Image# 15950849226		PAGE 1 / 29
	EPORT OF RECEIPTS ND DISBURSEMENTS Other Than An Authorized Committee	
1. NAME OF TYP	PE OR PRINT ▼ Example: If typing, type	Office Use Only
COMMITTEE (in full)	over the lines.	12FE4M5
	RESS OF OB-GYNS PAC (OB-GYN PAC)	
ADDRESS (number and street)	09 12TH STREET, SW	
Check if different than previously reported. (ACC)	WASHINGTON	DC 20024
2. FEC IDENTIFICATION NUME		STATE ZIP CODE
C C00364158	3. IS THIS REPORT X (N) OR	AMENDED (A)
 (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 	(b) Monthly Report Due On: Feb 20 (M2) May 20 (M5) Mar 20 (M3) Jun 20 (M6) Apr 20 (M4) Jul 20 (M7) (c) 12-Day PRE-Election Report for the: Primary (12P) Convention (12C) Convention (12C)	Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only) Oct 20 (M10) Jan 31 (YE) General (12G) Runoff (12R) Special (12S)
Quarterly Report (Q3) January 31 Year-End Report (YE)	Election on	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST -Election Report for the:	Runoff (30R) Special (30S)
Termination Report (TER)	Election on	in the State of
5. Covering Period 02	/ D D / Y Y Y Y 01 2015 through 02	/ D D / Y Y Y Y 28 2015
-	eport and to the best of my knowledge and belief it is tru STACIE MONROE	ue, correct and complete.
Signature of Treasurer	IONROE [Electronically Filed]	Date 03 / 10 / 2015
NOTE: Submission of false, erroneous	, or incomplete information may subject the person signing th	his Report to the penalties of 2 U.S.C. §437g.
Office Use Only		FEC FORM 3X Rev. 12/2004

03/10/2015 09 : 07

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

Page 2

FEC Form 3X (Rev. 02/2003) Write or Type Committee Name

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

R	Report Covering the Period: From:	12 01 / Y Y Y Y Y 2015 To	b: 02 / 28 / 2015
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2015		171093.63
	(b) Cash on Hand at Beginning of Reporting Period	122478.37	
	(c) Total Receipts (from Line 19)	47400.33	83676.78
	 (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) 	169878.70	254770.41
7.	Total Disbursements (from Line 31)	51782.61	136674.32
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	118096.09	118096.09
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	. Debts and Obligations Owed BY 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

1	FAILED SUMMARY PAGE of Receipts	
FEC Form 3X (Rev. 06/2004) Write or Type Committee Name		Page 3
THE AMERICAN CONGRESS OF OE		()
MM	/ D D / Y Y Y Y	M = M / D = D / Y = Y = Y = Y
Report Covering the Period: From: 02	012015	To: 02 28 2015
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)	32619.00	49432.00
(ii) Unitemized	14781.33	34244.78
(iii) TOTAL (add Lines 11(a)(i) and (ii)▶	47400.33	83676.78
(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)	47400.33	83676.78
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	0.00	0.00
(Dividends, Interest, etc.)	0.00	0.00
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
	7 7 7	7 7 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))▶	47400.33	83676.78
20. Total Federal Receipts	47400.00	00070 70
(subtract Line 18(c) from Line 19)▶	47400.33	83676.78

Image# 15950849228

DETAILED SUMMARY PAGE

of Disbursements

FEC For	m 3X (Rev. 02/2003)		Page 4
II. C	Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	penditures: - l Federal/Non-Federal from Schedule H4)		
	eral Share	0.00	0.00
()	-Federal Share	0.00	0.00
	deral Operating ures	782.61	1174.32
(c) Total Ope	erating Expenditures	782.61	1174.32
Transfers to A	a)(i), (a)(ii), and (b)) ► Affiliated/Other Party	702.01	
Contributions		0.00	0.00
and Other Po	lidates/Committees	51000.00	135500.00
Independent I (use Schedule	Expenditures e E) Party Expenditures	0.00	0.00
Coordinated F (2 U.S.C. §44 (use Schedule	Party Expenditures I1a(d)) e F)	0.00	0.00
Loan Repaym	nents Made	0.00	0.00
Loans Made	ontributions To:	0.00	0.00
(a) Individua	Is/Persons Other litical Committees	0.00	0.00
(b) Political I	Party Committees	0.00	0.00
(-)	litical Committees PACs)	0.00	0.00
(d) Total Cor	ntribution Refunds		
(add Line	es 28(a), (b), and (c))►	0.00	0.00
Other Disburs	sements	0.00	0.00
(a) Allocated	ion Activity (2 U.S.C. §431(20)) I Federal Election Activity hedule H6)		
	al Share	0.00	0.00
	n" Share	0.00	0.00
With	Election Activity Paid Entirely Federal Funds	0.00	0.00
	deral Election Activity (add D(a)(i), 30(a)(ii) and 30(b))►	0.00	0.00
	ements (add Lines 21(c), 22,		
23, 24, 25, 20	6, 27, 28(d), 29 and 30(c))	51782.61	136674.32
	Disbursements 21(a)(ii) and Line 30(a)(ii)		
	·····	51782.61	136674.32

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DETAILED SUMMARY PAGE

of Disbursements

II. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
 Total Contributions (other than loans) (from Line 11(d), page 3) 	47400.33	83676.78
 Total Contribution Refunds (from Line 28(d)) 	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	47400.33	83676.78
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))►	782.61	1174.32
. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	782.61	1174.32

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 6 OF

	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Stateme or for commercial purposes, other than using the name		
NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS OF (OB-GYNS PAC (OB-GYN PA	4C)
FRANKLIN TI FEC ID number of contributing federal political committee.		Date of Receipt
VANDERBILT UNIVERSITY PHY	upation 'SICIAN pregate Year-to-Date ▼ 600.00	_
Full Name (Last, First, Middle Initial) B. DENISE M. BAYUSZIK Mailing Address P.O. BOX 131 City St PESHASTIN W FEC ID number of contributing federal political committee. C		Date of Receipt 02 11 2015 Transaction ID : SA11AI.21271 Amount of Each Receipt this Period 250.00
PLANNED PARENTHOOD PHY	upation SICIAN gregate Year-to-Date ▼ 250.00	_
HARTSBURG M FEC ID number of contributing federal political committee. Name of Employer Occu CAPITAL REGION OB/GYN PHY Baseint Farm	ate Zip Code 10 65039	Date of Receipt 02 / 27 / 2015 Transaction ID : SA11AI.21653 Amount of Each Receipt this Period 1000.00
SUBTOTAL of Receipts This Page (optional)		1850.00

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17						
	y information copied from such Reports and S for commercial purposes, other than using the			erson for the purpose of soliciting contributions to solicit contributions from such committee.						
	NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS	OF OB-G	YNS PAC (OB-GYN P	PAC)						
Α.	Full Name (Last, First, Middle Initial) MARIA CHRISTINA S. BUENAFLOR Mailing Address 900 EMERALD FOREST BOU	JLEVARD		Date of Receipt						
		01-1-	7	02 11 2015						
	City COVINGTON	State LA	Zip Code 70433	Transaction ID : SA11AI.21272 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		1000.00						
	Name of Employer OUR LADY OF THE ANGELS	Occupation PHYSICIAI								
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1000.00							
в.	Full Name (Last, First, Middle Initial) PRASANTA CHANDRA	Date of Receipt								
	Mailing Address 220A ST. NICHOLAS AVENU	02 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y								
	City BROOKLYN	State NY	Zip Code 11237	Transaction ID : SA11AI.21594 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		40.00						
	Name of Employer ST. NICHOLAS OB/GYN ASSOCIATES	Occupation PHYSICIAN		_						
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 260.00							
с.	Full Name (Last, First, Middle Initial) PRASANTA CHANDRA			Date of Receipt						
	Mailing Address 220A ST. NICHOLAS AVENU			02 22 2015						
	City BROOKLYN	State NY	Zip Code 11237	Transaction ID : SA11AI.21712 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		220.00						
	Name of Employer	Occupation	1							
	ST. NICHOLAS OB/GYN ASSOCIATES	PHYSICIAI	N							
	Receipt For: Primary General	Aggregate	Year-to-Date ▼							
	Other (specify)		480.00							
s	UBTOTAL of Receipts This Page (optional)		•••••	1260.00						
т	OTAL This Period (last page this line number	only)								

Image# 15950849233

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
		y person for the purpose of soliciting contributions ittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) THE AMERICAN CONGRES	S OF OB-GYNS PAC (OB-GYN	I PAC)
Full Name (Last, First, Middle Initial) FRANK A. CHERVENAK Mailing Address 82 PARK PLACE City SOUTH ORANGE FEC ID number of contributing federal political committee. Name of Employer CORNELL MEDICAL CENTER Receipt For: Primary General Other (specify)	State Zip Code NJ 07079 C Occupation PHYSICIAN Aggregate Year-to-Date ▼ 500.00	Date of Receipt
Full Name (Last, First, Middle Initial) B. DAVID M. COMPTON Mailing Address 2508 BROOK HILL CIRCH City ANCHORAGE FEC ID number of contributing federal political committee. Name of Employer ANCHORAGE WOMEN'S CLINIC	E State Zip Code AK 99516 C Occupation PHYSICIAN	Date of Receipt 02 09 2015 Transaction ID : SA11AI.21300 Amount of Each Receipt this Period 250.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) C. LUIS B. CURET Mailing Address P.O. BOX 50509 City ALBUQUERQUE FEC ID number of contributing federal political committee. Name of Employer UNIVERSITY OF NEW MEXICO Receipt For: Primary General Other (specify) ▼	State Zip Code NM 87181 C Occupation PHYSICIAN Aggregate Year-to-Date ▼ 350.00	Date of Receipt 02 01 2015 Transaction ID : SA11AI.21265 Amount of Each Receipt this Period 350.00
) ber only)	

Use separate schedule(s) for each category of the

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) THE AMERICAN CONGRES	S OF OB-G	GYNS PAC (OB-GYN F	YAC)
Full Name (Last, First, Middle Initial) THOMAS S. DARDARIAN Mailing Address 108 CETON COURT City BROOMAIL FEC ID number of contributing federal political committee. Name of Employer MAIN LINE WOMEN'S HEALTH CARE	State PA C Occupation PHYSICIAN		Date of Receipt 02 / 18 2015 Transaction ID : SA11AI.21731 Amount of Each Receipt this Period 125.00
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00	1
B. Full Name (Last, First, Middle Initial) LAURA J. DAVID Mailing Address 5323 MEADOW WOOD BC City LYNDHURST FEC ID number of contributing	DULEVARD State OH	Zip Code 44124	Date of Receipt 02 03 2015 Transaction ID : SA11AI.21266 Amount of Each Receipt this Period 350.00
federal political committee. Name of Employer UNIVERSITY HOSPITALS PRACTICES Receipt For: Primary General Other (specify) ▼	Occupation PHYSICIAN		
C. Full Name (Last, First, Middle Initial) ROBERT H. DEBBS Mailing Address 2 SASSAFRAS COURT City VOORHEES FEC ID number of contributing federal political committee. Name of Employer UNIVERSITY OF PENNSYLVANIA Receipt For: Primary General Other (specify) ▼	State NJ C Occupation PHYSICIAI Aggregate		Date of Receipt 02 11 2015 Transaction ID : SA11AI.21276 Amount of Each Receipt this Period 125.00
SUBTOTAL of Receipts This Page (optional).			600.00
TOTAL This Period (last page this line numb	er only)		

Use separate schedule(s) for each category of the

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page		11a 13		11b 14	11c 15		12 16	17				
	y information copied from such Reports and St for commercial purposes, other than using the														
	NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS (OF OB-G	GYNS PAC (OB-GYN P	AC)											
Α.	Full Name (Last, First, Middle Initial) MARK S. DEFRANCESCO Mailing Address 35 TERRELL FARM PLACE				Date of Receipt										
	City	State	Zip Code	- 1	02 Trans	acti	17 on ID :	SA11A		015 32					
	CHESHIRE	СТ	06410					eceipt 1							
	FEC ID number of contributing federal political committee.	С					7			5000	.00				
	Name of Employer	Occupation	l												
	WOMEN'S HEALTH CONNECTICUT	PHYSICIAN	N												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 5000.00												
			3 3												
в.	Full Name (Last, First, Middle Initial)				Date o	f Re	ceipt								
	Mailing Address 2121 PINE STREET						02 01 2015								
	City	State Zip Code						Transaction ID : SA11AI.21338							
	PHILADELPHIA	PA	19103		Amoun	t of	Each R	eceipt	his P	eriod					
	FEC ID number of contributing federal political committee.	С					7			209	.00				
	Name of Employer UNIVERSITY OF PENNSYLVANIA	Occupation PHYSICIAN													
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 418.00												
<u></u>	Full Name (Last, First, Middle Initial)				Date o	f Re	ceipt								
	Mailing Address 4616 BRENTON OAKS DRIVE				м м 02	/	11		20)15	Y				
	City GRAPEVINE	State TX	Zip Code 76051					SA11A							
	FEC ID number of contributing federal political committee.	C			Amoun	t of	Each R	eceipt	his P		0.00				
	Name of Employer	1	_												
	RETIRED	PHYSICIAN	N												
	Receipt For:	Aggregate	Year-to-Date ▼												
	Primary General Other (specify) ▼		250.00												
s	UBTOTAL of Receipts This Page (optional)			•						5459	.00				
	OTAL This Period (last page this line number c		· ·	-			,	7							

Use separate schedule(s) for each category of the

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	EMIZED RECEIPTS		for each categ Detailed Sum		X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and St for commercial purposes, other than using the				
	NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS ()F OB-G	SYNS PAC (OB-GYN PA	.C)
Α.	Full Name (Last, First, Middle Initial) LUCIA DIVENERE Mailing Address 156 12TH STREET, SE				Date of Receipt
	City WASHINGTON	State DC	Zip Code 20003		Transaction ID : SA11AI.21723 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			1000.00
	Name of Employer AMERICAN CONGRESS OF OB/GYNS Receipt For: Primary General Other (specify) ▼	Occupation DIRECTOR Aggregate		1000.00	-
В.	Full Name (Last, First, Middle Initial) MARK I. EVANS Mailing Address 100 OLD PALISADE ROAD				Date of Receipt
	City FT. LEE FEC ID number of contributing	State NJ	Zip Code 07024		02 24 2015 Transaction ID : SA11AI.21707 Amount of Each Receipt this Period
	federal political committee. Name of Employer COMPREHENSIVE GENETICS	Occupation PHYSICIAN			500.00
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	500.00	
C.	Full Name (Last, First, Middle Initial) DOUGLAS K. FENTON Mailing Address 2921 MANAGUA PLACE				Date of Receipt
	City CARLSBAD	State CA	Zip Code 92009		02 12 2015 Transaction ID : SA11AI.21737 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			209.00
	Name of Employer SCRIPPS COASTAL MEDICAL GROUP Receipt For:	Occupation PHYSICIAN			
	Primary General Other (specify) ▼			418.00	
s	UBTOTAL of Receipts This Page (optional)				1709.00
т	OTAL This Period (last page this line number c	nly)		····· ►	

FOR LINE NUMBER:

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			Detailed Summary Page		11a 13	\vdash	11b 14	11c 15	12 16	17				
	y information copied from such Reports and S for commercial purposes, other than using the							soliciting		tions				
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS	OF OB-G	GYNS PAC (OB-GYN I	PAC)										
Α.	Full Name (Last, First, Middle Initial) JOANNE FINN Mailing Address 5035 PEACH STREET				Date of Receipt									
	City ERIE	State PA	Zip Code 16509					SA11AL						
	FEC ID number of contributing federal political committee.	C			Amount	: of	Each Re	eceipt th	is Perioc 250	0.00				
	Name of Employer UNIVERSITY OF PITTSBURGH Receipt For: Primary General	Occupation PHYSICIAN Aggregate												
	Primary General Other (specify) ▼		250.00											
в.	Full Name (Last, First, Middle Initial) CHRYSTIE K. FUJIMOTO Mailing Address 2750 LOWREY AVENUE						Date of Receipt							
	City HONOLULU	State HI	Zip Code 96822					SA11AI.: eceipt th	2015 21738 is Perioc					
	FEC ID number of contributing federal political committee.	С					7	- 7	250	.00				
	Name of Employer UNIVERSITY WOMEN'S HEALTH	Occupation PHYSICIAN												
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00											
C.	Full Name (Last, First, Middle Initial) ROBERT H. GAITHER				Date of	Re	eceipt							
	Mailing Address 602 EAST STREET				м м 02	1	D D 27	/ Y	2015	Y				
	City ALBEMARLE	State NC	Zip Code 28001	<i>F</i>				SA11AI. eceipt th	21657 is Perioc					
	FEC ID number of contributing federal political committee.	С					7	- 7	250	0.00				
	Name of Employer RETIRED	Occupation PHYSICIAN												
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 250.00]										
s	UBTOTAL of Receipts This Page (optional)			•			J	7	750	.00				
т	OTAL This Period (last page this line number	only)					,							

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and S for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS (OF OB-G	GYNS PAC (OB-GYN P	AC)
Α.	Full Name (Last, First, Middle Initial) THOMAS M. GELLHAUS Mailing Address 200 HAWKINS DRIVE City IOWA CITY FEC ID number of contributing federal political committee. Name of Employer UNIVERSITY OF IOWA Receipt For: Primary General Other (specify) ▼	State IA C Occupation PHYSICIAN Aggregate		Date of Receipt
	Full Name (Last, First, Middle Initial) KRISTINA C. HAWKINS Mailing Address 332 CARILLON LANE City MACON FEC ID number of contributing federal political committee. Name of Employer CENTRAL GEORGIA FERTILITY	State GA C Occupation PHYSICIAN		Date of Receipt 02 09 2015 Transaction ID : SA11AI.21307 Amount of Each Receipt this Period 250.00
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
C.	Full Name (Last, First, Middle Initial) MICHAEL M. HAWKINS Mailing Address 4008 SUNFLOWER LANE City TEMPLE FEC ID number of contributing federal political committee. Name of Employer SCOTT AND WHITE HEALTH Receipt For: Primary General Other (specify)	State TX C Occupation PHYSICIAN Aggregate		Date of Receipt
s	UBTOTAL of Receipts This Page (optional)		•	5850.00
т	OTAL This Period (last page this line number of	only)	•	

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17							
or for commercial purposes, other than using t			erson for the purpose of soliciting contributions e to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS	S OF OB-G	YNS PAC (OB-GYN F	PAC)							
Full Name (Last, First, Middle Initial) CHRISTINE M. HERDE Mailing Address 2507 SOUTH ROAD City POUGHKEEPSIE FEC ID number of contributing federal political committee. Name of Employer MOUNT KISCO MEDICAL GROUP Receipt For: Primary General Other (specify)	State NY C Occupation PHYSICIAN Aggregate		Date of Receipt							
B. Full Name (Last, First, Middle Initial) A LYDIA M. JEFFRIES Mailing Address 21 WILSON LANE	0111		Date of Receipt							
City FAIRVIEW FEC ID number of contributing federal political committee. Name of Employer ASHEVILLE WOMEN'S MEDICAL	State NC		Transaction ID : SA11AI.21327 Amount of Each Receipt this Period 5000.00							
Receipt For: Primary General Other (specify)	PHYSICIAN Aggregate	Year-to-Date ▼ 5000.00]							
Full Name (Last, First, Middle Initial) THOMAS W. JERNIGAN Mailing Address P.O. BOX 70569 City JOHNSON CITY FEC ID number of contributing federal political committee. Name of Employer EAST TENNESSEE STATE Receipt For: Primary General Other (specify)	State TN C Occupation PHYSICIAN Aggregate		Date of Receipt							
SUBTOTAL of Receipts This Page (optional).			5500.00							
TOTAL This Period (last page this line number	er only)									

FOR LINE NUMBER:

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			Detailed Summary Page		11a		11b	11c		12	□						
Ar	y information copied from such Reports and S	Statements ma	l ay not be sold or used by any p	erson	13 for the	pur	14 pose of s	15 oliciting		16 ntribut	17 ions						
	for commercial purposes, other than using the																
\rangle	NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS	OF OB-G	YNS PAC (OB-GYN F	PAC)													
A.	Full Name (Last, First, Middle Initial) MELANIE KONRADI				Date of	Re	ceipt										
	Mailing Address 2658 AUGUSTA STREET				м м 02	/	20	/ Y) 15	Y						
	City EUGENE	State OR	Zip Code 97503				ion ID : S										
	FEC ID number of contributing federal political committee.	С			Amouni	. 01	Each Re	ceipt th	IS P	1000.	00						
	Name of Employer OREGON MEDICAL GROUP	Occupation PHYSICIAN															
	Receipt For: Primary General Other (specify) ▼	Aggregate]														
в.	Full Name (Last, First, Middle Initial) PETER D. LAWRASON	Date of Receipt															
	Mailing Address 680 FINSBURY						02 11 2015 Transaction ID : SA11AI.21286										
	City FAIRBANKS	State AK	Zip Code 99709				on ID : S Each Re										
	FEC ID number of contributing federal political committee.	С					3	7	_	250.	00						
	Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN															
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00]													
с.	Full Name (Last, First, Middle Initial) BRUCE A. LESSEY				Date of	Re	ceipt										
	Mailing Address 10050 OLD WHITE HORSE I	ROAD			м м 02	/	D D D 24	/ Y) 15	Y						
	City GREENVILLE	State SC	Zip Code 29617				ion ID : S Each Re				_						
	FEC ID number of contributing federal political committee.	С				. 01	1	, j		400.	00						
	Name of Employer	Occupation	I														
	GREENVILLE HEALTH SYSTEMS	PHYSICIAN	N														
	Receipt For:	Aggregate	Year-to-Date ▼														
	Other (specify)		400.00														
s	UBTOTAL of Receipts This Page (optional)						7	7	_	1650.0	00						
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PAGE 16 OF

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page		< 11a 13		11b 14	11c	12	r	17			
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NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS	S OF OB-G	YNS PAC (OB-GYN P	AC)										
Full Name (Last, First, Middle Initial) MARGARET P. MAEDER Mailing Address 856 JACKSON STREET City DENVER FEC ID number of contributing federal political committee. Name of Employer ROCKY MOUNTAIN WOMEN'S CARE Receipt For: Primary General Other (specify) ▼	State CO C Occupation PHYSICIAN Aggregate				/ sacti	25 ion ID :	SA11A leceipt t	his Per	5	0			
Full Name (Last, First, Middle Initial) B. JAMES N. MARTIN Mailing Address 2101 EASTOVER DRIVE City JACKSON EEO ID eventsee (contribution	State MS	Zip Code 39211		Date of Receipt 02 24 2015 Transaction ID : SA11AI.21771 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee. Name of Employer UNIVERSITY OF MISSISSIPPI Receipt For:	C Occupation PHYSICIAN Aggregate			L.		<u>a</u>	- T	3	350.0	0			
Full Name (Last, First, Middle Initial) JEANNINE M. MCMAHON Mailing Address 11436 LAKEWOOD STREE City CROWN POINT FEC ID number of contributing federal political committee. Name of Employer CROWN POINT OB/GYN Receipt For: Primary General Other (specify) ▼	State IN C Occupation PHYSICIAN				/ sact	22 ion ID :	SA11A Seceipt t	2015 I.21717 his Per					
SUBTOTAL of Receipts This Page (optional)						7		9	75.0	0			
TOTAL This Period (last page this line number	er only)		•			,							

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PAGE 17 OF

		Detailed Summary Page	X 11a		11b 14	11c	12	1 -7					
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or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) THE AMERICAN CONGRES	-			ontribu	itions fro	om such	1 committ	ee.					
/ Full Name (Last, First, Middle Initial) A. KAREN E. MCSHANE													
Mailing Address 221 GLEN STREET			M = M / D = D / Y = Y = Y = Y Y O2 O9 2015										
City	State	Zip Code	Tran	sactio	on ID : S	A11AI.	21312						
GLEN FALLS	NY	12801	Amour	nt of E	Each Re	ceipt th	is Period						
FEC ID number of contributing federal political committee.	С			,	,	y	250	.00					
Name of Employer NORTH COUNTRY OB/GYN	Occupation PHYSICIAN												
Receipt For: Primary General Other (specify) v	Aggregate	Year-to-Date ▼ 250.00]										
Full Name (Last, First, Middle Initial) AASTA MEHTA			Date of Receipt										
Mailing Address 201 NORTH 8TH STREE							y y 2015	Y					
City	State PA	Zip Code			on ID : S								
PHILADELPHIA FEC ID number of contributing federal political committee.	C	19106	Amour	nt of E	Each Re	ceipt th	iis Period 209.	.00					
Name of Employer DREXEL UNIVERSITY	Occupation PHYSICIAN												
Receipt For: Primary General Other (specify) ▼	Receipt For: Primary General Aggregate Year-to-Date ▼												
Full Name (Last, First, Middle Initial)			Date of	of Rec	eipt								
Mailing Address 72 PHYSICIANS DRIVE			02		01	/ Y	2015	Y					
City JACKSON	State TN	Zip Code 38305			on ID : S Each Be		21340 iis Period						
FEC ID number of contributing federal political committee.	С					J	250	.00					
Name of Employer	Occupation	I											
JACKSON WOMEN'S CENTER	PHYSICIAI	N											
Receipt For:	Aggregate	Year-to-Date ▼											
Other (specify)		250.00											
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PAGE 18 OF

		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
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NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS	S OF OB-G	GYNS PAC (OB-GYN P	AC)
Full Name (Last, First, Middle Initial) A. OWEN C. MONTGOMERY Mailing Address 450 CHAPEL HEIGHTS RC City SEWELL FEC ID number of contributing federal political committee. Name of Employer DREXEL UNIVERSITY Receipt For: Primary General	State NJ C Occupation PHYSICIAN		Date of Receipt
Other (specify) ▼ Full Name (Last, First, Middle Initial) GAYLE S. MOYER Mailing Address 4936 WEST CLARK ROAD City	State	Zip Code	Date of Receipt 02 19 2015 Transaction ID : SA11AI.21697
YPSILANTI FEC ID number of contributing federal political committee. Name of Employer ASSOCIATES IN OB/GYN Receipt For: Primary General Other (specify) ▼	MI C Occupation PHYSICIAN Aggregate		Amount of Each Receipt this Period 350.00
C. Full Name (Last, First, Middle Initial) SOPHIA OUHILAL Mailing Address 15 SUNSET ROCK ROAD City LEBANON FEC ID number of contributing federal political committee. Name of Employer DARTMOUTH HITCHCOCK MEDICAL Receipt For: Primary General Other (specify) ▼	State NH C Occupation PHYSICIAN Aggregate		Date of Receipt 02 18 2015 Transaction ID : SA11AI.21699 Amount of Each Receipt this Period 950.00
SUBTOTAL of Receipts This Page (optional).			1509.00
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PAGE 19 OF

		a category of the Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS	OF OB-GYNS PA	AC (OB-GYN P	AC)
A. Full Name (Last, First, Middle Initial) SARAH M. PAGE-RAMSEY Mailing Address 1826 FAWN BLUFF City SAN ANTONIO FEC ID number of contributing	State Zip Cc TX 78248		Date of Receipt 02 08 2015 Transaction ID : SA11AI.21267 Amount of Each Receipt this Period
In Eorith Induiting federal political committee. Name of Employer UNIVERSITY OF TEXAS Receipt For: Primary General Other (specify)	C Occupation PHYSICIAN Aggregate Year-to-Dat	te ▼ 350.00	350.00
Full Name (Last, First, Middle Initial) HOLLY S. PURITZ Mailing Address 7940 NORTH SHORE ROAD City NORFOLK FEC ID number of contributing federal political committee. Name of Employer THE GROUP FOR WOMEN Receipt For: Primary General Other (specify) ▼	State Zip Co VA 23505 C Occupation PHYSICIAN Aggregate Year-to-Dat		Date of Receipt 02 09 2015 Transaction ID : SA11AI.21316 Amount of Each Receipt this Period 245.00
C. Full Name (Last, First, Middle Initial) STEVEN W. REMMENGA Mailing Address 16995 PRINCETON ROAD City ADAMS FEC ID number of contributing federal political committee. Name of Employer UNIVERSITY OF NEBRASKA Receipt For: Primary General Other (specify) ▼	State Zip Co NE 68301 C Occupation PHYSICIAN Aggregate Year-to-Dat		Date of Receipt 02 09 2015 Transaction ID : SA11AI.21317 Amount of Each Receipt this Period 209.00
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number			

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PAGE 20 OF

· · ·	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17									
	y information copied from such Reports and Sta for commercial purposes, other than using the			person for the purpose of soliciting contributions ee to solicit contributions from such committee.									
	NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS (OF OB-G	GYNS PAC (OB-GYN	PAC)									
Α.	Full Name (Last, First, Middle Initial) TONYA H. SHEPPARD			Date of Receipt									
	Mailing Address 312 GRAMMONT STREET	State	Zip Code	02 11 2015 Transaction ID : SA11AI.21289									
	MONROE	LA	71201	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		300.00									
	Name of Employer	Occupation	1										
	THE WOMEN'S CLINIC	PHYSICIAN	N										
	Receipt For:	Aggregate	Year-to-Date ▼										
	Other (specify) ▼		300.00										
в.	Full Name (Last, First, Middle Initial) DONNA C. SINCLAIR	Date of Receipt											
	Mailing Address 530 PIEDMONT AVENUE NOF	02 09 2015											
	City	State	Zip Code	Transaction ID : SA11AI.21320									
	ATLANTA	GA	30308	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		250.00									
	Name of Employer SOUTHSIDE MEDICAL CENTER	Occupation PHYSICIAN											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00										
<u>с</u> .	Full Name (Last, First, Middle Initial) ROBERT N. SMITH			Date of Receipt									
	Mailing Address BOX 2018			02 11 2015									
	City GLEN ELLEN	State CA	Zip Code 95442	Transaction ID : SA11AI.21290 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		250.00									
	Name of Employer	Occupation	1										
	RETIRED	PHYSICIAN	N										
	Receipt For:	Aggregate	Year-to-Date ▼										
	Other (specify) ▼		250.00										
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SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the

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PAGE 21 OF

	EMIZED RECEIPTS		for each category of the Detailed Summary Page		< 11a 13		11 14	- F	11c 15		12 16	17				
	y information copied from such Reports and St for commercial purposes, other than using the															
	NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS (OF OB-G	YNS PAC (OB-GYN P	PAC)												
Α.	Full Name (Last, First, Middle Initial) DANA G. STONE Mailing Address 1730 HUNTINGTON AVENUE				Date of Receipt											
	City	State	Zip Code		02 09 2015 Transaction ID : SA11AI.21323											
	OKLAHOMA CITY	OK	73116						eceipt th							
	FEC ID number of contributing federal political committee.	С			[.		7				210.	00				
	Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN														
	Receipt For:	Aggregate	Year-to-Date ▼													
	Primary General Other (specify) ▼		420.00													
в.	Full Name (Last, First, Middle Initial) SCOTT A. SULLIVAN						ecei	ipt								
	Mailing Address 3423 COLONEL VANDERHORST CIRCLE						02 23 2015									
		State SC	Zip Code						SA11AI.							
	MT. PLEASANT	50	29466	_	Amou	nt of	f Ea	ch R	eceipt th	nis Pe	eriod					
	FEC ID number of contributing federal political committee.	С			175.00											
	Name of Employer MEDICAL UNIVERSITY OF SC	Occupation PHYSICIAN														
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 215.00													
с.	Full Name (Last, First, Middle Initial)				Date	of Re	ecei	ipt								
	Mailing Address 1700 TALLEY ROAD				[™] 02	M /	/	09	/ Y	20 [°]	15 15	Y				
	City WILMINGTON	State DE	Zip Code 19803						SA11AI eceipt th							
	FEC ID number of contributing federal political committee.	С					7				209.	00				
	Name of Employer	Occupation	1													
	SELF-EMPLOYED	PHYSICIAN	N													
	Receipt For:	Aggregate	Year-to-Date ▼													
	Other (specify) ▼		418.00													
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SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the

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PAGE 22 OF

	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17					
or for commercial purposes, other than using	and Statements may not be sold or used by any period the name and address of any political committee						
NAME OF COMMITTEE (In Full) THE AMERICAN CONGRE	SS OF OB-GYNS PAC (OB-GYN P	AC)					
A. Full Name (Last, First, Middle Initial) LUCY T. TOVMASIAN Mailing Address 70 SOUTH MUNN AVE		Date of Receipt					
City	State Zip Code	02 11 2015 Transaction ID : SA11AI.21291					
EAST ORANGE	NJ 07018	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С	500.00					
Name of Employer HOLY NAME HOSPITAL	Occupation PHYSICIAN						
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 500.00						
Full Name (Last, First, Middle Initial) B. DONALD F. WEBER	DONALD F. WEBER						
Mailing Address 3508 SHARON DRIVE		02 24 2015					
City EAU CLAIRE	StateZip CodeWI54701	Transaction ID : SA11AI.21709 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	1000.00					
Name of Employer MAYO CLINIC HEALTH SYSTEM	Occupation PHYSICIAN						
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00						
Full Name (Last, First, Middle Initial)		Date of Receipt					
Mailing Address		M = M / D = D / Y = Y = Y = Y					
City	State Zip Code	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C						
Name of Employer	Occupation						
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼						
SUBTOTAL of Receipts This Page (option	al)	1500.00					
TOTAL This Period (last page this line nu	mber only)	32619.00					

SCHEDULE B (FEC Form 3X) [NUMBER PAGE 23 OF 29										
ITEMIZED DISBURSEMENTS	Use separate schedule(s)	FOR LINE (check only											
	for each category of the Detailed Summary Page	21b	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$										
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or for commercial purposes, other than using	the name and address of any polition	cal committee to	solicit contributions from such committee.										
NAME OF COMMITTEE (In Full)			\mathbf{C}										
	S OF OB-GTNS FAC (O												
Full Name (Last, First, Middle Initial)			Date of Disbursement										
			M M / D D / Y Y Y Y										
Mailing Address P.O. BOX 53852			02 05 2015										
City PHOENIX	State Zip Code AZ 85072		Transaction ID : SB21B.21245										
Purpose of Disbursement CREDIT CARD TRANSACTION FEES			Amount of Foch Disburgement this Device										
Candidate Name		Cata servi	Amount of Each Disbursement this Period										
		Category/ Type	326.11										
Office Sought: House D	isbursement For:												
President	Other (specify)												
State: District:													
Full Name (Last, First, Middle Initial)			Date of Disbursement										
B. FIRST NATIONAL MERCHA	NT SOLUTIONS												
Mailing Address 1620 DODGE STREET			02 03 2015										
City	State Zip Code NE 68197		Transaction ID : SB21B.21246										
OMAHA Purpose of Disbursement	NL 00197												
CREDIT CARD TRANSACTION FEES			Amount of Each Disbursement this Period										
Candidate Name		Category/ Type	433.35										
Office Sought: House D	isbursement For:												
Senate President	Other (specify)												
State: District:													
Full Name (Last, First, Middle Initial)													
С.			Date of Disbursement										
Mailing Address													
City	State Zip Code												
Purpose of Disbursement													
Candidate Name		Category/ Type	Amount of Each Disbursement this Period										
	isbursement For:												
Senate President	Other (specify)												
State: District:													
			750.40										
SUBTOTAL of Disbursements This Page (op	tional)	••••••	759.46										
TOTAL This Period (last page this line numb	er only)		759.46										

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	NAME OF COMMITTEE (In Full)															
	THE AMERICAN CONGRESS OF	OB-G	YNS PAC (O	B-G`	ΥN	PAC	C)									
Δ	Full Name (Last, First, Middle Initial)						Data	of Di	churc	amont						
	ANDY HARRIS FOR CONGRESS)					Date of Disbursement									
	Mailing Address P.O. BOX 604															
	BELAIR	State MD	Zip Code 21014				Tra	nsact	ion ID) : SB23.2	21253					
	Purpose of Disbursement CONTRIBUTION	Arr						unt of	Each	Disburse	ement	this F	Period			
	Candidate Name			Cat	egor	v/										
	ANDREW P. HARRIS				ype	, 			7			1000	.00			
	Office Sought: X House Disburse Senate X President	ment For: Primary Other (sp	General													
	State: MD District: 01															
B.	Full Name (Last, First, Middle Initial) BENISHEK FOR CONGRESS						Date	of Di	sburse	ement						
	Mailing Address P.O. BOX 108							02 / D D / Y Y Y Y 2015								
	GLADSTONE	State Zip Code MI 49837						Transaction ID : SB23.21248								
	Purpose of Disbursement CONTRIBUTION						Amount of Each Disbursement this Period									
	Candidate Name DANIEL J. BENISHEK				egor ype	y/						1000	.00			
	Office Sought: X House Disburse	ment For: Primary Other (sp	General		<u>, , , , , , , , , , , , , , , , , , , </u>					,						
_	Full Name (Last, First, Middle Initial)															
C.	FRIENDS OF CHERI BUSTOS						Date	of Di	sburse	ement						
	Mailing Address P.O. BOX 77						M 02		D	D / 7	20	15	Y			
	EAST MOLINE	State IL	Zip Code 61244				Tra	nsact	tion ID) : SB23.	21250					
	Purpose of Disbursement CONTRIBUTION				-					D : 1						
	Candidate Name CHERI BUSTOS				egor ype	y/	Amount of Each Disbursement this P 1000.									
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4	Full Name (Last, First, Middle Initial)																
Α.	FRIENDS OF SCHUMER		Date of	Disbu	sem	nent											
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	Mailing Address 192 LEXINGTON AVENUE						02 27 _2015 _										
		<u></u>	7: 0 :														
	- 7	State NY	Zip Code				Trans	action	ID :	SB23.2	1743						
	NEW YORK Purpose of Disbursement	INT	10016														
	CONTRIBUTION						Amount	t of Far	hГ)ishursa	ment	this F	Period				
	Candidate Name												21100				
	CHARLES E. SCHUMER				egory ype	//						5000	.00				
		ment For:	2016		71			/		,							
	X Senate	Primary	General														
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_	Full Name (Last, First, Middle Initial)																
В.	GUTHRIE FOR CONGRESS				Date of Disbursement												
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	Mailing Address P.O. BOX 9639				02 17 2015												
	City	State	Zip Code														
	BOWLING GREEN	KY	42102				Trans	action	ID :	SB23.2	1252						
	Purpose of Disbursement			-	-												
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	S. BRETT GUTHRIE			T	уре				-			.000		1			
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	State: KY District: 02	Striet (spe	Giry) 🔻														
_	Full Name (Last, First, Middle Initial)																
C.	HEALTHCARE FREEDOM FUND						Date of	Disbur	sem	nent							
							MM		D	_	Y Y	Y	Y				
	Mailing Address P.O. BOX 2485						02		27			015					
	,	State	Zip Code				Trans	action	ID :	SB23.2	1745						
	SPRINGFIELD Purpose of Disbursement	VA	22152														
	CONTRIBUTION						Amount		Ь Г	lichuras	mont	thic 5	Dorical				
	Candidate Name		Cat	0.005		Amount of Each Disbursement this Period											
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	Office Sought: House Disburser	ment For:			- 1			- 7		7							
	Senate	Primary	General														
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	EMIZED DISBURSEMENTS		arate schedule(s)			INE N only o	NUMBER: PAGE 26 OF y one)											
			category of the Summary Page			21b 27	22 28a	X 23	3 8b	24 28c	25 29	26 30b						
	y information copied from such Reports and Staten for commercial purposes, other than using the nam																	
\backslash	NAME OF COMMITTEE (In Full)																	
	THE AMERICAN CONGRESS OF	OB-GY	NS PAC (OF	3-G\	ΥN	PAC)											
Α.	Full Name (Last, First, Middle Initial)		Date o	f Disbu	ırser	nent												
									02 27 2015									
	Mailing Address P.O. BOX 30844								27		2015							
	City S BETHESDA	State MD	Zip Code 20824				Transaction ID : SB23.21746											
	Purpose of Disbursement						-											
	CONTRIBUTION Candidate Name			L.			Amoun	t of Ea	ach [Disbursen	nent this	Period						
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	Office Sought: House Disburser	nent For: Primary	General															
		Other (spe																
	State: District:																	
В.	Full Name (Last, First, Middle Initial) MICHAEL BURGESS FOR CONG	RESS					Date o	f Disbu	ırser	nent								
							M M / D D / Y Y Y Y Y											
	Mailing Address P.O. BOX 2334							02 17 2015										
	City S DENTON	State TX	Zip Code 76202				Trans	sactior	n ID :	SB23.21	249							
	Purpose of Disbursement CONTRIBUTION		-															
	Candidate Name	Cot	egory		Amount of Each Disbursement this Period													
	DR. MICHAEL C. BURGESS			//														
		nent For: Primary	2016 General															
	State: TX District: 26	Other (spe	cify) ▼															
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С.	MORAN FOR KANSAS						Date o					V						
	Mailing Address P.O. BOX 1151				02 17 2015													
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	Mailing Address P.O. BOX 425																		
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	Mailing Address P.O. BOX 99567	02 17 2015																	
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Purpose of Disbursement	urpose of Disbursement										
Candidate Name		Category/ Type	Amount of Each Disbursement this Period								
Senate President	sement For: Primary General Other (specify) ▼										
State: District:											
SUBTOTAL of Disbursements This Page (optional	I)	••••••	4000.00								
TOTAL This Period (last page this line number or	nly)	••••••	51000.00								