

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

Office Use Only

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

12FE4M5

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

ADDRESS (number and street) ▼

409 12TH STREET, SW

☐ Check if different than previously reported. (ACC)

WASHINGTON

DC

20024

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00364158

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

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

(c) 12-Day

PRE-Election

Report for the:

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

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

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

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

06

01

2014

06

30

2014

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

Type or Print Name of Treasurer STACIE MONROE

Signature of Treasurer

STACIE MONROE

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y

07

11

2014

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

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

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

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

Report Covering the Period: From: M M / D D / Y Y Y Y Y 06 / 01 / 2014 To: M M / D D / Y Y Y Y Y 06 / 30 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y</span> 2014		300966.48
(b) Cash on Hand at Beginning of Reporting Period.....	360859.81	
(c) Total Receipts (from Line 19) .....	54889.33	379415.90
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	415749.14	680382.38
7. Total Disbursements (from Line 31) .....	67441.73	332074.97
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	348307.41	348307.41
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	



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

## For further information contact:

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

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

# DETAILED SUMMARY PAGE

## of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

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

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	1		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	4

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).....	44416.33	264082.07
(ii) Unitemized .....	10473.00	115333.83
(iii) TOTAL (add Lines 11(a)(i) and (ii)..... ▶	54889.33	379415.90
(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) .....	54889.33	379415.90
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	54889.33	379415.90
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	54889.33	379415.90

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	841.73	8154.97
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	841.73	8154.97
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	66500.00	318500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	100.00	1420.00
(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)).....	100.00	1420.00
29. Other Disbursements .....	0.00	4000.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	67441.73	332074.97
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	67441.73	332074.97

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	54889.33	379415.90
34. Total Contribution Refunds (from Line 28(d)) .....	100.00	1420.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	54789.33	377995.90
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	841.73	8154.97
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	841.73	8154.97

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

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

 FOR LINE NUMBER: PAGE 6 OF 65  
 (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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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)**

Full Name (Last, First, Middle Initial)

**A. MELODY R. ADLER**

Mailing Address 815 BISHOPSGATE LANE

City	State	Zip Code
VIRGINIA BEACH	VA	23452

FEC ID number of contributing federal political committee.

Name of Employer

COMPLETE WOMEN'S CARE

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	24	/	2014

Transaction ID : SA11AI.17013

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**B. THOMAS L. ALDERSON**

Mailing Address 3664 EDINBOROUGH DRIVE

City	State	Zip Code
ROCHESTER HILLS	MI	48306

FEC ID number of contributing federal political committee.

Name of Employer

MCLAREN WOMEN'S HEALTH

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	21	/	2014

Transaction ID : SA11AI.16973

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**C. KARYL L. ANDOLINA**

Mailing Address 10725 INTERNATIONAL DRIVE

City	State	Zip Code
RANCHO CORDOVA	CA	95670

FEC ID number of contributing federal political committee.

Name of Employer

KAISER PERMANENTE

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	11	/	2014

Transaction ID : SA11AI.16688

Amount of Each Receipt this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. THOMAS F. ARNOLD**

Mailing Address 30 WEST 7TH STREET

City

DICKINSON

State

ND

Zip Code

58601

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ST. JOSEPH'S WOMEN'S CLINIC

Occupation

PHYSICIAN

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1690.00

Date of Receipt

06 / 12 / 2014

Transaction ID : SA11AI.16774

Amount of Each Receipt this Period

625.00

Full Name (Last, First, Middle Initial)

**B. RITA K. ARONSON**

Mailing Address 2322 EAST KIMBERLY ROAD

City

DAVENPORT

State

IA

Zip Code

52807

FEC ID number of contributing  
federal political committee.

C

Name of Employer

OB/GYN SPECIALISTS

Occupation

PHYSICIAN

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 04 / 2014

Transaction ID : SA11AI.16546

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. TAMIKA C. AUGUSTE**

Mailing Address 110 IRVING STREET, NW

City

WASHINGTON

State

DC

Zip Code

20010

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MEDSTAR HEALTH

Occupation

PHYSICIAN

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

06 / 18 / 2014

Transaction ID : SA11AI.16803

Amount of Each Receipt this Period

200.00

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

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

1325.00

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 65  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. DAVID A. BARAM**

Mailing Address 2230 PRINCETON AVENUE

City State Zip Code  
ST. PAUL MN 55105

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HEALTH PARTNERS

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 05 / 2014

Transaction ID : SA11Al.16724

Amount of Each Receipt this Period

430.00

Full Name (Last, First, Middle Initial)

**B. THOMAS E. BASCO**

Mailing Address 4000 COLISEUM DRIVE

City State Zip Code  
HAMPTON VA 23666

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MID-ATLANTIC WOMEN'S CARE

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 24 / 2014

Transaction ID : SA11Al.17014

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. ANA C. BASSO**

Mailing Address 807 JAMESTOWN CRESCENT

City State Zip Code  
NORFOLK VA 23508

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MID-ATLANTIC WOMEN'S CARE

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 27 / 2014

Transaction ID : SA11Al.16897

Amount of Each Receipt this Period

250.00

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

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

930.00



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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 65  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. OWEN R. BELL**

Mailing Address 17400 ASHLAND DRIVE

City State Zip Code  
 ANCHORAGE AK 99516

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 27 / 2014

Transaction ID : SA11AI.16899

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. PETER J. BELLER**

Mailing Address 490 MAIN STREET

City State Zip Code  
 WETHERSFIELD CT 06106

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HARTFORD HOSPITAL

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

490.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 26 / 2014

Transaction ID : SA11AI.16984

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. SIOBHAN M. BERTOLINO**

Mailing Address 844 KEMPSVILLE ROAD

City State Zip Code  
 NORFOLK VA 23502

FEC ID number of contributing  
federal political committee.

C

Name of Employer

TIDEWATER PHYSICIANS FOR WOMEN

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 24 / 2014

Transaction ID : SA11AI.17015

Amount of Each Receipt this Period

250.00

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

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

1500.00

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

PAGE 10 OF 65

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. MIBHALI M. BHALALA**

Mailing Address 806 CAPE COD DRIVE

City	State	Zip Code
REDWOOD CITY	CA	94065

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PERMANENTE MEDICAL GROUP

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

515.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2014

Transaction ID : SA11Al.16820

Amount of Each Receipt this Period

215.00

Full Name (Last, First, Middle Initial)

**B. MAY H. BLANCHARD**

Mailing Address 1316 BELT STREET

City	State	Zip Code
BALTIMORE	MD	21230

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UNIVERSITY OF MARYLAND

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	03	/	2014

Transaction ID : SA11Al.16722

Amount of Each Receipt this Period

325.00

Full Name (Last, First, Middle Initial)

**C. MAY H. BLANCHARD**

Mailing Address 1316 BELT STREET

City	State	Zip Code
BALTIMORE	MD	21230

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UNIVERSITY OF MARYLAND

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	25	/	2014

Transaction ID : SA11Al.16999

Amount of Each Receipt this Period

25.00

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

565.00

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

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

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

 FOR LINE NUMBER:  
 (check only one)

PAGE 11 OF 65

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. KELLEEN M. BOSCH**

Mailing Address 2432 EAST TENNYSON PLACE

City	State	Zip Code
FRESNO	CA	93730

FEC ID number of contributing federal political committee.

C

Name of Employer

CENTRAL VALLEY WOMEN'S HEALTH

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	06	/	2014

Transaction ID : SA11Al.16728

Amount of Each Receipt this Period

215.00

Full Name (Last, First, Middle Initial)

**B. LEONARD A. BRABSON**

Mailing Address 939 EAST EMERALD AVENUE

City	State	Zip Code
KNOXVILLE	TN	37917

FEC ID number of contributing federal political committee.

C

Name of Employer

TENNOVA HEALTHCARE

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	12	/	2014

Transaction ID : SA11Al.16775

Amount of Each Receipt this Period

625.00

Full Name (Last, First, Middle Initial)

**C. KENT R. BRADLEY**

Mailing Address 9866 NORTH GROVE

City	State	Zip Code
VALLEY CENTER	KS	67147

FEC ID number of contributing federal political committee.

C

Name of Employer

ASSOCIATES IN WOMEN'S HEALTH

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	26	/	2014

Transaction ID : SA11Al.16985

Amount of Each Receipt this Period

250.00

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

1090.00

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 PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. KEITH R. BRILL**

Mailing Address 5502 SOUTH FORT APACHE ROAD

City	State	Zip Code
LAS VEGAS	NV	89148

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WOMEN'S SPECIALTY CARE

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2014

Transaction ID : SA11AI.16794

Amount of Each Receipt this Period

65.00

Full Name (Last, First, Middle Initial)

**B. CYNTHIA A. BRINCAT**

Mailing Address 308 NORTH KENILWORTH

City	State	Zip Code
OAK PARK	IL	60302

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LOYOLA UNIVERSITY

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1890.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	03	/	2014

Transaction ID : SA11AI.16555

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

**C. MELISSA J. BUCHBERG**

Mailing Address 728 SURFSIDE AVENUE

City	State	Zip Code
VIRGINIA BEACH	VA	23451

FEC ID number of contributing  
federal political committee.

C

Name of Employer

COMPLETE WOMEN'S CARE

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	27	/	2014

Transaction ID : SA11AI.16900

Amount of Each Receipt this Period

250.00

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

715.00

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

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

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

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(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. RONALD T. BURKMAN**

Mailing Address 289 ARDSLEY ROAD

City  
LONGMEADOW

State Zip Code  
MA 01106

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BAYSTATE HEALTH

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 16 / 2014

Transaction ID : SA11AI.16627

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. RONALD T. BURKMAN**

Mailing Address 289 ARDSLEY ROAD

City  
LONGMEADOW

State Zip Code  
MA 01106

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BAYSTATE HEALTH

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1075.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 27 / 2014

Transaction ID : SA11AI.17067

Amount of Each Receipt this Period

325.00

Full Name (Last, First, Middle Initial)

**C. MARY A. BURNS**

Mailing Address 2635 LANDVIEW CIRCLE

City  
VIRGINIA BEACH

State Zip Code  
VA 23454

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MID-ATLANTIC WOMEN'S CARE

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 24 / 2014

Transaction ID : SA11AI.17016

Amount of Each Receipt this Period

250.00

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

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

1075.00

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

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

FOR LINE NUMBER:  
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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. STEPHEN H. BUSH**

Mailing Address 4400 KANAWHA AVENUE

City  
CHARLESTON

State Zip Code  
WV 25304

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WEST VIRGINIA UNIVERSITY

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

06 / 23 / 2014

Transaction ID : SA11AI.16943

Amount of Each Receipt this Period

175.00

Full Name (Last, First, Middle Initial)

**B. BEN H. CHEEK**

Mailing Address 1626 SUMMIT DRIVE

City  
COLUMBUS

State Zip Code  
GA 31906

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OB/GYN ASSOCIATES OF COLUMBUS

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1916.65

Date of Receipt

06 / 19 / 2014

Transaction ID : SA11AI.16966

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**C. MICHAEL G. CHEEK**

Mailing Address 2930 WEST DEVIL'S LAKE ROAD

City  
LINCOLN CITY

State Zip Code  
OR 97367

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SAMARITAN HEALTH

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 02 / 2014

Transaction ID : SA11AI.16562

Amount of Each Receipt this Period

250.00

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

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

508.33

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

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. J. FLOYD CLINGENPEEL**

Mailing Address 305 HUNTERDALE ROAD

City  
FRANKLIN

State Zip Code  
VA 23851

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OB/GYN PHYSICIANS

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 27 / 2014

Transaction ID : SA11AI.16902

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. JEANNE A. CONRY**

Mailing Address 8204 CANTERSHIRE WAY

City  
GRANITE BAY

State Zip Code  
CA 95746

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PERMANENTE MEDICAL GROUP

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3550.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 03 / 2014

Transaction ID : SA11AI.16556

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. CHERI L. COYLE**

Mailing Address 106 FLAG CREEK

City  
YORKTOWN

State Zip Code  
VA 23693

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MID-ATLANTIC WOMEN'S CARE

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 24 / 2014

Transaction ID : SA11AI.17017

Amount of Each Receipt this Period

250.00

**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  
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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. MONIQUE S. CRABB**

Mailing Address 2625 BOMBAY LANDING

City

VIRGINIA BEACH

State

VA

Zip Code

23456

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MID-ATLANTIC WOMEN'S CARE

Occupation

PHYSICIAN

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 27 / 2014

Transaction ID : SA11AI.16904

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. JON L. CROCKFORD**

Mailing Address 2951 BALTIC AVENUE

City

VIRGINIA BEACH

State

VA

Zip Code

23451

FEC ID number of contributing  
federal political committee.

C

Name of Employer

THE GROUP FOR WOMEN

Occupation

PHYSICIAN

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 27 / 2014

Transaction ID : SA11AI.16905

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. STELLA DANTAS**

Mailing Address 6906 SOUTHWEST WINDEMERE LOOP

City

PORTLAND

State

OR

Zip Code

97225

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NORTHWEST PERMANENTE

Occupation

PHYSICIAN

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 26 / 2014

Transaction ID : SA11AI.17064

Amount of Each Receipt this Period

300.00

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

800.00

**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  
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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial) <b>A. THOMAS S. DARDARIAN</b></p> <p>Mailing Address 108 CETON COURT</p> <p>City State Zip Code BROOMAIL PA 19008</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation MAIN LINE WOMEN'S HEALTH CARE PHYSICIAN</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 750.00</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 06 / 16 / 2014 <b>Transaction ID : SA11AI.16795</b></p> <p>Amount of Each Receipt this Period 125.00</p>
<p>Full Name (Last, First, Middle Initial) <b>B. ROBERT H. DEBBS</b></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. <b>C</b></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 ▼ 1136.00</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 06 / 10 / 2014 <b>Transaction ID : SA11AI.16667</b></p> <p>Amount of Each Receipt this Period 209.00</p>
<p>Full Name (Last, First, Middle Initial) <b>C. MARK S. DEFRANCESCO</b></p> <p>Mailing Address 35 TERRELL FARM PLACE</p> <p>City State Zip Code CHESHIRE CT 06410</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation WOMEN'S HEALTH CONNECTICUT PHYSICIAN</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1700.00</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 06 / 03 / 2014 <b>Transaction ID : SA11AI.16557</b></p> <p>Amount of Each Receipt this Period 200.00</p>
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>		534.00
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>		

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

 Use separate schedule(s)  
 for each category of the  
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 (check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. NATHANIEL DENICOLA**

Mailing Address 2121 PINE STREET

City

PHILADELPHIA

State

PA

Zip Code

19103

FEC ID number of contributing federal political committee.

C

Name of Employer

UNIVERSITY OF PENNSYLVANIA

Occupation

PHYSICIAN

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1254.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		23		2014

Transaction ID : SA11Al.16981

Amount of Each Receipt this Period

209.00

Full Name (Last, First, Middle Initial)

**B. MARYBETH R. DIXON**

Mailing Address 510 CARLISLE WAY

City

NORFOLK

State

VA

Zip Code

23505

FEC ID number of contributing federal political committee.

C

Name of Employer

MID-ATLANTIC WOMEN'S CARE

Occupation

PHYSICIAN

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		27		2014

Transaction ID : SA11Al.16906

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. DARLA EISENHOWER**

Mailing Address 1500 SOUTH 48TH STREET

City

LINCOLN

State

NE

Zip Code

68506

FEC ID number of contributing federal political committee.

C

Name of Employer

GYNECOLOGY &amp; FERTILITY, PC

Occupation

PHYSICIAN

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		19		2014

Transaction ID : SA11Al.16967

Amount of Each Receipt this Period

500.00

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

959.00

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. DENISE M. ELSE**

Mailing Address 5716 WEST 95TH STREET

City	State	Zip Code
OAK LAWN	IL	60453

FEC ID number of contributing federal political committee.

C

 Name of Employer  
 WOMEN'S HEALTH INSTITUTE

 Occupation  
 PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	05	/	2014

Transaction ID : SA11Al.16725

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**B. STEVEN FARBER**

Mailing Address 213 MCCLANAHAN STREET SOUTHWEST

City	State	Zip Code
ROANOKE	VA	24014

FEC ID number of contributing federal political committee.

C

 Name of Employer  
 CARILION CLINIC

 Occupation  
 PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	22	/	2014

Transaction ID : SA11Al.16978

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. BENIGNO FEDERICI**

Mailing Address 5026 RIVERFRONT DRIVE

City	State	Zip Code
SUFFOLK	VA	23434

FEC ID number of contributing federal political committee.

C

 Name of Employer  
 SPECIALISTS FOR WOMEN

 Occupation  
 PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

251.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	27	/	2014

Transaction ID : SA11Al.16907

Amount of Each Receipt this Period

251.00

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

801.00

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

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

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. DOUGLAS K. FENTON**

Mailing Address 2921 MANAGUA PLACE

City State Zip Code  
CARLSBAD CA 92009

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SCRIPPS COASTAL MEDICAL GROUP

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1254.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 12 / 2014

Transaction ID : SA11AI.16778

Amount of Each Receipt this Period

209.00

Full Name (Last, First, Middle Initial)

**B. MARTHA T. FERNANDEZ**

Mailing Address 1308 LITCHFIELD COURT

City State Zip Code  
VIRGINIA BEACH VA 23452

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
THE GROUP FOR WOMEN

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 27 / 2014

Transaction ID : SA11AI.16908

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. JOSEPH FINKELSTEIN**

Mailing Address 936 5TH AVENUE

City State Zip Code  
NEW YORK NY 10021

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 18 / 2014

Transaction ID : SA11AI.16804

Amount of Each Receipt this Period

1000.00

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

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

1459.00

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. ROBERT F. FLORA**

Mailing Address 22668 BECKENHAM COURT

City State Zip Code  
NOVI MI 48374

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ST. JOHN PROVIDENCE HEALTH

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 10 / 2014

Transaction ID : SA11AI.16668

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. ARLENE J. FONTANARES**

Mailing Address 1013 SAW PEN POINT TRAIL

City State Zip Code  
VIRGINIA BEACH VA 23455

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TIDEWATER PHYSICIANS FOR WOMEN

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 27 / 2014

Transaction ID : SA11AI.16909

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. DAVID A. FORSTEIN**

Mailing Address 890 WEST FARIS ROAD

City State Zip Code  
GREENVILLE SC 29605

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GREENVILLE HEALTH SYSTEM

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 21 / 2014

Transaction ID : SA11AI.16975

Amount of Each Receipt this Period

100.00

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

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

600.00

**SCHEDULE A (FEC Form 3X)****ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. JAMES H. GADDY**

Mailing Address 4502 OLD PASS ROAD

City  
GULFPORTState Zip Code  
MS 39501FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GULFPORT OB/GYNOccupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	12	/	2014

Transaction ID : SA11AI.16779

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. ROBERT H. GAITHER**

Mailing Address 602 EAST STREET

City  
ALBEMARLEState Zip Code  
NC 28001FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	10	/	2014

Transaction ID : SA11AI.16669

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. CANDICE GEARY**

Mailing Address 635 HIDDEN FALLS LANE

City  
CHESAPEAKEState Zip Code  
VA 23320FEC ID number of contributing  
federal political committee.

C

Name of Employer  
VIRGINIA CENTER FOR WOMENOccupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	27	/	2014

Transaction ID : SA11AI.16910

Amount of Each Receipt this Period

250.00

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

1000.00

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

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

Use separate schedule(s)  
for each category of the  
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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. JENNIFER GEORGE WARD**

Mailing Address 1029 BOBOLINK DRIVE

City State Zip Code  
 VIRGINIA BEACH VA 23451

FEC ID number of contributing  
federal political committee.

C

Name of Employer

COMPLETE WOMEN'S CARE

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 27 / 2014

Transaction ID : SA11AI.16912

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. JAMES N. GILHAM**

Mailing Address 715 SOUTH 3RD STREET

City State Zip Code  
 MONTROSE CO 81401

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ALPINE OB/GYN

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 02 / 2014

Transaction ID : SA11AI.16565

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. JENNIFER M. GODBOUT**

Mailing Address 4000 COLISEUM DRIVE

City State Zip Code  
 HAMPTON VA 23666

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MID-ATLANTIC WOMEN'S CARE

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 24 / 2014

Transaction ID : SA11AI.17019

Amount of Each Receipt this Period

250.00

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

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

750.00

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

 Use separate schedule(s)  
 for each category of the  
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 (check only one)

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. ILENE B. GOLDSTEIN**

Mailing Address 921 ATLANTIC AVENUE

City	State	Zip Code
VIRGINIA BEACH	VA	23451

FEC ID number of contributing federal political committee.

C

Name of Employer	Occupation
MID-ATLANTIC WOMEN'S CARE	PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	27	/	2014

Transaction ID : SA11AI.16914

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. ELIZABETH B. GOLPIRA**

Mailing Address 1702 CLONCURRY ROAD

City	State	Zip Code
NORFOLK	VA	23505

FEC ID number of contributing federal political committee.

C

Name of Employer	Occupation
MID-ATLANTIC WOMEN'S CARE	PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	27	/	2014

Transaction ID : SA11AI.16915

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. PETER GREENSPAN**

Mailing Address 3601 NORTHWEST WINDING WOODS DRIVE

City	State	Zip Code
LEE'S SUMMIT	MD	64064

FEC ID number of contributing federal political committee.

C

Name of Employer	Occupation
UNIVERSITY PHYSICIANS	PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	13	/	2014

Transaction ID : SA11AI.17049

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  
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. LAURIE C. GREGG**

Mailing Address 1846 ROCKWOOD DRIVE

City

SACRAMENTO

State

CA

Zip Code

95864

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

2585.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	15	/	2014

Transaction ID : SA11Al.16819

Amount of Each Receipt this Period

85.00

Full Name (Last, First, Middle Initial)

**B. CECIL D. GROVES**

Mailing Address 109 HARBOR WATCH DRIVE

City

CHESAPEAKE

State

VA

Zip Code

23320

FEC ID number of contributing  
federal political committee.

C

Name of Employer

THE GROUP FOR WOMEN

Occupation

PHYSICIAN

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2014

Transaction ID : SA11Al.17020

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. NEIL A. HAMILL**

Mailing Address 3882 SOUTH 177TH AVENUE

City

OMAHA

State

NE

Zip Code

68130

FEC ID number of contributing  
federal political committee.

C

Name of Employer

METHODIST HOSPITAL

Occupation

PHYSICIAN

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	09	/	2014

Transaction ID : SA11Al.16653

Amount of Each Receipt this Period

100.00

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

435.00

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

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. LISBET M. HANSON**

Mailing Address 1501 MCCULLOUGH LANE

City

VIRGINIA BEACH

State

VA

Zip Code

23454

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MID-ATLANTIC WOMEN'S CARE

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 24 / 2014

Transaction ID : SA11AI.17021

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. DENISE L. HARRIS**

Mailing Address 424 PEACE HAVEN DRIVE

City

NORFOLK

State

VA

Zip Code

23502

FEC ID number of contributing  
federal political committee.

C

Name of Employer

THE GROUP FOR WOMEN

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 27 / 2014

Transaction ID : SA11AI.16916

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. RUTH E. HASKINS**

Mailing Address 3444 SMOKEY MOUNT CIRCLE

City

ELDORADO HILLS

State

CA

Zip Code

95762

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 ▼

215.00

Date of Receipt

06 / 24 / 2014

Transaction ID : SA11AI.16945

Amount of Each Receipt this Period

215.00

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

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

715.00

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

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. CYNTHIA R. HAYES**

Mailing Address 2127 ELLIS AVENUE

City  
BOISE

State Zip Code  
ID 83702

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ST. LUKE'S REGIONAL MEDICAL

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 29 / 2014

Transaction ID : SA11Al.17069

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**B. RICHARD W. HENDERSON**

Mailing Address 1709 CLEAVER LANE

City  
WILMINGTON

State Zip Code  
DE 19803

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ST. FRANCIS HOSPITAL

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1290.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 10 / 2014

Transaction ID : SA11Al.16670

Amount of Each Receipt this Period

625.00

Full Name (Last, First, Middle Initial)

**C. THOMAS W. HEPFER**

Mailing Address 2810 LILLINGTON DRIVE

City  
SUMTER

State Zip Code  
SC 29150

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TUOMEY HEALTHCARE

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 09 / 2014

Transaction ID : SA11Al.16732

Amount of Each Receipt this Period

300.00

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

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

1225.00

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. ROBERT M. HILL**

Mailing Address 10101 RAINBOW ROAD

City State Zip Code  
CARROLLTON VA 23314

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HAMPTON ROADS OB/GYN

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 27 / 2014

Transaction ID : SA11AI.16917

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. LA FLOYD H. HOBBS**

Mailing Address P.O. BOX 280

City State Zip Code  
LANDRUM SC 29356

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 09 / 2014

Transaction ID : SA11AI.16654

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. NAVED A. JAFRI**

Mailing Address 4000 COLISEUM DRIVE

City State Zip Code  
HAMPTON VA 23666

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OB/GYN ASSOCIATES OF HAMPTON

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 24 / 2014

Transaction ID : SA11AI.17022

Amount of Each Receipt this Period

250.00

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

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

750.00

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

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. OBAID H. JAFRI**

Mailing Address 4000 COLISEUM DRIVE

City State Zip Code  
 HAMPTON VA 23666

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 OB/GYN ASSOCIATES OF HAMPTON

Occupation  
 PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 06 / 24 / 2014

Transaction ID : SA11AI.17023

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. MARIE JOHANTGEN**

Mailing Address 3115 31ST COURT

City State Zip Code  
 OLYMPIA WA 98501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 GROUP HEALTH COOPERATIVE

Occupation  
 PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 06 / 14 / 2014

Transaction ID : SA11AI.16818

Amount of Each Receipt this Period

215.00

Full Name (Last, First, Middle Initial)

**C. JENNIFER G. KAISER-BLASE**

Mailing Address 27 OXFORD BOULEVARD

City State Zip Code  
 PLEASANT RIDGE MI 48069

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 WOMEN FIRST OB/GYN CENTER

Occupation  
 PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 06 / 27 / 2014

Transaction ID : SA11AI.16918

Amount of Each Receipt this Period

500.00

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

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

965.00

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

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for each category of the  
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FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. PETER J. KEMP**

Mailing Address 925 OXFORD DRIVE

City

VIRGINIA BEACH

State

VA

Zip Code

23452

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MID-ATLANTIC WOMEN'S CARE

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 24 / 2014

Transaction ID : SA11AI.17024

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. JIMMY P. KHANDALAVALA**

Mailing Address 2721 SOUTH 100TH STREET

City

OMAHA

State

NE

Zip Code

68124

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ALEGENT CREIGHTON CLINIC

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1540.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 16 / 2014

Transaction ID : SA11AI.16631

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. RAEGAN N. KOTSKO**

Mailing Address 1608 BOHNHOFF DRIVE

City

VIRGINIA BEACH

State

VA

Zip Code

23454

FEC ID number of contributing  
federal political committee.

C

Name of Employer

VIRGINIA BEACH OB/GYN

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 24 / 2014

Transaction ID : SA11AI.17026

Amount of Each Receipt this Period

250.00

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

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

1000.00

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

 Use separate schedule(s)  
 for each category of the  
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 FOR LINE NUMBER:  
 (check only one)

PAGE 31 OF 65

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. STEPHEN A. KULL**

Mailing Address 7 PAGE HILL ROAD

 City  
 BERLIN

 State  
 NH

 Zip Code  
 03570

 FEC ID number of contributing  
 federal political committee.

C

Name of Employer

ANDROSCOGGIN VALLEY HOSPITAL

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	18	/	2014

**Transaction ID : SA11AI.16808**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. FENNEY KWAN**

Mailing Address 4545 COMMERCE STREET

City

VIRGINIA BEACH

State

VA

Zip Code

23462

 FEC ID number of contributing  
 federal political committee.

C

Name of Employer

MID-ATLANTIC WOMEN'S CARE

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	24	/	2014

**Transaction ID : SA11AI.17027**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. ZENETTE M. LEO**

Mailing Address 1608 BEARDSLY COURT

City

CHESAPEAKE

State

VA

Zip Code

23322

 FEC ID number of contributing  
 federal political committee.

C

Name of Employer

GYNECOLOGY SPECIALISTS

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	24	/	2014

**Transaction ID : SA11AI.17028**

Amount of Each Receipt this Period

250.00

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

1000.00

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

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

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

FOR LINE NUMBER: PAGE 32 OF 65  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. JANICE LEVIN**

Mailing Address 2100 CHAMBERLING KEY

City State Zip Code  
 VIRGINIA BEACH VA 23454

FEC ID number of contributing  
federal political committee.

C

Name of Employer

COMPLETE WOMEN'S CARE

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 27 / 2014

**Transaction ID : SA11Al.16919**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. PAUL I. LINDNER**

Mailing Address 1100 KENNEDY TRAIL

City State Zip Code  
 CHESAPEAKE VA 23322

FEC ID number of contributing  
federal political committee.

C

Name of Employer

TOTAL CARE FOR WOMEN

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 24 / 2014

**Transaction ID : SA11Al.17029**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. LINDA M. LONG**

Mailing Address 3072 FALMOUTH DRIVE

City State Zip Code  
 CHESAPEAKE VA 23321

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GYNECOLOGY SPECIALISTS

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 27 / 2014

**Transaction ID : SA11Al.16920**

Amount of Each Receipt this Period

250.00

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

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

750.00



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

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

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. JAMES A. MACER**

Mailing Address 10 CONGRESS STREET

City  
PASADENA

State Zip Code  
CA 91105

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 ▼

750.00

Date of Receipt

06 / 10 / 2014

Transaction ID : SA11AI.16733

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

**B. PETER C. MANNING**

Mailing Address 10 CALY HOLLOW ROAD

City  
KENNEBUNK

State Zip Code  
ME 04043

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SOUTHERN MAINE HEALTH CARE

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 09 / 2014

Transaction ID : SA11AI.16657

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. WILLIAM L. MARTIN**

Mailing Address 452 LINKHORN DRIVE

City  
VIRGINIA BEACH

State Zip Code  
VA 23451

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MID-ATLANTIC WOMEN'S CARE

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 24 / 2014

Transaction ID : SA11AI.17030

Amount of Each Receipt this Period

250.00

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

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

1250.00

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

 Use separate schedule(s)  
 for each category of the  
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 (check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. STEWART W. MASON**

Mailing Address 1374 EAST ALLUVIAL AVENUE

City	State	Zip Code
FRESNO	CA	93720

FEC ID number of contributing federal political committee.

C

Name of Employer

CENTRAL VALLEY WOMEN'S HEALTH

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	04	/	2014

Transaction ID : SA11Al.16723

Amount of Each Receipt this Period

215.00

Full Name (Last, First, Middle Initial)

**B. LINDA MATHISON-EZIEME**

Mailing Address 816 FOREST GLADE DRIVE

City	State	Zip Code
CHESAPEAKE	VI	23322

FEC ID number of contributing federal political committee.

C

Name of Employer

VIRGINIA CENTER FOR WOMEN

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	27	/	2014

Transaction ID : SA11Al.16921

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. RICHARD A. MCCAULEY**

Mailing Address 1605 KINGSLEY AVENUE

City	State	Zip Code
ORANGE PARK	FL	32073

FEC ID number of contributing federal political committee.

C

Name of Employer

NORTH FLORIDA OB/GYN

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2014

Transaction ID : SA11Al.16634

Amount of Each Receipt this Period

1000.00

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

1465.00

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  
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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. M. CATHLEEN MCCOY**

Mailing Address 1840 AMHERST STREET

City

WINCHESTER

State

VA

Zip Code

22601

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SHENANDOAH MATERNAL FETAL

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 10 / 2014

Transaction ID : SA11AI.16672

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. MICHAEL J. MCCOY**

Mailing Address 5020 FERRES LANE

City

BURLINGTON

State

IA

Zip Code

52601

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GREAT RIVER WOMEN'S HEALTH

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1515.00

Date of Receipt

06 / 05 / 2014

Transaction ID : SA11AI.16726

Amount of Each Receipt this Period

515.00

Full Name (Last, First, Middle Initial)

**C. MARYANNE MCDONNELL**

Mailing Address 19 MAPLE VALLEY ROAD

City

BOSTON

State

CT

Zip Code

06043

FEC ID number of contributing  
federal political committee.

C

Name of Employer

OB/GYN GROUP

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

06 / 28 / 2014

Transaction ID : SA11AI.17068

Amount of Each Receipt this Period

175.00

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

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

940.00

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

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. JOHN P. MCHUGH**

Mailing Address P.O. BOX 157

City State Zip Code  
 CORONA DEL MAR CA 92625

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 OB HOSPITALIST GROUP

Occupation  
 PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

515.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 06 / 24 / 2014

Transaction ID : SA11AI.16946

Amount of Each Receipt this Period

215.00

Full Name (Last, First, Middle Initial)

**B. JEANNINE M. MCMAHON**

Mailing Address 11436 LAKEWOOD STREET

City State Zip Code  
 CROWN POINT IN 46207

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 CROWN POINT OB/GYN

Occupation  
 PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 06 / 21 / 2014

Transaction ID : SA11AI.16976

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

**C. AASTA MEHTA**

Mailing Address 201 NORTH 8TH STREET

City State Zip Code  
 PHILADELPHIA PA 19106

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 DREXEL UNIVERSITY

Occupation  
 PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1026.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 06 / 10 / 2014

Transaction ID : SA11AI.16676

Amount of Each Receipt this Period

209.00

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

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

549.00

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

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for each category of the  
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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. PATRICIA M. MILLER**

Mailing Address 25 VILLAGE BROOK LANE

City  
DERRY

State  
NH

Zip Code  
03038

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 ▼

800.00

Date of Receipt

06 / 06 / 2014

Transaction ID : SA11Al.16730

Amount of Each Receipt this Period

175.00

Full Name (Last, First, Middle Initial)

**B. OWEN C. MONTGOMERY**

Mailing Address 450 CHAPEL HEIGHTS ROAD

City  
SEWELL

State  
NJ

Zip Code  
08080

FEC ID number of contributing  
federal political committee.

C

Name of Employer

DREXEL UNIVERSITY

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1370.00

Date of Receipt

06 / 05 / 2014

Transaction ID : SA11Al.16727

Amount of Each Receipt this Period

325.00

Full Name (Last, First, Middle Initial)

**C. OWEN C. MONTGOMERY**

Mailing Address 450 CHAPEL HEIGHTS ROAD

City  
SEWELL

State  
NJ

Zip Code  
08080

FEC ID number of contributing  
federal political committee.

C

Name of Employer

DREXEL UNIVERSITY

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1579.00

Date of Receipt

06 / 06 / 2014

Transaction ID : SA11Al.16650

Amount of Each Receipt this Period

209.00

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

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

709.00

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

 Use separate schedule(s)  
 for each category of the  
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 (check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. ALETHIA E. MORGAN**

Mailing Address 3075 SOUTH BIRCH STREET

City	State	Zip Code
DENVER	CO	80222

FEC ID number of contributing federal political committee.

C

Name of Employer

COPIC

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	12	/	2014

Transaction ID : SA11Al.16785

Amount of Each Receipt this Period

625.00

Full Name (Last, First, Middle Initial)

**B. FRANKLIN G. MORGAN**

Mailing Address 1444 CLONCURRY ROAD

City	State	Zip Code
NORFOLK	VA	23505

FEC ID number of contributing federal political committee.

C

Name of Employer

TIDEWATER PHYSICIANS FOR WOMEN

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	27	/	2014

Transaction ID : SA11Al.16922

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. IVAN K. MUHLENDORF**

Mailing Address 800 SOUTH SPIGEL DRIVE

City	State	Zip Code
VIRGINIA BEACH	VA	23454

FEC ID number of contributing federal political committee.

C

Name of Employer

MID-ATLANTIC IMAGING CENTERS

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	27	/	2014

Transaction ID : SA11Al.16925

Amount of Each Receipt this Period

250.00

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

1125.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. ANTOINE A. NAIM**

Mailing Address 90 FIDDLER RIDGE ROAD

City  
WESTON

State Zip Code  
WV 26542

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
STONEWALL JACKSON HOSPITAL

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 16 / 2014

Transaction ID : SA11AI.16635

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. LYDIA D. NIGHTINGALE**

Mailing Address 9501 PROSPER DRIVE

City  
OKLAHOMA CITY

State Zip Code  
OK 73151

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UNIVERSITY OF OKLAHOMA

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 13 / 2014

Transaction ID : SA11AI.17055

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. DANIEL L. NOFFSINGER**

Mailing Address 627 LYNN SHORES ROAD

City  
VIRGINIA BEACH

State Zip Code  
VA 23452

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
THE GROUP FOR WOMEN

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 24 / 2014

Transaction ID : SA11AI.17031

Amount of Each Receipt this Period

250.00

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

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

1000.00

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. TIMOTHY A. O'CONNELL**

Mailing Address 68 COLUMBIA DRIVE

City State Zip Code  
NEWPORT NEWS VA 23608

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MID-ATLANTIC WOMEN'S CARE

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 24 / 2014

Transaction ID : SA11AI.17032

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. FRANCINE A. OLDS**

Mailing Address 1080 FIRST COLONIAL ROAD

City State Zip Code  
VIRGINIA BEACH VA 23454

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WOMEN'S HEALTH CHOICE

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 24 / 2014

Transaction ID : SA11AI.17033

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. TODD A. PANKRATZ**

Mailing Address 2115 NORTH KANSAS AVENUE

City State Zip Code  
HASTINGS NE 68901

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OBSTETRICIANS & GYNECOLOGISTS

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1630.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 26 / 2014

Transaction ID : SA11AI.17065

Amount of Each Receipt this Period

430.00

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

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

930.00



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

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. MOHAMAD PARVA**

Mailing Address 880 BISHOPS GATE LANE

City State Zip Code  
 VIRGINIA BEACH VA 23452

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 THE GROUP FOR WOMEN

Occupation  
 PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 06 / 27 / 2014

Transaction ID : SA11Al.16927

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. AMIT I. PATEL**

Mailing Address 3822 BOWSER AVENUE

City State Zip Code  
 DALLAS TX 75219

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 MODERN GYNECOLOGY

Occupation  
 PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 06 / 03 / 2014

Transaction ID : SA11Al.16559

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. JAMES J. PEREZ**

Mailing Address 193 LAKE BLUFF DRIVE

City State Zip Code  
 COLUMBUS OH 43235

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 DOCTORS HOSPITAL OHIO HEALTH

Occupation  
 PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 06 / 21 / 2014

Transaction ID : SA11Al.16977

Amount of Each Receipt this Period

120.00

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

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

470.00

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

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

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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. JOANNE L. PERRON**

Mailing Address 3017 SLOAT ROAD

City State Zip Code  
 PEBBLE BEACH CA 93953

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 06 / 11 / 2014

Transaction ID : SA11Al.16816

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

**B. JOHN C. PFEFFER**

Mailing Address 1400 FLORIDA AVENUE

City State Zip Code  
 MODESTO CA 95350

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MODESTO ARTS MEDICAL GROUP

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 06 / 20 / 2014

Transaction ID : SA11Al.16971

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. HOLLY S. PURITZ**

Mailing Address 7940 NORTH SHORE ROAD

City State Zip Code  
 NORFOLK VA 23505

FEC ID number of contributing  
federal political committee.

C

Name of Employer

THE GROUP FOR WOMEN

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1035.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 06 / 09 / 2014

Transaction ID : SA11Al.16661

Amount of Each Receipt this Period

245.00

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

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

645.00

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

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

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(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. PAMELA G. PYLE**

Mailing Address 1304 KINGFISHER COURT

City State Zip Code  
VIRGINIA BEACH VA 23541

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
VIRGINIA BEACH OB/GYN

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 27 / 2014

Transaction ID : SA11AI.16929

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. GEORGE RECTOR**

Mailing Address 608 FORDSMERE ROAD

City State Zip Code  
CHESAPEAKE VA 23322

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MID-ATLANTIC WOMEN'S CARE

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 24 / 2014

Transaction ID : SA11AI.17035

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. STEVEN W. REMMENG**

Mailing Address 16995 PRINCETON ROAD

City State Zip Code  
ADAMS NE 68301

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UNIVERSITY OF NEBRASKA

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

877.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 04 / 2014

Transaction ID : SA11AI.16550

Amount of Each Receipt this Period

209.00

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

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

709.00

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

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

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 (check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. NATALIE N. RODGERS**

Mailing Address 3504 BRANNON DRIVE

City

VIRGINIA BEACH

State

VA

Zip Code

23456

FEC ID number of contributing  
federal political committee.

C

Name of Employer

VIRGINIA BEACH OB/GYN

Occupation

PHYSICIAN

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	27	/	2014

Transaction ID : SA11AI.16930

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. JOSEPH A. ROJAS**

Mailing Address 9120 WEST POST ROAD

City

LAS VEGAS

State

NV

Zip Code

89148

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MEADOWS WOMEN'S CENTER

Occupation

PHYSICIAN

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	04	/	2014

Transaction ID : SA11AI.16551

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. VICKI SELLER**

Mailing Address 633 JASON STREET NORTHEAST

City

SALEM

State

OR

Zip Code

97301

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	25	/	2014

Transaction ID : SA11AI.17010

Amount of Each Receipt this Period

300.00

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

1050.00

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

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

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. SHARON L. SHEFFIELD**

Mailing Address P.O. BOX 1066

City State Zip Code  
FRANKLIN VA 23851

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OB/GYN PHYSICIANS

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 27 / 2014

Transaction ID : SA11AI.16931

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. SARAH SHEPHERD**

Mailing Address 2532 EAST 26TH STREET

City State Zip Code  
TULSA OK 74114

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TULSA OB/GYN

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 13 / 2014

Transaction ID : SA11AI.17059

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. SUSAN M. SHERIDAN**

Mailing Address 150 NORTH MELROSE

City State Zip Code  
CASPER WY 82601

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CASPER OB/GYN ASSOCIATES

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 03 / 2014

Transaction ID : SA11AI.16560

Amount of Each Receipt this Period

1000.00

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

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

1500.00

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

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial) <b>A. VIRGINIA A. SIEGFRIED</b></p> <p>Mailing Address 518 GARDEN STREET</p> <p>City State Zip Code SANTA BARBARA CA 93101</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation PLANNED PARENTHOOD PHYSICIAN</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 215.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 06 / 06 / 2014 <b>Transaction ID : SA11AI.16731</b></p> <p>Amount of Each Receipt this Period 215.00</p>		
<p>Full Name (Last, First, Middle Initial) <b>B. LAURA SIROTT</b></p> <p>Mailing Address 249 SOUTH BERKELEY AVENUE</p> <p>City State Zip Code PASADENA CA 91107</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation SELF-EMPLOYED PHYSICIAN</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1250.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 06 / 10 / 2014 <b>Transaction ID : SA11AI.16678</b></p> <p>Amount of Each Receipt this Period 625.00</p>		
<p>Full Name (Last, First, Middle Initial) <b>C. PATRICIA H. SMITH</b></p> <p>Mailing Address 738 FONTAINE STREET</p> <p>City State Zip Code ALEXANDRIA VA 22302</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation GWU MEDICAL FACULTY ASSOCIATES PHYSICIAN</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 06 / 09 / 2014 <b>Transaction ID : SA11AI.16662</b></p> <p>Amount of Each Receipt this Period 250.00</p>		
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<p>1090.00</p>		
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>			<p></p>		

**SCHEDULE A (FEC Form 3X)****ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. MARK R. SPENCE**

Mailing Address 1190 NORTHWEST 95TH STREET

City	State	Zip Code
MIAMI	FL	33150

FEC ID number of contributing  
federal political committee.

C

Name of Employer

FULL CIRCLE HEALTH CARE

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	23	/	2014

Transaction ID : SA11AI.16982

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**B. EDWARD C. SPOON**

Mailing Address 624 CANYON GREENS DRIVE

City	State	Zip Code
LAS VEGAS	NV	89144

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LAS VEGAS OB/GYN WOMEN'S CARE

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	27	/	2014

Transaction ID : SA11AI.16932

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. ROBERT R. STERLING**

Mailing Address 1268 REDWOOD FARM COURT

City	State	Zip Code
VIRGINIA BEACH	VA	23452

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MID-ATLANTIC WOMEN'S CARE

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2014

Transaction ID : SA11AI.17036

Amount of Each Receipt this Period

250.00

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

800.00

**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  
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FOR LINE NUMBER:  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. KIMBERLY J. STOCKMASTER**

Mailing Address 1329 SYCAMORE ROAD

City State Zip Code  
 VIRGINIA BEACH VA 23452

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 MID-ATLANTIC WOMEN'S CARE

Occupation  
 PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 06 / 27 / 2014

Transaction ID : SA11AI.16934

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. ANGELA R. STOEHR**

Mailing Address 5875 95TH AVENUE NORTH

City State Zip Code  
 PINELLAS PARK FL 33782

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 EASTERN IOWA HEALTH CENTER

Occupation  
 PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 06 / 14 / 2014

Transaction ID : SA11AI.16793

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**C. DANA G. STONE**

Mailing Address 1730 HUNTINGTON AVENUE

City State Zip Code  
 OKLAHOMA CITY OK 73116

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 SELF-EMPLOYED

Occupation  
 PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1257.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 06 / 09 / 2014

Transaction ID : SA11AI.16664

Amount of Each Receipt this Period

210.00

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

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

470.00



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

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. DANA G. STONE**

Mailing Address 1730 HUNTINGTON AVENUE

City	State	Zip Code
OKLAHOMA CITY	OK	73116

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1267.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	13	/	2014

Transaction ID : SA11AI.17063

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**B. JANETTE H. STRATHY**

Mailing Address 3209 GALLERIA

City	State	Zip Code
EDINA	MN	55435

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PARK NICOLLET HEALTH SERVICES

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	16	/	2014

Transaction ID : SA11AI.16639

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. SCOTT A. SULLIVAN**

Mailing Address 3423 COLONEL VANDERHORST CIRCLE

City	State	Zip Code
MT. PLEASANT	SC	29466

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MEDICAL UNIVERSITY OF SC

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	26	/	2014

Transaction ID : SA11AI.17066

Amount of Each Receipt this Period

175.00

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

685.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. LINDA T. SWAN**

Mailing Address 3097 DRESDEN ROAD

City  
ZANESVILLE

State  
OH

Zip Code  
43701

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GENESIS PRIMARY CARE

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 18 / 2014

**Transaction ID : SA11Al.16813**

Amount of Each Receipt this Period

600.00

Full Name (Last, First, Middle Initial)

**B. ERWIN G. SZELA**

Mailing Address 600 WEST LAKE COOK ROAD

City  
BUFFALO GROVE

State  
IL

Zip Code  
60089

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WOMEN'S HEALTH FIRST

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  
06 / 09 / 2014

**Transaction ID : SA11Al.16665**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. REENA TALREJA-PELAEZ**

Mailing Address 1713 SOUTH WOODHOUSE ROAD

City  
VIRGINIA BEACH

State  
VA

Zip Code  
23454

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
VIRGINIA BEACH OB/GYN

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 24 / 2014

**Transaction ID : SA11Al.17038**

Amount of Each Receipt this Period

250.00

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

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

1850.00

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

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

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. JANICE TILDON-BURTON**

Mailing Address 1700 TALLEY ROAD

City

WILMINGTON

State

DE

Zip Code

19803

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

927.00

Date of Receipt

06 / 02 / 2014

Transaction ID : SA11AI.16567

Amount of Each Receipt this Period

209.00

Full Name (Last, First, Middle Initial)

**B. ERIN E. TRACY**

Mailing Address 5 HIGH STREET

City

STONEHAM

State

MA

Zip Code

02180

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MASS GENERAL PHYSICIANS

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1254.00

Date of Receipt

06 / 26 / 2014

Transaction ID : SA11AI.16995

Amount of Each Receipt this Period

209.00

Full Name (Last, First, Middle Initial)

**C. ERIC R. VERA**

Mailing Address 403 PERMIAN WAY

City

VILLA RICA

State

GA

Zip Code

30180

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 10 / 2014

Transaction ID : SA11AI.16680

Amount of Each Receipt this Period

1000.00

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

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

1418.00

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

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

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. JEFFREY M. WENTWORTH**

Mailing Address 332 BAY DUNES DRIVE

City State Zip Code  
 NORFOLK VA 23503

FEC ID number of contributing  
federal political committee.

C

Name of Employer

THE GROUP FOR WOMEN

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 27 / 2014

Transaction ID : SA11AI.16939

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. ELMER C. WERNER**

Mailing Address 11588 VIA RANCHO SAN DIEGO

City State Zip Code  
 EL CAJON CA 92019

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 10 / 2014

Transaction ID : SA11AI.16682

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. EMILY M. WHITE**

Mailing Address 55 FERNCREST AVENUE

City State Zip Code  
 CRANSTON RI 02905

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PROVIDENCE COMMUNITY HEALTH

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 07 / 2014

Transaction ID : SA11AI.16651

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:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. LENA R. WILEY**

Mailing Address 2115 WEST CRYSTAL STREET

City State Zip Code  
 CHICAGO IL 60622

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 LOYOLA UNIVERSITY MEDICAL

Occupation  
 PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

06 / 06 / 2014

Transaction ID : SA11Al.16705

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**B. HUGH D. WOLCOTT**

Mailing Address 1202 YANCEY CIRCLE

City State Zip Code  
 VIRGINIA BEACH VA 23454

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 MID-ATLANTIC WOMEN'S CARE

Occupation  
 PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 27 / 2014

Transaction ID : SA11Al.16940

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. ROBERT YELVERTON**

Mailing Address 2526 JETTON AVENUE

City State Zip Code  
 TAMPA FL 33629

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 ▼

280.00

Date of Receipt

06 / 10 / 2014

Transaction ID : SA11Al.16683

Amount of Each Receipt this Period

70.00

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

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

360.00

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

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

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 (check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. EDWARD R. YEOMANS**

Mailing Address 3601 4TH STREET

City

LUBBOCK

State

TX

Zip Code

79430

FEC ID number of contributing federal political committee.

C

Name of Employer

TEXAS TECH UNIVERSITY

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
0	6		1	2		2	0	1	4

Transaction ID : SA11AI.16787

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. MARILYN SAU YING YOUNG**

Mailing Address 9009 LIGON COURT

City

FORT MYERS

State

FL

Zip Code

33908

FEC ID number of contributing federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	2		2	0	1	4

Transaction ID : SA11AI.16568

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Receipt this Period

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

1250.00

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

44416.33

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

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

### A. AMERICAN EXPRESS

Date of Disbursement

Transaction ID : SB21B.16535

Category/  
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Amount of Each Disbursement this Period

217.21

## B. AMERICAN EXPRESS

Date of Disbursement

MM / DD / YYYY

Transaction ID : SB21B.17039

Category/  
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Amount of Each Disbursement this Period

7.95

### C. FIRST NATIONAL MERCHANT SOLUTIONS

Date of Disbursement

06 / 03 / 2014

Transaction ID : SB21B.16536

Category/  
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Amount of Each Disbursement this Period

561.27

786.43

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

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

52.00

3.30

841.73



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR 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)**

Full Name (Last, First, Middle Initial)

**A. BARBARA LEE FOR CONGRESS**

Mailing Address 409 13TH STREET

City	State	Zip Code
OAKLAND	CA	94612

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

**BARBARA LEE**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA District: 13

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	16	/	2014

**Transaction ID : SB23.16770**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. BENISHEK FOR CONGRESS**

Mailing Address P.O. BOX 108

City	State	Zip Code
GLADSTONE	MI	49837

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

**DANIEL J. BENISHEK**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MI District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	25	/	2014

**Transaction ID : SB23.16894**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. BERA FOR CONGRESS**

Mailing Address P.O. BOX 582496

City	State	Zip Code
ELK GROVE	CA	95758

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

**AMERISH BERA**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	25	/	2014

**Transaction ID : SB23.16896**

Amount of Each Disbursement this Period

1000.00
---------

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

4500.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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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)**

Full Name (Last, First, Middle Initial)

**A. BILL FLORES FOR CONGRESS**

Mailing Address P.O. BOX 6207

City	State	Zip Code
BRYAN	TX	77805

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

**BILL FLORES**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: TX District: 17

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	16	/	2014

**Transaction ID : SB23.16747**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. DUCKWORTH FOR CONGRESS**

Mailing Address P.O. BOX 59568

City	State	Zip Code
SCHAUMBURG	IL	60159

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

**L. TAMMY DUCKWORTH**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: IL District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	16	/	2014

**Transaction ID : SB23.16745**

Amount of Each Disbursement this Period

3000.00
---------

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF BOB JOHNSON**

Mailing Address P.O. BOX 16401

City	State	Zip Code
SAVANNAH	GA	31416

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

**ROBERT E. JOHNSON**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: GA District: 01

Runoff

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	09	/	2014

**Transaction ID : SB23.16544**

Amount of Each Disbursement this Period

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

10500.00
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	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

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

## A. JOHN FOUST FOR CONGRESS

06 / 09 / 2014

JOHN FOUST

Disbursement For: 2014

☐ Primary ☒ General

☐ Other (specify) ▼

5000.00

## B. KUSTER FOR CONGRESS

MM / DD / YYYY

ANN MCLANE KUSTER

Disbursement For: 2014

☐ Primary ☒ General

☐ Other (specify) ▼

5000.00

**C. MARSHA BLACKBURN FOR CONGRESS, INC.**

06 / 16 / 2014

MARSHA BLACKBURN

Disbursement For: 2014

☒ Primary ☐ General

☐ Other (specify) ▼

2000.00

12000.00

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

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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)**

Full Name (Last, First, Middle Initial)

**A. PAUL TONKO FOR CONGRESS**

Mailing Address 911 CENTRAL AVENUE

City	State	Zip Code
ALBANY	NY	12206

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

**PAUL D. TONKO**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY District: 20

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		09		2014

**Transaction ID : SB23.16537**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. PAUL TONKO FOR CONGRESS**

Mailing Address 911 CENTRAL AVENUE

City	State	Zip Code
ALBANY	NY	12206

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

**PAUL D. TONKO**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY District: 20

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		16		2014

**Transaction ID : SB23.16736**

Amount of Each Disbursement this Period

1500.00
---------

Full Name (Last, First, Middle Initial)

**C. PEOPLE FOR PATTY MURRAY**

Mailing Address P.O. BOX 3662

City	State	Zip Code
SEATTLE	WA	98124

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

**PATTY MURRAY**Office Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: WA District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		16		2014

**Transaction ID : SB23.16754**

Amount of Each Disbursement this Period

2500.00
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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

5000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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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)**

Full Name (Last, First, Middle Initial)

**A. RICHARD HANNA FOR CONGRESS COMMITTEE**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	16	/	2014

Mailing Address P.O. BOX 118

City	State	Zip Code
UTICA	NY	13503

**Transaction ID : SB23.16748**Purpose of Disbursement  
CONTRIBUTION

Amount of Each Disbursement this Period

Candidate Name

**RICHARD HANNA**Category/  
Type

2500.00

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

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: NY District: 22

Full Name (Last, First, Middle Initial)

**B. RON BARBER FOR CONGRESS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	30	/	2014

Mailing Address P.O. BOX 57715

City	State	Zip Code
TUCSON	AZ	85732

**Transaction ID : SB23.16965**Purpose of Disbursement  
CONTRIBUTION

Amount of Each Disbursement this Period

Candidate Name

**RONALD BARBER**Category/  
Type

1000.00

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

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: AZ District: 02

Full Name (Last, First, Middle Initial)

**C. STEVE COHEN FOR CONGRESS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	16	/	2014

Mailing Address 349 KENILWORTH PLACE

City	State	Zip Code
MEMPHIS	TN	38112

**Transaction ID : SB23.16741**Purpose of Disbursement  
CONTRIBUTION

Amount of Each Disbursement this Period

Candidate Name

**STEPHEN I. COHEN**Category/  
Type

2500.00

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

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: TN District: 09

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

6000.00



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

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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)**

Full Name (Last, First, Middle Initial)

**A. UPTON FOR ALL OF US**

Mailing Address P.O. BOX 490

City  
ST. JOSEPHState  
MIZip Code  
49085Purpose of Disbursement  
CONTRIBUTION

Candidate Name

**FREDERICK S. UPTON**

Office Sought:



House



Senate



President

Disbursement For: 2014



Primary



General



Other (specify) ▼

State: MI

District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		09		2014

**Transaction ID : SB23.16539**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**B. VOLUNTEERS FOR SHIMKUS**

Mailing Address P.O. BOX 661

City  
COLLINSVILLEState  
ILZip Code  
62234Purpose of Disbursement  
CONTRIBUTION

Candidate Name

**JOHN M. SHIMKUS**

Office Sought:



House



Senate



President

Disbursement For: 2014



Primary



General



Other (specify) ▼

State: IL

District: 15

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		16		2014

**Transaction ID : SB23.16763**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. WALORSKI FOR CONGRESS**

Mailing Address P.O. BOX 954

City  
MISHAWAKAState  
INZip Code  
46546Purpose of Disbursement  
CONTRIBUTION

Candidate Name

**JACKIE WALORSKI SWIHART**

Office Sought:



House



Senate



President

Disbursement For: 2014



Primary



General



Other (specify) ▼

State: IN

District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		16		2014

**Transaction ID : SB23.16766**

Amount of Each Disbursement this Period

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

8500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR 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)**

Full Name (Last, First, Middle Initial)

**A. WELCH FOR CONGRESS**

Mailing Address P.O. BOX 1682

City  
BURLINGTONState  
VTZip Code  
05402Purpose of Disbursement  
CONTRIBUTION

Candidate Name

**PETER WELCH**Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) ▼

State: VT District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2014

**Transaction ID : SB23.16761**

Amount of Each Disbursement this Period

2000.00
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Full Name (Last, First, Middle Initial)

**B. WHITFIELD FOR CONGRESS COMMITTEE**

Mailing Address P.O. BOX 391

City  
HOPKINSVILLEState  
KYZip Code  
42241Purpose of Disbursement  
CONTRIBUTION

Candidate Name

**WAYNE E. WHITFIELD**Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

State: KY District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2014

**Transaction ID : SB23.16769**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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

4500.00
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66500.00
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