

**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

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

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
02 01 2015

through

M M M / D D D / Y Y Y Y Y Y
02 28 2015

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
03 10 2015

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 Y
02 / 01 / 2015 To: M M / D D / Y Y Y Y Y Y
02 / 28 / 2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 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

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 Y
 02 01 2015

To:

 M M / D D / Y Y Y Y Y
 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

(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))..... ▶

47400.33

83676.78

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

47400.33

83676.78

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	782.61	1174.32
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	782.61	1174.32
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	51000.00	135500.00
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	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
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)) ..	51782.61	136674.32
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	51782.61	136674.32

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)	47400.33	83676.78
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	47400.33	83676.78
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	782.61	1174.32
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	782.61	1174.32

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 6 OF 29

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

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

NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. TED L. ANDERSON

Mailing Address 516 LEANNE WAY

City
FRANKLINState
TNZip Code
37069FEC ID number of contributing
federal political committee.

C

Name of Employer

VANDERBILT UNIVERSITY

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02	/	22	/	2015

Transaction ID : SA11AI.21695

Amount of Each Receipt this Period

600.00

Full Name (Last, First, Middle Initial)

B. DENISE M. BAYUSZIK

Mailing Address P.O. BOX 131

City
PESHASTINState
WAZip Code
98847FEC ID number of contributing
federal political committee.

C

Name of Employer

PLANNED PARENTHOOD

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
02	/	11	/	2015

Transaction ID : SA11AI.21271

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. ELIZABETH A. BLANCHARD

Mailing Address 7450 EAST NORTH SHORE DRIVE

City
HARTSBURGState
MOZip Code
65039FEC ID number of contributing
federal political committee.

C

Name of Employer

CAPITAL REGION OB/GYN

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
02	/	27	/	2015

Transaction ID : SA11AI.21653

Amount of Each Receipt this Period

1000.00

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

1850.00

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

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

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

FOR LINE NUMBER: PAGE 7 OF 29

(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. MARIA CHRISTINA S. BUENAFLO

Mailing Address 900 EMERALD FOREST BOULEVARD

City State Zip Code
COVINGTON LA 70433

FEC ID number of contributing
federal political committee.

C

Name of Employer

OUR LADY OF THE ANGELS

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
02 / 11 / 2015

Transaction ID : SA11AI.21272

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. PRASANTA CHANDRA

Mailing Address 220A ST. NICHOLAS AVENUE

City State Zip Code
BROOKLYN NY 11237

FEC ID number of contributing
federal political committee.

C

Name of Employer

ST. NICHOLAS OB/GYN ASSOCIATES

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 17 / 2015

Transaction ID : SA11AI.21594

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. PRASANTA CHANDRA

Mailing Address 220A ST. NICHOLAS AVENUE

City State Zip Code
BROOKLYN NY 11237

FEC ID number of contributing
federal political committee.

C

Name of Employer

ST. NICHOLAS OB/GYN ASSOCIATES

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 22 / 2015

Transaction ID : SA11AI.21712

Amount of Each Receipt this Period

220.00

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

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

1260.00

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. FRANK A. CHERVENAK

Mailing Address 82 PARK PLACE

City

SOUTH ORANGE

State

NJ

Zip Code

07079

FEC ID number of contributing
federal political committee.

C

Name of Employer

CORNELL MEDICAL CENTER

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 11 / 2015

Transaction ID : SA11AI.21275

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. DAVID M. COMPTON

Mailing Address 2508 BROOK HILL CIRCLE

City

ANCHORAGE

State

AK

Zip Code

99516

FEC ID number of contributing
federal political committee.

C

Name of Employer

ANCHORAGE WOMEN'S CLINIC

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 09 / 2015

Transaction ID : SA11AI.21300

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. LUIS B. CURET

Mailing Address P.O. BOX 50509

City

ALBUQUERQUE

State

NM

Zip Code

87181

FEC ID number of contributing
federal political committee.

C

Name of Employer

UNIVERSITY OF NEW MEXICO

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

02 / 01 / 2015

Transaction ID : SA11AI.21265

Amount of Each Receipt this Period

350.00

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

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

1100.00

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)

<p>Full Name (Last, First, Middle Initial) A. THOMAS S. DARDARIAN</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. C</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 ▼ 250.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 02 / 18 / 2015 Transaction ID : SA11AI.21731 </p> <p>Amount of Each Receipt this Period 125.00</p>		
<p>Full Name (Last, First, Middle Initial) B. LAURA J. DAVID</p> <p>Mailing Address 5323 MEADOW WOOD BOULEVARD</p> <p>City State Zip Code LYNDHURST OH 44124</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation UNIVERSITY HOSPITALS PRACTICES PHYSICIAN</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </p> <p>Aggregate Year-to-Date ▼ 350.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 02 / 03 / 2015 Transaction ID : SA11AI.21266 </p> <p>Amount of Each Receipt this Period 350.00</p>		
<p>Full Name (Last, First, Middle Initial) C. ROBERT H. DEBBS</p> <p>Mailing Address 2 SASSAFRAS COURT</p> <p>City State Zip Code VOORHEES NJ 08043</p> <p>FEC ID number of contributing federal political committee. C</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 ▼ 334.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 02 / 11 / 2015 Transaction ID : SA11AI.21276 </p> <p>Amount of Each Receipt this Period 125.00</p>		
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			600.00		
<p>TOTAL 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
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 10 OF 29

<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 S. DEFRANCESCO

Mailing Address 35 TERRELL FARM PLACE

City

CHESHIRE

State

CT

Zip Code

06410

FEC ID number of contributing
federal political committee.

C

Name of Employer

WOMEN'S HEALTH CONNECTICUT

Occupation

PHYSICIAN

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		17		2015

Transaction ID : SA11AI.21732

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

B. 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 ▼

418.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		01		2015

Transaction ID : SA11AI.21338

Amount of Each Receipt this Period

209.00

Full Name (Last, First, Middle Initial)

C. RODERICK P. DIGGS

Mailing Address 4616 BRENTON OAKS DRIVE

City

GRAPEVINE

State

TX

Zip Code

76051

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

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
02		11		2015

Transaction ID : SA11AI.21277

Amount of Each Receipt this Period

250.00

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

5459.00

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

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

PAGE 11 OF 29

<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. LUCIA DIVENERE

Mailing Address 156 12TH STREET, SE

City
WASHINGTONState
DCZip Code
20003FEC ID number of contributing
federal political committee.

C

Name of Employer

AMERICAN CONGRESS OF OB/GYNS

Occupation

DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	9		2	0	1	5

Transaction ID : SA11AI.21723

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. MARK I. EVANS

Mailing Address 100 OLD PALISADE ROAD

City

FT. LEE

State

NJ

Zip Code

07024

FEC ID number of contributing
federal political committee.

C

Name of Employer

COMPREHENSIVE GENETICS

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
0	2		2	4		2	0	1	5

Transaction ID : SA11AI.21707

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. DOUGLAS K. FENTON

Mailing Address 2921 MANAGUA PLACE

City

CARLSBAD

State

CA

Zip Code

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 ▼

418.00

Date of Receipt

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

Transaction ID : SA11AI.21737

Amount of Each Receipt this Period

209.00

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

1709.00

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. JOANNE FINN

Mailing Address 5035 PEACH STREET

City State Zip Code
 ERIE PA 16509

FEC ID number of contributing
federal political committee.

C

Name of Employer
 UNIVERSITY OF PITTSBURGH

Occupation
 PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 11 / 2015

Transaction ID : SA11AI.21279

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. CHRYSTIE K. FUJIMOTO

Mailing Address 2750 LOWREY AVENUE

City State Zip Code
 HONOLULU HI 96822

FEC ID number of contributing
federal political committee.

C

Name of Employer
 UNIVERSITY WOMEN'S HEALTH

Occupation
 PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 12 / 2015

Transaction ID : SA11AI.21738

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. ROBERT H. GAITHER

Mailing Address 602 EAST STREET

City State Zip Code
 ALBEMARLE NC 28001

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

02 / 27 / 2015

Transaction ID : SA11AI.21657

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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(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. THOMAS M. GELLHAUS

Mailing Address 200 HAWKINS DRIVE

City
IOWA CITY

State Zip Code
IA 51232

FEC ID number of contributing
federal political committee.

C

Name of Employer
UNIVERSITY OF IOWA

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 06 / 2015

Transaction ID : SA11AI.21326

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

B. KRISTINA C. HAWKINS

Mailing Address 332 CARILLON LANE

City
MACON

State Zip Code
GA 31210

FEC ID number of contributing
federal political committee.

C

Name of Employer
CENTRAL GEORGIA FERTILITY

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
02 / 09 / 2015

Transaction ID : SA11AI.21307

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. MICHAEL M. HAWKINS

Mailing Address 4008 SUNFLOWER LANE

City
TEMPLE

State Zip Code
TX 76502

FEC ID number of contributing
federal political committee.

C

Name of Employer
SCOTT AND WHITE HEALTH

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 Y
02 / 11 / 2015

Transaction ID : SA11AI.21283

Amount of Each Receipt this Period

600.00

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

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

5850.00

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. CHRISTINE M. HERDE

Mailing Address 2507 SOUTH ROAD

City

POUGHKEEPSIE

State

NY

Zip Code

12603

FEC ID number of contributing
federal political committee.

C

Name of Employer

MOUNT KISCO MEDICAL GROUP

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
02		01		2015

Transaction ID : SA11AI.21339

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. LYDIA M. JEFFRIES

Mailing Address 21 WILSON LANE

City

FAIRVIEW

State

NC

Zip Code

28730

FEC ID number of contributing
federal political committee.

C

Name of Employer

ASHEVILLE WOMEN'S MEDICAL

Occupation

PHYSICIAN

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		06		2015

Transaction ID : SA11AI.21327

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

C. THOMAS W. JERNIGAN

Mailing Address P.O. BOX 70569

City

JOHNSON CITY

State

TN

Zip Code

37614

FEC ID number of contributing
federal political committee.

C

Name of Employer

EAST TENNESSEE STATE

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
02		11		2015

Transaction ID : SA11AI.21284

Amount of Each Receipt this Period

250.00

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

5500.00

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. MELANIE KONRADI

Mailing Address 2658 AUGUSTA STREET

City
EUGENEState
ORZip Code
97503FEC ID number of contributing
federal political committee.

C

Name of Employer

OREGON MEDICAL GROUP

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
02	/	20	/	2015

Transaction ID : SA11AI.21721

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. PETER D. LAWRASON

Mailing Address 680 FINSBURY

City

FAIRBANKS

State

AK

Zip Code

99709

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 M	/	D D D	/	Y Y Y Y Y Y
02	/	11	/	2015

Transaction ID : SA11AI.21286

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. BRUCE A. LESSEY

Mailing Address 10050 OLD WHITE HORSE ROAD

City

GREENVILLE

State

SC

Zip Code

29617

FEC ID number of contributing
federal political committee.

C

Name of Employer

GREENVILLE HEALTH SYSTEMS

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	24	/	2015

Transaction ID : SA11AI.21708

Amount of Each Receipt this Period

400.00

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

1650.00

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

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

Use separate schedule(s)
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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. MARGARET P. MAEDER

Mailing Address 856 JACKSON STREET

City
DENVER

State Zip Code
CO 80206

FEC ID number of contributing
federal political committee.

C

Name of Employer
ROCKY MOUNTAIN WOMEN'S CARE

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 Y
02 / 25 / 2015

Transaction ID : SA11AI.21703

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. JAMES N. MARTIN

Mailing Address 2101 EASTOVER DRIVE

City
JACKSON

State Zip Code
MS 39211

FEC ID number of contributing
federal political committee.

C

Name of Employer
UNIVERSITY OF MISSISSIPPI

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 24 / 2015

Transaction ID : SA11AI.21771

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

C. JEANNINE M. MCMAHON

Mailing Address 11436 LAKEWOOD STREET

City
CROWN POINT

State Zip Code
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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 22 / 2015

Transaction ID : SA11AI.21717

Amount of Each Receipt this Period

125.00

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

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

975.00

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

Use separate schedule(s)
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Detailed Summary Page

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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. KAREN E. MCSHANE

Mailing Address 221 GLEN STREET

City

GLEN FALLS

State

NY

Zip Code

12801

FEC ID number of contributing
federal political committee.

C

Name of Employer

NORTH COUNTRY 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
02 / 09 / 2015

Transaction ID : SA11AI.21312

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. AASTA MEHTA

Mailing Address 201 NORTH 8TH STREET

City

PHILADELPHIA

State

PA

Zip Code

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 ▼

418.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 10 / 2015

Transaction ID : SA11AI.21293

Amount of Each Receipt this Period

209.00

Full Name (Last, First, Middle Initial)

C. KEITH A. MICETICH

Mailing Address 72 PHYSICIANS DRIVE

City

JACKSON

State

TN

Zip Code

38305

FEC ID number of contributing
federal political committee.

C

Name of Employer

JACKSON WOMEN'S CENTER

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
02 / 01 / 2015

Transaction ID : SA11AI.21340

Amount of Each Receipt this Period

250.00

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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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. OWEN C. MONTGOMERY

Mailing Address 450 CHAPEL HEIGHTS ROAD

City
SEWELL

State Zip Code
NJ 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 ▼

418.00

Date of Receipt

02 / 09 / 2015

Transaction ID : SA11AI.21313

Amount of Each Receipt this Period

209.00

Full Name (Last, First, Middle Initial)

B. GAYLE S. MOYER

Mailing Address 4936 WEST CLARK ROAD

City
YPSILANTI

State Zip Code
MI 48197

FEC ID number of contributing
federal political committee.

C

Name of Employer
ASSOCIATES IN OB/GYN

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

02 / 19 / 2015

Transaction ID : SA11AI.21697

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

C. SOPHIA OUHILAL

Mailing Address 15 SUNSET ROCK ROAD

City
LEBANON

State Zip Code
NH 03766

FEC ID number of contributing
federal political committee.

C

Name of Employer
DARTMOUTH HITCHCOCK MEDICAL

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

02 / 18 / 2015

Transaction ID : SA11AI.21699

Amount of Each Receipt this Period

950.00

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

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

1509.00

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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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. SARAH M. PAGE-RAMSEY

Mailing Address 1826 FAWN BLUFF

City

SAN ANTONIO

State

TX

Zip Code

78248

FEC ID number of contributing
federal political committee.

C

Name of Employer

UNIVERSITY OF TEXAS

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 08 / 2015

Transaction ID : SA11AI.21267

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

B. HOLLY S. PURITZ

Mailing Address 7940 NORTH SHORE ROAD

City

NORFOLK

State

VA

Zip Code

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 ▼

490.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 09 / 2015

Transaction ID : SA11AI.21316

Amount of Each Receipt this Period

245.00

Full Name (Last, First, Middle Initial)

C. STEVEN W. REMMENG

Mailing Address 16995 PRINCETON ROAD

City

ADAMS

State

NE

Zip Code

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 ▼

418.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
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 only)..... ►

804.00

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. TONYA H. SHEPPARD

Mailing Address 312 GRAMMONT STREET

City State Zip Code
 MONROE LA 71201

FEC ID number of contributing
federal political committee.

C

Name of Employer
 THE WOMEN'S CLINIC

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 Y
 02 11 2015

Transaction ID : SA11AI.21289

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. DONNA C. SINCLAIR

Mailing Address 530 PIEDMONT AVENUE NORTHEAST

City State Zip Code
 ATLANTA GA 30308

FEC ID number of contributing
federal political committee.

C

Name of Employer
 SOUTHSIDE MEDICAL CENTER

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
 02 09 2015

Transaction ID : SA11AI.21320

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. ROBERT N. SMITH

Mailing Address BOX 2018

City State Zip Code
 GLEN ELLEN CA 95442

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
 02 11 2015

Transaction ID : SA11AI.21290

Amount of Each Receipt this Period

250.00

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

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

800.00

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. 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 ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 09 / 2015

Transaction ID : SA11AI.21323

Amount of Each Receipt this Period

210.00

Full Name (Last, First, Middle Initial)

B. 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 ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 23 / 2015

Transaction ID : SA11AI.21693

Amount of Each Receipt this Period

175.00

Full Name (Last, First, Middle Initial)

C. JANICE TILDON-BURTON

Mailing Address 1700 TALLEY ROAD

City State Zip Code
 WILMINGTON DE 19803

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

418.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 09 / 2015

Transaction ID : SA11AI.21324

Amount of Each Receipt this Period

209.00

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

594.00

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)

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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. LUCY T. TOVMASIAN

Mailing Address 70 SOUTH MUNN AVENUE

City

EAST ORANGE

State

NJ

Zip Code

07018

FEC ID number of contributing
federal political committee.

C

Name of Employer

HOLY NAME HOSPITAL

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
02	/	11	/	2015

Transaction ID : SA11AI.21291

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. DONALD F. WEBER

Mailing Address 3508 SHARON DRIVE

City

EAU CLAIRE

State

WI

Zip Code

54701

FEC ID number of contributing
federal political committee.

C

Name of Employer

MAYO CLINIC HEALTH SYSTEM

Occupation

PHYSICIAN

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02	/	24	/	2015

Transaction ID : SA11AI.21709

Amount of Each Receipt this Period

1000.00

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
☐ Other (specify) ▼
☐ General

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)..... ►

1500.00

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

32619.00

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

PAGE 23 OF 29

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. AMERICAN EXPRESS

Mailing Address P.O. BOX 53852

City	State	Zip Code
PHOENIX	AZ	85072

Purpose of Disbursement
CREDIT CARD TRANSACTION FEES

Candidate Name

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

State: District:

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		05		2015

Transaction ID : SB21B.21245

Amount of Each Disbursement this Period

326.11

Full Name (Last, First, Middle Initial)

B. FIRST NATIONAL MERCHANT SOLUTIONS

Mailing Address 1620 DODGE STREET

City	State	Zip Code
OMAHA	NE	68197

Purpose of Disbursement
CREDIT CARD TRANSACTION FEES

Candidate Name

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

State: District:

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		03		2015

Transaction ID : SB21B.21246

Amount of Each Disbursement this Period

433.35

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

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

State: District:

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

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)..... ►

759.46

759.46

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

PAGE 24 OF 29

<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. ANDY HARRIS FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		17		2015

Mailing Address P.O. BOX 604

City	State	Zip Code
BEL AIR	MD	21014

Transaction ID : SB23.21253Purpose of Disbursement
CONTRIBUTION

Amount of Each Disbursement this Period

Candidate Name

ANDREW P. HARRISCategory/
Type

1000.00

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

Disbursement For: 2016	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
------------------------	-------------------------------------------------------------------------------------------------------------------------------

State: MD District: 01

Full Name (Last, First, Middle Initial)

B. BENISHEK FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		17		2015

Mailing Address P.O. BOX 108

City	State	Zip Code
GLADSTONE	MI	49837

Transaction ID : SB23.21248Purpose of Disbursement
CONTRIBUTION

Amount of Each Disbursement this Period

Candidate Name

DANIEL J. BENISHEKCategory/
Type

1000.00

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

Disbursement For: 2016	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
------------------------	-------------------------------------------------------------------------------------------------------------------------------

State: MI District: 01

Full Name (Last, First, Middle Initial)

C. FRIENDS OF CHERI BUSTOS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		17		2015

Mailing Address P.O. BOX 77

City	State	Zip Code
EAST MOLINE	IL	61244

Transaction ID : SB23.21250Purpose of Disbursement
CONTRIBUTION

Amount of Each Disbursement this Period

Candidate Name

CHERI BUSTOSCategory/
Type

1000.00

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

Disbursement For: 2016	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
------------------------	-------------------------------------------------------------------------------------------------------------------------------

State: IL District: 17

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

3000.00

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

PAGE 25 OF 29

<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. FRIENDS OF SCHUMER

Mailing Address 192 LEXINGTON AVENUE

City NEW YORK	State NY	Zip Code 10016
------------------	-------------	-------------------

Purpose of Disbursement
CONTRIBUTION

Candidate Name

CHARLES E. SCHUMER

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

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: NY District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		27		2015

Transaction ID : SB23.21743

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. GUTHRIE FOR CONGRESS

Mailing Address P.O. BOX 9639

City BOWLING GREEN	State KY	Zip Code 42102
-----------------------	-------------	-------------------

Purpose of Disbursement
CONTRIBUTION

Candidate Name

S. BRETT GUTHRIE

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

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: KY District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		17		2015

Transaction ID : SB23.21252

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. HEALTHCARE FREEDOM FUND

Mailing Address P.O. BOX 2485

City SPRINGFIELD	State VA	Zip Code 22152
---------------------	-------------	-------------------

Purpose of Disbursement
CONTRIBUTION

Candidate Name

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

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

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		27		2015

Transaction ID : SB23.21745

Amount of Each Disbursement this Period

5000.00

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

11000.00

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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)

PAGE 26 OF 29

<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. LONE STAR LEADERSHIP PAC

Mailing Address P.O. BOX 30844

City	State	Zip Code
BETHESDA	MD	20824

Purpose of Disbursement
CONTRIBUTION

Candidate Name

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

State: District:

Disbursement For:

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		27		2015

Transaction ID : SB23.21746

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. MICHAEL BURGESS FOR CONGRESS

Mailing Address P.O. BOX 2334

City	State	Zip Code
DENTON	TX	76202

Purpose of Disbursement
CONTRIBUTION

Candidate Name

DR. MICHAEL C. BURGESS

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

State: TX District: 26

Disbursement For: 2016

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		17		2015

Transaction ID : SB23.21249

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. MORAN FOR KANSAS

Mailing Address P.O. BOX 1151

City	State	Zip Code
HAYS	KS	67601

Purpose of Disbursement
CONTRIBUTION

Candidate Name

JERRY MORAN

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

State: KS District: 00

Disbursement For: 2016

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		17		2015

Transaction ID : SB23.21256

Amount of Each Disbursement this Period

2500.00

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

12500.00

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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)

PAGE 27 OF 29

<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. PALLONE FOR CONGRESS

Mailing Address P.O. BOX 3176

City	State	Zip Code
LONG BRANCH	NJ	07740

Purpose of Disbursement
CONTRIBUTION

Candidate Name

FRANK PALLONE, JR.Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: NJ District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	17	/	2015

Transaction ID : SB23.21259

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. PRICE FOR CONGRESS

Mailing Address P.O. BOX 425

City	State	Zip Code
ROSWELL	GA	30077

Purpose of Disbursement
CONTRIBUTION

Candidate Name

THOMAS E. PRICEOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: GA District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	17	/	2015

Transaction ID : SB23.21260

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. RENEE ELLMERS FOR CONGRESS COMMITTEE

Mailing Address P.O. BOX 99567

City	State	Zip Code
RALEIGH	NC	27624

Purpose of Disbursement
CONTRIBUTION

Candidate Name

RENEE JACISIN ELLMERSOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: NC District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	17	/	2015

Transaction ID : SB23.21251

Amount of Each Disbursement this Period

2000.00

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

5500.00

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

PAGE 28 OF 29

<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. REPUBLICAN MAINSTREET PARTNERSHIP PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		27		2015

Mailing Address 2201 WISCONSIN AVENUE, NW

City	State	Zip Code
WASHINGTON	DC	20007

Transaction ID : SB23.21747Purpose of Disbursement
CONTRIBUTION

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

5000.00

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

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

State: District:

Full Name (Last, First, Middle Initial)

B. STIVERS FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		17		2015

Mailing Address 4679 WINTERSET DRIVE

City	State	Zip Code
COLUMBUS	OH	43220

Transaction ID : SB23.21261Purpose of Disbursement
CONTRIBUTION

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

5000.00

STEVE STIVERS

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

Disbursement For:	2016	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
		<input type="checkbox"/> Other (specify) ▼	

State: OH District: 15

Full Name (Last, First, Middle Initial)

C. TUESDAY GROUP POLITICAL ACTION COMMITTEE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		17		2015

Mailing Address 209 PENNSYLVANIA AVENUE, SE

City	State	Zip Code
WASHINGTON	DC	20003

Transaction ID : SB23.21264Purpose of Disbursement
CONTRIBUTION

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

5000.00

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

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

State: District:

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

15000.00

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

PAGE 29 OF 29

<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. WALORSKI FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		17		2015

Mailing Address P.O. BOX 954

City	State	Zip Code
MISHAWAKA	IN	46546

Transaction ID : SB23.21262Purpose of Disbursement
CONTRIBUTION

Amount of Each Disbursement this Period

Candidate Name

JACKIE WALORSKI SWIHARTCategory/
Type

2000.00

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

State: IN District: 02

Full Name (Last, First, Middle Initial)

B. WYDEN FOR SENATE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		17		2015

Mailing Address 232 NORTHEAST 9TH AVENUE

City	State	Zip Code
PORTLAND	OR	97232

Transaction ID : SB23.21263Purpose of Disbursement
CONTRIBUTION

Amount of Each Disbursement this Period

Candidate Name

RONALD L. WYDENCategory/
Type

2000.00

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

State: OR District: 00

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City	State	Zip Code

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

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

4000.00

51000.00