date of Disbursement
	Mailing Address P.O. BOX 8331	<input type="text" value="05"/> <input type="text" value="24"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City FREMONT State CA Zip Code 94537	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION	<input type="text" value="1000.00"/>
	Candidate Name FORTNEY H. 'PETE' STARK	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: CA District: 13	

C.	Full Name (Last, First, Middle Initial) RICHARD E. NEAL FOR CONGRESS	Transaction ID: SB23.22362 Date of Disbursement
	Mailing Address 76 MAGNOLIA TERRACE	<input type="text" value="05"/> <input type="text" value="24"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City SPRINGFIELD State MA Zip Code 01108	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION	<input type="text" value="1000.00"/>
	Candidate Name RICHARD E. NEAL	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: MA District: 02	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="3000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

A.

Full Name (Last, First, Middle Initial)  
THE FREEDOM PROJECT

Transaction ID: SB23.22228

Date of Disbursement

Mailing Address 631-B PENNSYLVANIA AVENUE, SE

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	0		2	0	1	1

City WASHINGTON State DC Zip Code 20003

Amount of Each Disbursement this Period

5000.00
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Purpose of Disbursement  
CONTRIBUTION

--

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

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

5000.00
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TOTAL This Period (last page this line number only) ..... ►

41500.00
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