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Image# 201507109000075238

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

FURINI 3X	For Other Than An Aut	horized Committe	ee		Office Use Only	
1. NAME OF	TYPE OR PRINT ▼	Example: If typir	ng, type	12FE4M5	Cinco GGG Grify	
COMMITTEE (in full)		over the lines.	L	721. FHIO		
THE AMERICAN COM	NGRESS OF OB-GYN	NS PAC (OB-G)	(N PAC)			1
	409 12TH STREET, SW					
ADDRESS (number and street)						
Check if different than previously						
reported. (ACC)	WASHINGTON			DC [20024	
2. FEC IDENTIFICATION N	IUMBER ▼ CIT	Υ▲	S	TATE 🛦	ZIP CODE	A
C C00364158			IEW N) OR	AM (A)	ENDED	
4. TYPE OF REPORT (Choose One)	(b) Monthly Feb Report Due On:	20 (M2)	May 20 (M5)	Aug	(Non	/ 20 (M11) -Election Only)
(a) Quarterly Reports:		20 (M3)	lun 20 (M6)	Sep	(Non	20 (M12) -Election Only)
April 15		20 (M4) X	Jul 20 (M7)	Oct 2	20 (M10) Jan	31 (YE)
Quarterly Report (July 15	(c) 12-Day PRE-Election	Primary (12P)	General ((12G) Run	off (12R)
Quarterly Report (October 15	(Q2) Report for the:	Convention (12C)	Special (12S)	
Quarterly Report (Q3)	M M /	D D /	Y	in the	
January 31 Year-End Report ((YE) Election	on on			State of	
July 31 Mid-Year Report (Non-electi Year Only) (MY)	(d) 30-Day POST-Election Report for the:	General (300	à)	Runoff (3	0R) Spe	cial (30S)
Termination Repor (TER)	t	M = M /	D = D /	Y = Y = Y	in the	
· · ·	Electio	on on			State of	
	06 01 2015	through	06_	30 /	2015	
I certify that I have examined t	his Report and to the best of	my knowledge and b	pelief it is true	e, correct and	l complete.	
Type or Print Name of Treasur	er STACIE MONROE					
Signature of Transurar STA	ACIE MONROE	[Electronically	Filed!	ate 07		y
Signature of Treasurer SIA		_[Baca oncuny		ate 07	.5 20	, 10
NOTE: Submission of false, error	neous, or incomplete information	n may subject the pers	son signing thi	s Report to th	e penalties of 2 U.S.C	c. §437g.
Office Use					FEC FORM	3X
Only Only					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)

01 2015 06 30 Report Covering the Period: 06 2015 From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 171093.63 January 1, 2015 (b) Cash on Hand at 269254.11 Beginning of Reporting Period..... 392805.85 35551.21 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 304805.32 563899.48 6(a) and 6(c) for Column B)..... 89050.56 348144.72 Total Disbursements (from Line 31)...... Cash on Hand at Close of 8. Reporting Period 215754.76 215754.76 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

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

I. Receipts	COLUMN B Calendar Year-to-Date			
. Contributions (other than loans) From:	Total This Period	Calcinati Teal to Bute		
(a) Individuals/Persons Other				
Than Political Committees				
(i) Itemized (use Schedule A)	21821.10	263093.96		
(ii) Unitemized	13730.11	129711.89		
(iii) TOTAL (add				
Lines 11(a)(i) and (ii)▶	35551.21	392805.85		
4	0.00	0.00		
(b) Political Party Committees	0.00	0.00		
(c) Other Political Committees	0.00	0.00		
(such as PACs)(d) Total Contributions (add Lines	7	0.00		
(d) Total Contributions (add Lines				
11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	35551.21	392805.85		
2. Transfers From Affiliated/Other				
Party Committees	0.00	0.00		
Tarty Committees	3.00			
B. All Loans Received	0.00	0.00		
	7			
Loan Repayments Received	0.00	0.00		
5. Offsets To Operating Expenditures	7	0.00		
(Refunds, Rebates, etc.)				
(Carry Totals to Line 37, page 5)	0.00	0.00		
6. Refunds of Contributions Made				
to Federal Candidates and Other				
Political Committees	0.00	0.00		
'. Other Federal Receipts	7			
(Dividends, Interest, etc.)	0.00	0.00		
3. Transfers from Non-Federal and Levin Funds	7	7 7		
(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		
0. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	35551.21	392805.85		
). Total Federal Receipts				
(subtract Line 18(c) from Line 19)▶	35551.21	392805.85		

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. Disbursements	II. Disbursements COLUMN A Total This Period			
21. Opera	ting Expenditures: .llocated Federal/Non-Federal		Calendar Year-to-Date		
	activity (from Schedule H4)				
(i) Federal Share	0.00	0.00		
(i	i) Non-Federal Share	0.00	0.00		
`	Other Federal Operating		7		
	xpenditures	550.56	9144.72		
	otal Operating Expenditures	550.56	9144.72		
	add 21(a)(i), (a)(ii), and (b))	330.56	9144.72		
	nittees	0.00	0.00		
	butions to al Candidates/Committees				
and C	Other Political Committees	63500.00	284000.00		
-	endent Expenditures	0.00	0.00		
Coord	Schedule E)inated Party Expenditures				
(2 U.S (use S	S.C. §441a(d))	0.00	0.00		
Loan	Repayments Made	0.00	0.00		
Loans	Made	0.00	0.00		
Refun	ds of Contributions To: ndividuals/Persons Other				
(a) II	han Political Committees	0.00	0.00		
			0.00		
	olitical Party Committees	0.00	0.00		
(-)	such as PACs)	0.00	0.00		
(- /	otal Contribution Refunds	0.00	0.00		
(6	add Lines 28(a), (b), and (c))▶	<i>a</i>	3.00		
Other	Disbursements	25000.00	55000.00		
	151 4 (2.11.2.2. 2.42.1/22)				
	al Election Activity (2 U.S.C. §431(20)) Illocated Federal Election Activity				
, ,	from Schedule H6)				
) Federal Share	0.00	0.00		
		0.00	0.00		
,	i) "Levin" Shareederal Election Activity Paid Entirely	0.00	0.00		
(b) F	With Federal Funds	0.00	0.00		
(c) T	otal Federal Election Activity (add				
I	_ines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00		
Total	Disbursements (add Lines 21(c), 22,				
	1, 25, 26, 27, 28(d), 29 and 30(c))	89050.56	348144.72		
, -			0.0.17.72		
	Federal Disbursements				
	act Line 21(a)(ii) and Line 30(a)(ii)	00050 50	240444 70		
irom L	_ine 31)	89050.56	348144.72		

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
3. Total Contributions (other than loans) (from Line 11(d), page 3)	35551.21	392805.85
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	35551.21	392805.85
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	550.56	9144.72
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	550.56	9144.72

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

	FOR LINE NUMBER:				PAGE		6	OF	38	
(check only one)										
	X	11a		11b		11c		12		
	1	13		14		15		16		17

or	for commercial purposes, other than using the	name and address of any political committee to	solicit contributions from such committee.
\rangle	NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS (OF OB-GYNS PAC (OB-GYN PAC	C)
۹.	Full Name (Last, First, Middle Initial) THOMAS L. ALDERSON Mailing Address 3664 EDINBOROUGH DRIVE		Date of Receipt
	City ROCHESTER HILLS FEC ID number of contributing federal political committee. Name of Employer MCLAREN WOMEN'S HEALTH Receipt For: Primary General Other (specify)	State Zip Code MI 48306 C Occupation PHYSICIAN Aggregate Year-to-Date ▼ 600.00	7 Transaction ID : SA11AI.25188 Amount of Each Receipt this Period 100.00
3.	Full Name (Last, First, Middle Initial) TED L. ANDERSON Mailing Address 516 LEANNE WAY City FRANKLIN FEC ID number of contributing federal political committee. Name of Employer VANDERBILT UNIVERSITY Receipt For: Primary General Other (specify) Other (specify)	State Zip Code TN 37069 C Occupation PHYSICIAN Aggregate Year-to-Date ▼ 2300.00	Date of Receipt M M / DD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
C.	Full Name (Last, First, Middle Initial) TAMIKA C. AUGUSTE Mailing Address 110 IRVING STREET, NW City WASHINGTON FEC ID number of contributing federal political committee. Name of Employer MEDSTAR HEALTH Receipt For: Primary General Other (specify) Other (specify)	State Zip Code DC 20010 C Occupation PHYSICIAN Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
S	UBTOTAL of Receipts This Page (optional)	>	900.00
Т	OTAL This Period (last page this line number of	only)	

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

FOR LINE NUMBER:				PAGE		7	OF		38	
(check only one)										
X	11a		11b		11c		12	!		
	13		14		15		16	;		17

or for commercial purposes, other than using th	ne 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 PA	C)
Full Name (Last, First, Middle Initial) MAY H. BLANCHARD		Date of Receipt
Mailing Address 1316 BELT STREET		06 06 2015
City BALTIMORE	State Zip Code MD 21230	Transaction ID : SA11AI.24945 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer UNIVERSITY OF MARYLAND Receipt For:	Occupation PHYSICIAN Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	300.00	
Full Name (Last, First, Middle Initial) MARYANNE C. BOMBAUGH Mailing Address 81 CLOWES DRIVE		Date of Receipt
City FALMOUTH	State Zip Code MA 02540	06 25 2015 Transaction ID : SA11AI.25189 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	387.00
Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1099.00	
Full Name (Last, First, Middle Initial) LEONARD A. BRABSON		Date of Receipt
Mailing Address 939 EMERALD AVENUE		M = M / D = D / Y = Y = Y = Y = Y = 06 12 2015
City KNOXVILLE	State Zip Code TN 37917	Transaction ID : SA11AI.24998 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	625.00
Name of Employer TENNOVA HEALTHCARE	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1850.00	
SUBTOTAL of Receipts This Page (optional)		1037.00
TOTAL This Period (last page this line number	r only)	

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

FOR LINE NUMBER:				PAGE		8	OF	38	
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	13		14		15		16	;	17

or for commercial purposes, other than using	the name and address of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) THE AMERICAN CONGRES	SS OF OB-GYNS PAC (OB-GYN PA	i.C)
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address 5502 SOUTH FORT APA	CHE ROAD	06 18 2015
City LAS VEGAS	State Zip Code NV 89148	Transaction ID : SA11AI.25036
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 65.00
Name of Employer WOMEN'S SPECIALTY CARE	Occupation PHYSICIAN	-
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	
Full Name (Last, First, Middle Initial) 3. CYNTHIA A. BRINCAT Mailing Address 308 NORTH KENILWORT	TH	Date of Receipt
City OAK PARK	State Zip Code IL 60302	Transaction ID : SA11Al.24633 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	400.00
Name of Employer LOYOLA UNIVERSITY	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2190.00	
Full Name (Last, First, Middle Initial) DAVID M. BURKONS		Date of Receipt
Mailing Address 21249 SOUTH WOODLA	ND ROAD	06 04 _ 2015 _
City SHAKER HEIGHTS	State Zip Code OH 49122	Transaction ID : SA11AI.24627 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer UNIVERSITY GYNECOLOGISTS	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)	715.00
TOTAL This Period (last page this line num	ber only)	

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

	FOR LINE NUMBER:				PAGE	9	OF	38
(check only one)								
	X 1	1a	11b		11c	12		
	1	3	14		15	16		17

or for commercial purposes, other than using the	ne 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 PA	C)
Full Name (Last, First, Middle Initial) JOANNA M. CAIN Mailing Address 3483 SOUTHWEST PATTO	NI DOAD	Date of Receipt
Mailing Address 3483 SOUTHWEST PATTO	N KUAU	06 12 2015
City PORTLAND	State Zip Code OR 97201	Transaction ID : SA11AI.24999
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 250.00
Name of Employer OREGON HEALTH & SCIENCES Receipt For:	Occupation PHYSICIAN Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) PRASANTA CHANDRA Mailing Address 220A ST. NICHOLAS AVEN	UE	Date of Receipt
City BROOKLYN	State Zip Code NY 11237	06 22 2015 Transaction ID : SA11AI.25184 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	220.00
Name of Employer ST. NICHOLAS OB/GYN ASSOCIATES	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1360.00	
Full Name (Last, First, Middle Initial) BEN H. CHEEK		Date of Receipt
Mailing Address 231 CASCADE ROAD		06 12 2015 _
City COLUMBUS	State Zip Code GA 31904	Transaction ID : SA11AI.25001 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer OB/GYN ASSOCIATES OF COLUMBUS	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1999.98	
SUBTOTAL of Receipts This Page (optional)	· · · · · · · · · · · · · · · · · · ·	553.33
TOTAL This Period (last page this line numbe	r only)	

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

FOR LINE NUMBER: (check only one)					PAGE	. 1	10	OF	38	
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	g the name and address of any political committee to	
NAME OF COMMITTEE (In Full) THE AMERICAN CONGRE	SS OF OB-GYNS PAC (OB-GYN PA	C)
Full Name (Last, First, Middle Initial) CHRISTIAN A. CHISHOLM Mailing Address 1940 BIVER INNUANE		Date of Receipt
Mailing Address 1840 RIVER INN LANE		06 16 2015
CHARLOTTESVILLE	State Zip Code VA 22901	Transaction ID : SA11AI.25019
CHARLOTTESVILLE		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
UNIVERSITY OF VIRGINIA	PHYSICIAN	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) 3. JEANNE A. CONRY	•	Date of Receipt
Mailing Address 8204 CANTERSHIRE W.	AY	M M / D D / Y Y Y Y Y
City	State Zip Code	06 06 2015 Transaction ID : SA11AI.24946
GRANITE BAY	CA 95746	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	544.44
Name of Employer	Occupation	
KAISER PERMANENTE	PHYSICIAN	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	1733.32	
Full Name (Last, First, Middle Initial)	N	Date of Receipt
Mailing Address 289 HARRIS HILL ROAL		06 17 2015
City SHAVERTOWN	State Zip Code PA 18708	Transaction ID : SA11AI.25024
FEC ID number of contributing		Amount of Each Receipt this Period
federal political committee.	C	625.00
Name of Employer	Occupation	
OB/GYN ASSOCIATES	PHYSICIAN	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	1250.00	
SUBTOTAL of Receipts This Page (options	al)	1669.44
	<u> </u>	
TOTAL This Period (last page this line nur	mber only)	

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

FOR	PAGE	1	11	OF		38				
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X	11a		11b		11c		12			
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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 CONGRES	S OF OB-GYNS PAC (OB-GYN PA	C)
Full Name (Last, First, Middle Initial) STELLA DANTAS Mailing Address COOK SOUTH INVEST MAIN	EMEDE LOOP	Date of Receipt
Mailing Address 6906 SOUTHWEST WIND	EMERE LOOP	06 18 2015
City PORTLAND	State Zip Code OR 97225	Transaction ID : SA11AI.25037
FEC ID number of contributing federal political committee.	C 97223	Amount of Each Receipt this Period 208.33
Name of Employer NORTHWEST PERMANENTE	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 833.32	
Full Name (Last, First, Middle Initial) THOMAS S. DARDARIAN Mailing Address 108 CETON COURT	Date of Receipt	
City	State Zip Code	06 17 2015 Transaction ID : SA11AI.25026
BROOMAIL	PA 19008	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	210.00
Name of Employer MAIN LINE WOMEN'S HEALTH CARE	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1005.00	
Full Name (Last, First, Middle Initial) NATHANIEL DENICOLA		Date of Receipt
Mailing Address 2218 MANNING STREET		06 04 _ 2015 _
City PHILADELPHIA	State Zip Code PA 19103	Transaction ID : SA11Al.24628 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	417.00
Name of Employer UNIVERSITY OF PENNSYLVANIA	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1252.00	
SUBTOTAL of Receipts This Page (optional)		835.33
TOTAL This Period (last page this line numb	per only)	

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

	_		NUMBE	PAGE	12	OF	38	
(check only one)								
	>	1 1a	11b		11c	12		
		13	14		15	16	. [17

Full Name (Last, First, Middle Initial) CARL A. DUNN Mailing Address 120 HILLCREST MEDICAL	Date of Receipt	
City	State Zip Code	06 22 2015
WACO	TX 76712	Transaction ID : SA11AI.25209 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer	Occupation	
SCOTT & WHITE CLINIC	PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	
Full Name (Last, First, Middle Initial) DIANNE M. EDGAR	,	Date of Receipt
Mailing Address 1340 HIGHLAND AVENUE		M = M / D = D / Y = Y = Y
City	State Zip Code	06 22 2015
ROCHESTER	NY 14620	Transaction ID : SA11AI.25185 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer PARK WEST WOMEN'S HEALTH	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	
Full Name (Last, First, Middle Initial)	ı	D. (D.)
MERIDITH FARROW		Date of Receipt
Mailing Address 2026 CHEROKEE DRIVE		06 09 2015
City	State Zip Code	Transaction ID : SA11AI.24950
NEPTUNE BEACH	FL 32266	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	50.00
Name of Employer	Occupation	
UNIVERSITY OF FLORIDA	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	300.00	

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

	_		NUMBE	PAGE	13	OF	38	
(check only one)								
	×	11a	11b		11c	12	!	
		13	14		15	16	; [17

or for commercial purposes, other than using t	he 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 PA	C)		
Full Name (Last, First, Middle Initial) DOUGLAS K. FENTON Mailing Address 2921 MANAGUA PLACE		Date of Receipt		
	Ctata 7in Cada	06 12 2015		
City CARLSBAD	State Zip Code CA 92009	Transaction ID : SA11AI.25002 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С	209.00		
Name of Employer SCRIPPS COASTAL MEDICAL GROUP	Occupation PHYSICIAN			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1254.00			
Full Name (Last, First, Middle Initial) 3. DAVID L. FINKE Mailing Address 8920 WILSHIRE BOULEVA	Date of Receipt			
City BEVERLY HILLS	State Zip Code CA 90211	06 30 2015 Transaction ID : SA11AI.25174 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	250.00		
Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00			
Full Name (Last, First, Middle Initial) C. STEVEN FLEISCHMAN		Date of Receipt		
Mailing Address 189 ANSONIA ROAD		06 17 2015		
City WOODBRIDGE	State Zip Code CT 06525	Transaction ID : SA11AI.25027 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	625.00		
Name of Employer OB/GYN & MENOPAUSE PHYSICIANS Receipt For: Primary General Other (specify) ▼	Occupation PHYSICIAN Aggregate Year-to-Date ▼ 1250.00			
SUBTOTAL of Receipts This Page (optional)		1084.00		
TOTAL This Period (last page this line number	er only)			

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

					PAGE	. 1	14	OF		38	
(check only one)											
×	11a		11b		11c		12				
	13		14		15		16			17	

or for commercial purposes, other than using	the name and address of any political committee	
NAME OF COMMITTEE (In Full) THE AMERICAN CONGRES	SS OF OB-GYNS PAC (OB-GYN PA	AC)
Full Name (Last, First, Middle Initial) ROBERT F. FLORA Mailing Address 22668 BECKENHAM CO	URT	Date of Receipt
City	State Zip Code	06 12 2015
NOVI	MI 48374	Transaction ID : SA11AI.25003 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer ST. JOHN PROVIDENCE HEALTH	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) DAVID A. FORSTEIN	,	Date of Receipt
Mailing Address 890 WEST FARIS ROAD		06 22 2015
City GREENVILLE	State Zip Code SC 29605	Transaction ID : SA11AI.25186 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer GREENVILLE HEALTH SYSTEM	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	
Full Name (Last, First, Middle Initial) CHRISTINE S. GOUDGE WAL	 _KER	Date of Receipt
Mailing Address 15015 FREDERICK ROA		06 04 _ 2015 _
City ROGERS	State Zip Code MN 55374	Transaction ID : SA11AI.24977 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer	Occupation	
PARK NICOLLET CLINIC	PHYSICIAN	_
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	
SUBTOTAL of Receipts This Page (optional	l)	700.00
TOTAL This Period (last page this line num	ber only)	

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

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or for commercial purposes, other than using the	e 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 PA	C)
Full Name (Last, First, Middle Initial) TAMARA G. HELFER Mailing Address 4412 TROSTSHIRE CIRCLE	:	Date of Receipt
City CHAMPAIGN	State Zip Code IL 61822	06 09 2015 Transaction ID : SA11AI.24837 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer CHRISTIE CLINIC	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2810.00	
Full Name (Last, First, Middle Initial) VERONICA HELGANS Mailing Address 123 DOG LANE	Date of Receipt 06 30 2015	
City STORRS	State Zip Code CT 06268	06 30 2015 Transaction ID : SA11AI.25175 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer PHYSICIANS FOR WOMEN'S HEALTH	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) . RICHARD W. HENDERSON		Date of Receipt
Mailing Address 1709 CLEAVER LANE	Ctata Zin Code	06 17 2015
City WILMINGTON	State Zip Code DE 19803	Transaction ID : SA11AI.25028 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	210.00
Name of Employer ST. FRANCIS HOSPITAL	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 840.00	
SUBTOTAL of Receipts This Page (optional)	·····	500.00
TOTAL This Period (last page this line number	r only)	

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

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	the name and address of any political committee					
,	SS OF OB-GYNS PAC (OB-GYN PA	AC)				
Full Name (Last, First, Middle Initial) ROBERT C. HENDERSON Mailing Address 44 TIVERTON LANE	ROBERT C. HENDERSON					
City ASHEVILLE	State Zip Code NC 28803	06 18 2015 Transaction ID : SA11AI.25039				
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 250.00				
Name of Employer SELF-EMPLOYED Receipt For: Primary General Other (specify) ▼	Occupation PHYSICIAN Aggregate Year-to-Date ▼ 500.00					
Full Name (Last, First, Middle Initial) ROBERT C. HENDERSON Mailing Address 44 TIVERTON LANE		Date of Receipt				
City ASHEVILLE FEC ID number of contributing federal political committee.	State Zip Code NC 28803	06 27 2015 Transaction ID: SA11AI.25207 Amount of Each Receipt this Period 500.00				
Name of Employer SELF-EMPLOYED Receipt For: Primary General	Occupation PHYSICIAN Aggregate Year-to-Date ▼					
Other (specify) ▼ Full Name (Last, First, Middle Initial) THOMAS W. HEPFER Mailing Address 2810 LILLINGTON DRIVE City		Date of Receipt M = M / D = D / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y				
SUMTER FEC ID number of contributing federal political committee. Name of Employer	Sc 29150 C Occupation	Amount of Each Receipt this Period 350.00				
TUOMEY HEALTHCARE Receipt For: Primary General Other (specify) ▼	PHYSICIAN Aggregate Year-to-Date ▼ 550.00					
SUBTOTAL of Receipts This Page (optional	·)	1100.00				
TOTAL This Period (last page this line num	her only).					

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NAME OF COMMITTEE (In Full)	SS OF OB-GYNS PAC (OB-GYN P						
	THOMAS W. HEPFER Mailing Address 2810 LILLINGTON DRIVE						
City	State Zip Code	Transaction ID : SA11AI.25029					
SUMTER	SC 29150	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	50.00					
Name of Employer	Occupation						
TUOMEY HEALTHCARE	PHYSICIAN						
Receipt For:	Aggregate Year-to-Date ▼						
Primary General							
Other (specify) ▼	600.00						
Full Name (Last, First, Middle Initial) B. ERIKA L. JOHNSON	Date of Receipt						
Mailing Address 2089 WHISPERING OA	06 22 _2015 _						
Cit.	City State 7in Code						
City	State Zip Code	Transaction ID : SA11AI.24957					
ALEXANDRIA	MN 56308	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	250.00					
Name of Employer	Occupation						
ALEXANDRIA CLINIC	PHYSICIAN						
Receipt For:	Aggregate Year-to-Date ▼						
Primary General Other (specify) ▼	250.00						
Full Name (Last, First, Middle Initial)		Date of Receipt					
Mailing Address 8525 WOODBOX ROAL	D	06 12 2015 _					
City	State Zip Code	Transaction ID : SA11AI.25004					
MANLIUS	NY 13104	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	50.00					
Name of Employer	Occupation	_					
SUNY UPSTATE MEDICAL	PHYSICIAN						
Receipt For:							
Primary General	Aggregate Year-to-Date ▼						
Other (specify) ▼	275.00						
SUBTOTAL of Receipts This Page (option	nal)	350.00					
TOTAL This Period (last page this line nu	mber only)						

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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 CONGRES	S OF OB-GYNS PAC (OB-GYN PA	C)
Full Name (Last, First, Middle Initial) A. ALEXANDER KOFINAS Mailing Address 86 ABBEY ROAD		Date of Receipt
City MANHASSET	State Zip Code NY 11030	06 25 2015 Transaction ID : SA11AI.25193 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer	Occupation	2500.00
KOFINAS PERINATAL Receipt For:	PHYSICIAN Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	2500.00	
Full Name (Last, First, Middle Initial) HANNELE M. LAINE Mailing Address 525 F STREET	Date of Receipt	
City SALT LAKE CITY	State Zip Code UT 84103	06 03 2015 Transaction ID : SA11AI.24635 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer AVENUES WOMEN'S CENTER Receipt For:	Occupation PHYSICIAN Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	Aggregate Teal-to-Date V	
Full Name (Last, First, Middle Initial) EDUARDO LARA-TORRE		Date of Receipt
Mailing Address 5907 CAVALIER DRIVE City	State Zip Code	06 29 2015 Transaction ID : SA11Al.25269
ROANOKE FEC ID number of contributing federal political committee.	VA 24018	Amount of Each Receipt this Period 200.00
Name of Employer CARILION CLINIC	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	
SUBTOTAL of Receipts This Page (optional)	>	2950.00
TOTAL This Period (last page this line numb	er only)	

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

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or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	the name and address of any political committee to	o solicit contributions from such committee.				
	S OF OB-GYNS PAC (OB-GYN PA	C)				
Full Name (Last, First, Middle Initial) CHARLES J. LOCKWOOD	Date of Receipt					
Mailing Address 2509 NORTH DUNDEE S	TREET	06 25 2015				
City	State Zip Code	Transaction ID : SA11AI.25195				
TAMPA	FL 33629	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	250.00				
Name of Employer	Occupation					
UNIVERSITY OF SOUTH FLORIDA	PHYSICIAN					
Receipt For:	Aggregate Year-to-Date ▼	1				
Primary General						
Other (specify) ▼	290.00					
Full Name (Last, First, Middle Initial) JEANNINE M. MCMAHON	Date of Receipt					
Mailing Address 11436 LAKEWOOD STRE	06 21 _2015 _					
City	State Zip Code	Transaction ID : SA11AI.25180				
CROWN POINT	IN 46207	Amount of Each Receipt this Period				
FEC ID number of contributing		11 11 11 11 11 11 11 11 11 11 11 11 11				
federal political committee.	C	50.00				
Name of Employer	Occupation	1				
CROWN POINT OB/GYN	PHYSICIAN					
Receipt For:	Aggregate Year-to-Date ▼					
Primary General Other (specify) ▼	525.00					
Full Name (Last, First, Middle Initial)		B. (B.)				
AASTA MEHTA		Date of Receipt				
Mailing Address 1001 TOWAMENCIN AVE		06 12 2015				
City LANSDALE	State Zip Code PA 19446	Transaction ID : SA11AI.25005 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	210.00				
Name of Employer	Occupation	1				
LEHIGH VALLEY PHYSICIAN GROUP	PHYSICIAN					
Receipt For:	Aggregate Year-to-Date ▼	1				
Primary General	7.99.09a.0 10a to Dato 7					
Other (specify) ▼	1466.00					
SUBTOTAL of Receipts This Page (optional		510.00				
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TOTAL This Period (last page this line num	per only)					

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or for commercial purposes, other than using t	he name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS	S OF OB-GYNS PAC (OB-GYN PA	C)
Full Name (Last, First, Middle Initial) ALETHIA E. MORGAN Mailing Address 3075 SOUTH BIRCH STRE	ET	Date of Receipt
- Maining Addition STRE		06 12 2015
City DENVER	State Zip Code CO 80222	Transaction ID : SA11AI.25007
FEC ID number of contributing		Amount of Each Receipt this Period
federal political committee.	C	625.00
Name of Employer	Occupation	
COPIC Pagaint For:	PHYSICIAN	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	1250.00	
Full Name (Last, First, Middle Initial) 3. DOTUN OGUNYEMI	Date of Receipt	
Mailing Address 2007 HAZEL STREET	06 18 2015	
City	State Zip Code MI 48009	Transaction ID : SA11AI.25041
BIRMINGHAM	MI 48009	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer WILLIAM BEAUMONT HOSPITAL	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) BRANDY R. PATTERSON		Date of Receipt
Mailing Address 4611 PINE CONE LANE		06 13 2015
City BELDEN	State Zip Code MS 38826	Transaction ID: SA11AI.25015
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 2500.00
Name of Employer	Occupation	
OB/GYN ASSOCIATES	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	2750.00	
SUBTOTAL of Receipts This Page (optional).	· • • • • • • • • • • • • • • • • • • •	3375.00
TOTAL This Period (last page this line number	er only)	

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or for commercial purposes, other than using th	e 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 PA	C)				
Full Name (Last, First, Middle Initial) MADELINE A. PHIPPS-DICK Mailing Address 1244 WILLIAM STREET		Date of Receipt				
		06 30 / 2015				
City BALTIMORE	State Zip Code MD 21230	Transaction ID : SA11AI.25177 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	250.00				
Name of Employer UNIVERSITY OF MARYLAND Receipt For:	Occupation PHYSICIAN Aggregate Year to Date W					
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00					
Full Name (Last, First, Middle Initial) HOLLY S. PURITZ Mailing Address 7940 NORTH SHORE ROAD	Date of Receipt					
City NORFOLK	State Zip Code VA 23505	7 Constant of Each Receipt this Period 2015				
FEC ID number of contributing federal political committee.	C	209.00				
Name of Employer THE GROUP FOR WOMEN	Occupation PHYSICIAN					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1362.00					
Full Name (Last, First, Middle Initial) STEVEN W. REMMENGA		Date of Receipt				
Mailing Address 16995 PRINCETON ROAD		06 09 2015 _				
City ADAMS	State Zip Code NE 68301	Transaction ID : SA11AI.24951 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	209.00				
Name of Employer UNIVERSITY OF NEBRASKA	Occupation PHYSICIAN					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1349.00					
SUBTOTAL of Receipts This Page (optional)		668.00				
TOTAL This Period (last page this line number	only)					

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or for commercial purposes, other than using the	e 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 PAG	C)
Full Name (Last, First, Middle Initial) MARY L. ROSSER Mailing Address 32 STUDIO LANE		Date of Receipt
City	State Zip Code	06 09 2015 Transaction ID : SA11Al.24871
BRONXVILLE	NY 10708	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer MONTEFIORE MEDICAL CENTER	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1015.00	
Full Name (Last, First, Middle Initial) B. SHARON L. SHEFFIELD		Date of Receipt
Mailing Address P.O. BOX 1066 City	State Zip Code	06 05 2015 Transaction ID: SA11Al.24944
FRANKLIN	VA 23851	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	1000.00
Name of Employer OB/GYN PHYSICIANS	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) C. LAURA L. SIROTT		Date of Receipt
Mailing Address 249 SOUTH BERKELEY AVI		06 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City PASADENA	State Zip Code CA 91107	Transaction ID : SA11AI.25030 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	625.00
Name of Employer	Occupation	
SELF-EMPLOYED	PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	
SUBTOTAL of Receipts This Page (optional)	•	1665.00
TOTAL This Period (last page this line number	only)	

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or for commercial purposes, other than using th	e name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)	OF OB-GYNS PAC (OB-GYN PAG	
Full Name (Last, First, Middle Initial) KATHERINE SKAGGS		Date of Receipt
Mailing Address P.O. BOX 9246		06 25 2015
City	State Zip Code	Transaction ID : SA11AI.25196
AVON	CO 81620	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
SELF-EMPLOYED	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) HEATHER A. SMITH		Date of Receipt
Mailing Address 175 EAST 96TH STREET	06 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City	State Zip Code	Transaction ID : SA11AI.25031
NEW YORK	NY 10128	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer MONTEFIORE MEDICAL SYSTEM	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) . PATRICIA A. SMITH		Date of Receipt
Mailing Address 738 FONTAINE STREET		06 12 2015
City ALEXANDRIA	State Zip Code VA 22302	Transaction ID : SA11AI.25010 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer	Occupation	
GWU MEDICAL FACULTY ASSOCIATES	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	540.00	
SUBTOTAL of Receipts This Page (optional)		1000.00
TOTAL This Period (last page this line number	r only)	

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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	S OF OB-GYNS PAC (OB-GYN PA	C)
Full Name (Last, First, Middle Initial) PAMELA A. ST. AMAND		Date of Receipt
Mailing Address P.O. BOX 5488		06 26 2015
City	State Zip Code	Transaction ID : SA11AI.25211
BEAUMONT	TX 77726	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	175.00
Name of Employer	Occupation	
SELF-EMPLOYED	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	215.00	
Full Name (Last, First, Middle Initial) PAMELA A. ST. AMAND		Date of Receipt
Mailing Address P.O. BOX 5488	06 29 2015	
City	State Zip Code	Transaction ID : SA11AI.25270
BEAUMONT	TX 77726	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	65.00
Name of Employer	Occupation	
SELF-EMPLOYED	PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	
Full Name (Last, First, Middle Initial) C. DANA G. STONE		Date of Receipt
Mailing Address 1730 HUNTINGTON AVEN	IUE	06 09 2015 _
City	State Zip Code	Transaction ID : SA11AI.24952
OKLAHOMA CITY	OK 73116	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	210.00
Name of Employer	Occupation	
SELF-EMPLOYED	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1260.00	
SUBTOTAL of Receipts This Page (optional).	•	450.00
TOTAL This Period (last page this line numb	er only)	

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Full Name (Last, First, Middle Initial) SCOTT A. SULLIVAN Mailing Address 3423 COLONEL VANDE	SPHODET CIDCLE	Date of Receipt
		06 25 2015
City	State Zip Code	Transaction ID : SA11AI.25210
MT. PLEASANT	SC 29466	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer	Occupation	
MEDICAL UNIVERSITY OF SC	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	415.00	
Full Name (Last, First, Middle Initial) JANICE TILDON-BURTON	'	Date of Receipt
Mailing Address 1700 TALLEY ROAD		M = M / D = D / Y = Y = Y
City	State Zip Code	06 08 2015
WILMINGTON	DE 19803	Transaction ID : SA11AI.24949 Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.	C	209.00
Name of Employer	Occupation	
SELF-EMPLOYED	PHYSICIAN	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify)	1254.00	
Full Name (Last, First, Middle Initial) JERRY W. WELCH	<u>'</u>	Date of Receipt
Mailing Address 32 MEADOW LAKE DRI		06 09 7 2015
City ELLISVILLE	State Zip Code MS 39437	Transaction ID : SA11AI.24953 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
MEA MEDICAL CLINIC	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	250.00	
Other (specify) ▼	250.00	

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or for commercial purposes, other than using the	ne 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 PA	C)			
Full Name (Last, First, Middle Initial) EMILY M. WHITE Mailing Address 55 FERNCREST AVENUE		Date of Receipt			
City	06 06 2015 Transaction ID : SA11Al.24947				
CRANSTON FEC ID number of contributing federal political committee.	RI 02905	Amount of Each Receipt this Period 100.00			
Name of Employer PROVIDENCE COMMUNITY HEALTH	Occupation PHYSICIAN				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 925.00				
Full Name (Last, First, Middle Initial) ANNE WOODWARD Mailing Address 10633 WYNSPIRE WAY	Date of Receipt				
City HIGHLANDS RANCH	State Zip Code CO 80130	06 25 2015 Transaction ID : SA11AI.25200 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	500.00			
Name of Employer SECOND MILE OB/GYN	Occupation PHYSICIAN				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00				
Full Name (Last, First, Middle Initial)		Date of Receipt			
Mailing Address	7.0.4	M = M / D = D / 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 (optional)	•	600.00			
TOTAL This Period (last page this line number	r only)	21821.10			

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SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 27 OF 38					
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ITEMIZED DISBURSEMENTS	for each category of the	(Check only	22 23 24 25 26				
	Detailed Summary Page	27	28a 28b 28c 29 30b				
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NAME OF COMMITTEE (In Full)	addition of any point	20	The second secon				
I \ '	OD CVNC DAC (O		<u> </u>				
THE AMERICAN CONGRESS OF	OB-GYNS PAC (O	D-GYN PAC	○)				
Full Name (Last, First, Middle Initial)		1					
A. FIRST NATIONAL MERCHANT SO	SUCITIONS		Date of Disbursement				
THE TWITTEN TO THE TOTAL			M M / D D / Y Y Y Y				
Mailing Address 1620 DODGE STREET			06 03 2015				
City	State Zip Code		Transaction ID - CD24D 24506				
ОМАНА	NE 68197		Transaction ID : SB21B.24596				
Purpose of Disbursement							
CREDIT CARD TRANSACTION FEES			Amount of Each Disbursement this Period				
Candidate Name		Category/	99.84				
		Type	33.04				
Office Sought: House Disburser							
Senate	Primary General						
President	Other (specify) ▼						
State: District:							
Full Name (Last, First, Middle Initial)							
B. SAGE PAYMENT SOLUTIONS			Date of Disbursement				
			M M / D D / Y Y Y Y				
Mailing Address 1750 OLD MEADOW ROAD			06 01 2015				
City	State Zip Code		Transaction ID - SR21R 24507				
MCLEAN	VA 22102		Transaction ID : SB21B.24597				
Purpose of Disbursement	22.102						
CREDIT CARD TRANSACTION FEES			Amount of Each Disbursement this Period				
Candidate Name		Catagory					
		Category/ Type	450.44				
Office Sought: House Disbursen	nent For:						
	Primary General						
President	Other (specify) ▼						
State: District:							
Full Name (Last, First, Middle Initial)							
C. SQUARE, INC.			Date of Disbursement				
			M M / D D / Y Y Y Y				
Mailing Address 901 MISSION STREET			06 12 2015				
,	State Zip Code		Transaction ID : SB21B.24975				
SAN FRANCISCO	CA 94103						
Purpose of Disbursement CREDIT CARD TRANSACTION FEES							
			Amount of Each Disbursement this Period				
Candidate Name		Category/	0.28				
Office Cought: House Bisham	aant Fari	Туре	55				
Office Sought: House Disburser Senate							
President	Other (anality) General						
State: District:	Other (specify) ▼						
State. District.							
			550.56				
SUBTOTAL of Disbursements This Page (optional)		·····	330.00				
			550.56				

SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 28 OF 38					
ITEMIZED DISBURSEMENTS	Use separate schedule(s)	(check only one)					
II LIVIIZED DISDUNSEIVIEN IS	for each category of the	21b	22 🗶 23 24 25 26				
	Detailed Summary Page	27	28a 28b 28c 29 30b				
Any information copied from such Reports and Stater	nents may not be sold or us	sed by any perso	on for the purpose of soliciting contributions				
or for commercial purposes, other than using the nan							
NAME OF COMMITTEE (In Full)							
THE AMERICAN CONGRESS OF	OB-GYNS PAC (O	B-GYN PAG	C)				
/			- ,				
Full Name (Last, First, Middle Initial)							
A. AMI BERA FOR CONGRESS			Date of Disbursement				
Mailing Address D.O. DOV 500 400			M M / D D / Y Y Y Y Y				
Mailing Address P.O. BOX 582496			06 22 2015				
City	State Zip Code						
ELK GROVE	CA 95758		Transaction ID : SB23.24962				
Purpose of Disbursement							
CONTRIBUTION		1	Amount of Each Disbursement this Period				
Candidate Name		Category/	2500.00				
AMERISH BERA		Туре	2300.00				
	nent For: 2016						
Senate President	Other (energity) —						
State: CA District: 07	Other (specify) ▼						
Full Name (Last, First, Middle Initial)							
B. BLUMENTHAL FOR CONNECTION	HT		Date of Disbursement				
- BEOMENTIAL FOR CONNECTIO		M = M / D = D / Y = Y = Y					
Mailing Address 777 SUMMER STREET			06 08 _ 2015 _				
•	State Zip Code		Transaction ID : SB23.24607				
STAMFORD Purpose of Disbursement	CT 06901						
CONTRIBUTION			Amount of Each Disbursement this Period				
Candidate Name			Amount of Each Disbursement this Feriod				
RICHARD BLUMENTHAL		Category/ Type	2500.00				
	nent For: 2016	.,,,,,	,				
∑ Senate	Primary General						
President	Other (specify) ▼						
State: CT District: 00							
Full Name (Last, First, Middle Initial)							
C. BONNIE WATSON COLEMAN FO	R CONGRESS		Date of Disbursement				
Mailing Address 400 LIDLAND AVENUE			M M / D D / Y Y Y Y Y				
Mailing Address 180 UPLAND AVENUE			06 08 2015				
City	State Zip Code						
EWING	NJ 08638		Transaction ID : SB23.24609				
Purpose of Disbursement							
CONTRIBUTION			Amount of Each Disbursement this Period				
Candidate Name	Category/ Type	1000.00					
	BONNIE WATSON COLEMAN Office Sought: House Disbursement For: 2016						
Office Sought: House Disburser Senate	nent For: 2016 Primary General						
President	Other (specify)						
State: NJ District: 12							
SUBTOTAL of Disbursements This Page (optional)			6000.00				
		<u>-</u> _					
TOTAL This Period (last page this line number only)							

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ITEMIZED DISBURSEMENTS	Use separate schedu for each category of	the Collect Offin	,
	Detailed Summary Pa		22 X 23 24 25 26 28a 28b 28c 29 30b
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or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full)			
THE AMERICAN CONGRESS OF	OB-GYNS PAC	(OB-GYN PAG	C)
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Full Name (Last, First, Middle Initial) A. DEDICATED TO ESTABLISHING NATION.	AL TEAMMAODK DA	C (DENT DAC)	Date of Disbursement
A. DEDICATED TO ESTABLISHING NATION.	AL TEAWWORK PA	C (DENT PAC)	M M / D D / Y Y Y Y
Mailing Address 610 SOUTH BOULEVARD			06 15 2015
- 9	State Zip Code		Transaction ID : SB23.24797
TAMPA Purpose of Disbursement	FL 33606		
CONTRIBUTION			Amount of Each Disbursement this Period
Candidate Name		Category/	
		Type	5000.00
Office Sought: House Disburser		·	
Senate	Primary Gene	ral	
State: District:	Other (specify) ▼		
Full Name (Last, First, Middle Initial)			
B. DEMOCRATIC CONGRESSIONAL	CAMPAIGN C	OMMITTEE	Date of Disbursement
			M = M / D = D / Y = Y = Y
Mailing Address 430 SOUTH CAPITOL STREET, S	SE		06 22 2015
Cit.	State Zin Code		
City S WASHINGTON	State Zip Code DC 20003		Transaction ID : SB23.24974
Purpose of Disbursement			
·			
CONTRIBUTION			Amount of Each Disbursement this Period
·		Category/	
CONTRIBUTION Candidate Name	ant For	Category/ Type	Amount of Each Disbursement this Period 10000.00
CONTRIBUTION Candidate Name Office Sought: House Disburser		Туре	
CONTRIBUTION Candidate Name	Primary Gene	Туре	
CONTRIBUTION Candidate Name Office Sought: House Disburser Senate		Туре	
CONTRIBUTION Candidate Name Office Sought: House Disburser Senate President	Primary Gene	Туре	
CONTRIBUTION Candidate Name Office Sought: House Senate President State: District:	Primary Gene Other (specify) ▼	Туре	
CONTRIBUTION Candidate Name Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) C. DR. RAUL RUIZ FOR CONGRESS	Primary Gene Other (specify) ▼	Туре	Date of Disbursement
CONTRIBUTION Candidate Name Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial)	Primary Gene Other (specify) ▼	Туре	Date of Disbursement
CONTRIBUTION Candidate Name Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) C. DR. RAUL RUIZ FOR CONGRESS Mailing Address P.O. BOX 6116	Primary Gene Other (specify) ▼	Туре	Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
CONTRIBUTION Candidate Name Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) C. DR. RAUL RUIZ FOR CONGRESS Mailing Address P.O. BOX 6116 City SAME STATES SAME SENATE S	Primary General Other (specify) ▼	Туре	Date of Disbursement
CONTRIBUTION Candidate Name Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) C. DR. RAUL RUIZ FOR CONGRESS Mailing Address P.O. BOX 6116 City Senate President President Senate	Primary General Other (specify) State Zip Code	Туре	Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
CONTRIBUTION Candidate Name Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) C. DR. RAUL RUIZ FOR CONGRESS Mailing Address P.O. BOX 6116 City LA QUINTA Purpose of Disbursement CONTRIBUTION	Primary General Other (specify) State Zip Code	ral	Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
CONTRIBUTION Candidate Name Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) C. DR. RAUL RUIZ FOR CONGRESS Mailing Address P.O. BOX 6116 City Senate President President Senate	Primary General Other (specify) State Zip Code	Type ral Category/	Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
CONTRIBUTION Candidate Name Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) C. DR. RAUL RUIZ FOR CONGRESS Mailing Address P.O. BOX 6116 City LA QUINTA Purpose of Disbursement CONTRIBUTION Candidate Name RAUL RUIZ	Primary General Other (specify) State Zip Code	ral	Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
CONTRIBUTION Candidate Name Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) C. DR. RAUL RUIZ FOR CONGRESS Mailing Address P.O. BOX 6116 City LA QUINTA Purpose of Disbursement CONTRIBUTION Candidate Name RAUL RUIZ	Primary General Other (specify) ▼ State Zip Code CA 92248	Type ral Category/ Type	Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
CONTRIBUTION Candidate Name Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) C. DR. RAUL RUIZ FOR CONGRESS Mailing Address P.O. BOX 6116 City LA QUINTA Purpose of Disbursement CONTRIBUTION Candidate Name RAUL RUIZ Office Sought: House Senate President X	Primary General Control of Contro	Type ral Category/ Type	Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
CONTRIBUTION Candidate Name Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) C. DR. RAUL RUIZ FOR CONGRESS Mailing Address P.O. BOX 6116 City LA QUINTA Purpose of Disbursement CONTRIBUTION Candidate Name RAUL RUIZ Office Sought: House Senate Senate	Primary General General Country General Genera	Type ral Category/ Type	Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
CONTRIBUTION Candidate Name Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) C. DR. RAUL RUIZ FOR CONGRESS Mailing Address P.O. BOX 6116 City SAUL A QUINTA Purpose of Disbursement CONTRIBUTION Candidate Name RAUL RUIZ Office Sought: House Senate President State: CA District: 36	Primary General Other (specify) State Zip Code CA 92248 The control of the con	Type ral Category/ Type	Date of Disbursement M M M / P D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
CONTRIBUTION Candidate Name Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) C. DR. RAUL RUIZ FOR CONGRESS Mailing Address P.O. BOX 6116 City LA QUINTA Purpose of Disbursement CONTRIBUTION Candidate Name RAUL RUIZ Office Sought: House Senate President X	Primary General Other (specify) State Zip Code CA 92248 The control of the con	Type ral Category/ Type	Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

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	EMIZED DISBURSEMENTS	Use separate schedule(s)	\ I	(check only		_			/			<u> </u>		
••		for each category of the Detailed Summary Page			21b	22		23	24		25		26	
_		l - common common, r ago			27	28a	2	28b	280		29		30b	
	ny information copied from such Reports and Stater													
or	for commercial purposes, other than using the nan	ne and address of any politi	ical cor	nmitte	ee to s	solicit coi	ntribu	tions	from su	ich cc	ommi	tee.		
	NAME OF COMMITTEE (In Full)		D ()	/K I		١.								
/	THE AMERICAN CONGRESS OF	OB-GYNS PAC (O	B-G	YIN	PAC)								
_	Full Name (Last, First, Middle Initial)													
A.	FRIENDS OF ELIZABETH ESTY					Date of	f Disb	urse	ment					
						M = M	/	D II	D /	Y Y	I Y	Υ		
	Mailing Address P.O. BOX 61					06	ш	23	3	2015				
	City	State Zip Code												
	CHESHIRE	CT 06410				Trans	actio	n ID	: SB23.2	24980)			
	Purpose of Disbursement			-	_									
	CONTRIBUTION		Ι.			Amount	t of E	ach	Disburse	ement	this	Perio	d	
	Candidate Name			egory	y/						100	0.00	٦	
	ELIZABETH ESTY Office Sought: House Disburser	nont For: 2040	Т	уре			7		7	-	. 50			
		nent For: 2016 Primary General												
	President	Other (specify)												
	State: CT District: 05	(1 3 / V												
	Full Name (Last, First, Middle Initial)													
В.	FRIENDS OF JIM CLYBURN					Date of	f Disb	urse	ment					
						M = M	/	D			I Y	Υ		
	Mailing Address P.O. BOX 12567					06	ш	22	2	20	015			
	City	State Zip Code												
	COLUMBIA	SC 29211				Trans	actio	n ID	: SB23.	24966	6			
	Purpose of Disbursement			-	_	Amount of Each Disbursen								
	CONTRIBUTION										this	Perio	d	
	Candidate Name			egory	y/	Г.					150	0.00	П.	
	JAMES E. CLYBURN Office Sought: House Disburser	nent For: 2016	I	уре				_	7					
		Primary General												
	President	Other (specify)												
	State: SC District: 06													
	Full Name (Last, First, Middle Initial)													
C.	FRIENDS OF JOE HECK					Date of	f Disb	urse	ment					
						M M	/	D			I Y	Υ		
	Mailing Address P.O. BOX 750114					06		22	2	_2(015			
	City	State Zip Code												
		NV 89136				Trans	actio	n ID	: SB23.	24968	3			
	Purpose of Disbursement CONTRIBUTION			_										
					Amount	t of E	ach	Disburse	ement	this	Perio	d		
	Candidate Name JOE HECK		egory	y/						250	0.00	П.		
		ment For: 2016	1	уре			7	-	7	-			_	
	Senate Stagnic	Primary General												
	President	Other (specify) ▼												
_	State: NV District: 03	<u>, </u>												
							-	-	-	-			\neg	
5	SUBTOTAL of Disbursements This Page (optional)				•				7		5000).00		
	TOTAL This Desired (leading 1971)												П	
l I	TOTAL This Period (last page this line number only)						7							

SCHEDULE B (FEC Form 3X)	, , , , , , , , , , , , , , , , , , , ,	FOR LINE	NUMBER: PAGE 31 OF 38
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	
	Detailed Summary Page	21b	22 X 23 24 25 26 28a 28b 28c 29 30
Any information copied from such Reports and Staten	ente may not be sold or us		
or for commercial purposes, other than using the nam			
NAME OF COMMITTEE (In Full)			
$ \; angle$ THE AMERICAN CONGRESS OF	OB-GYNS PAC (O	B-GYN PAG	C)
Full Name (Last, First, Middle Initial)			
A. FRIENDS OF MICHELLE			Date of Disbursement
TRIENDS OF WICHELL			M M / D D / Y Y Y Y
Mailing Address P.O. BOX 25422			06 15 2015
-			
City S ALBUQUERQUE	State Zip Code NM 87125		Transaction ID: SB23.24795
Purpose of Disbursement	77 123		
CONTRIBUTION			Amount of Each Disbursement this Period
Candidate Name		Category/	2000.00
MICHELLE LUJAN GRISHAM		Type	2000.00
	nent For: 2016 Primary General		
President	Other (specify)		
State: NM District: 01	€ i.i.e. (opeo.i.y) ↓		
Full Name (Last, First, Middle Initial)			
B. GRAHAM FOR CONGRESS			Date of Disbursement
			M = M / D = D / Y = Y = Y
Mailing Address P.O. BOX 310			06 22 2015
City	State Zip Code		Transaction ID - CD22 24007
TALLAHASSEE	FL 32302		Transaction ID: SB23.24967
Purpose of Disbursement CONTRIBUTION			Amount of Each Disbursement this Period
Candidate Name			Amount of Each Dispulsement this Period
GWEN GRAHAM		Category/ Type	2500.00
	nent For: 2016	71	,
	Primary General		
President	Other (specify) ▼		
State: FL District: 02			
Full Name (Last, First, Middle Initial) C. JACKIE SPEIER FOR CONGRESS	2		Date of Disbursement
JACKIE SPEIER FOR CONGRES	3		M M / D D / Y Y Y Y
Mailing Address P.O. BOX 112			06 15 2015
-			
,	State Zip Code CA 94011		Transaction ID: SB23.24796
Purpose of Disbursement	54011		
CONTRIBUTION			Amount of Each Disbursement this Period
Candidate Name		Category/	2500.00
JACKIE SPEIER		Туре	2300.00
Office Sought: House Disburser Senate	nent For: 2016 Primary General		
President	Other (specify)		
State: CA District: 14	√1 - 3/ ∀		
<u> </u>			
SUBTOTAL of Disbursements This Page (optional)			7000.00
TOTAL This Period (last page this line number only)		·····	

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	MIZED DISBURSEMENTS	Use separate schedu	` '	FOR LINE N (check only		. AGE 02 01 30
116	INITED DISDUNSEMENTS	for each category of		21b	′	24 25 26
		Detailed Summary Pa	age	27		28c 29 30b
Anv	information copied from such Reports and Staten	nents may not be sold	or used	bv anv perso	n for the purpose of sol	icitina contributions
	or commercial purposes, other than using the name					
1	NAME OF COMMITTEE (In Full)					
	THE AMERICAN CONGRESS OF	OB-GYNS PAC	(OB-	GYN PAC	C)	
/			•			
	Full Name (Last, First, Middle Initial)				Date of Disbursement	
۸.	JOHNSON FOR CONGRESS					
-	Mailing Address P.O. BOX 14496				M M / D D A	2015
(Dity S	State Zip Code			Transaction ID : SB	23 24613
	POLAND	OH 44514			11a113a011011 ID . 3D.	20.270 IJ
F	Purpose of Disbursement CONTRIBUTION		Г		Amount of Each Disk	urcoment this Daried
7	Candidate Name		L		Amount of Each Disb	ursernent this Period
	BILL JOHNSON			Category/ Type		1000.00
		nent For: 2016		1,460		7
		Primary Gene	eral			
	President	Other (specify)				
	State: OH District: 06					
	Full Name (Last, First, Middle Initial)					
В.	KUSTER FOR CONGRESS				Date of Disbursement	
-	Apiling Address D.C. DOV 1105				M M / D D	2015
ľ	Mailing Address P.O. BOX 1498				06 08	2015
(Dity	State Zip Code			Transaction ID : CD	22 24644
	CONCORD	NH 03302			Transaction ID : SB	23.24014
Ē	Purpose of Disbursement CONTRIBUTION		Tr		American de la State	
7	Candidate Name		L		Amount of Each Disb	ursement this Period
	ANN MCLANE KUSTER			Category/		1000.00
		nent For: 2016		Туре		7
`		Primary Gene	ral			
		Other (specify) ▼				
{	State: NH District: 02	<u> </u>				
F	Full Name (Last, First, Middle Initial)					
C.	KUSTER FOR CONGRESS				Date of Disbursement	
:	Astron Address B.O. BOY 1377				M = M / D = D	2045
ľ	Mailing Address P.O. BOX 1498				06 23	2015
-	Dity S	State Zip Code				
(CONCORD	NH 03302			Transaction ID : SB	23.24981
Ī	Purpose of Disbursement					
-	CONTRIBUTION		_		Amount of Each Disb	ursement this Period
	Candidate Name			Category/		1000.00
_	ANN MCLANE KUSTER	nont For: Code		Туре		1000.00
(nent For: 2016 Primary Gene	ral			
	President	Other (specify)	iai			
9	State: NH District: 02	- · · · · · (-p-o-··)/ ▼				
	<u> </u>					
su	IBTOTAL of Disbursements This Page (optional)					3000.00
\vdash						
TC	TAL This Period (last page this line number only)				1	

SCHEDULE B (FEC Form 3X)	1		FOR LINE	NUMBER: PAGE 33 OF 38		
TEMIZED DISBURSEMENTS	for each	parate schedule(s) category of the Summary Page	(check only 21b 27	one) 22 X 23 24 25 26 28a 28b 28c 29 36		
Any information copied from such Reports and States or for commercial purposes, other than using the nar						
NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS OF						
Full Name (Last, First, Middle Initial) A. LOEBSACK FOR CONGRESS				Date of Disbursement		
Mailing Address P.O. BOX 3013				06 08 2015		
IOWA CITY	State IA	Zip Code 52244		Transaction ID : SB23.24615		
Purpose of Disbursement CONTRIBUTION Candidate Name				Amount of Each Disbursement this Period		
DAVID W. LOEBSACK	ment For:	2016	Category/ Type	1000.00		
Senate President	Primary Other (spe	General				
State: IA District: 02 Full Name (Last, First, Middle Initial) B. LOUISE SLAUGHTER RE-ELECT	TON CO	OMMITTEE		Date of Disbursement		
Mailing Address 1150 UNIVERSITY AVENUE				06 22 2015		
ROCHESTER	State NY	Zip Code 14607		Transaction ID : SB23.24972		
Purpose of Disbursement CONTRIBUTION Candidate Name				Amount of Each Disbursement this Period		
LOUISE MCINTOSH SLAUGHTER			Category/ Type	2500.00		
	ment For: Primary Other (spe	General				
Full Name (Last, First, Middle Initial) C. LOUISE SLAUGHTER RE-ELECT	ION CC	OMMITTEE		Date of Disbursement		
Mailing Address 1150 UNIVERSITY AVENUE				06 22 2015		
ROCHESTER	State NY	Zip Code 14607		Transaction ID : SB23.24973		
Purpose of Disbursement CONTRIBUTION		Category/	Amount of Each Disbursement this Period			
Candidate Name	LOUISE MCINTOSH SLAUGHTER					
LOUISE MCINTOSH SLAUGHTE			Туре			
LOUISE MCINTOSH SLAUGHTE	ment For: Primary Other (spe	X General	Type			

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SCHEDULE B (FEC Form 3X)	11	FOR LINE	NUMBER:	PAGE 34 OF 38
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only		
	Detailed Summary Page	270	22 X 23 28b	28c 29 30b
Any information copied from such Reports and State				
or for commercial purposes, other than using the nat	me and address of any polition	cal committee to	solicit contributions fro	om such committee.
NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS OF	OB-GVNS PAC (O	R-GVN PA	\sim)	
V	OD-011101 AC (O	D-GTNTA	<i>5</i>)	
Full Name (Last, First, Middle Initial)			Date of Disburseme	nt
A. M-PAC			Man / D D	/ Y Y Y Y
Mailing Address 700 13TH STREET, NW			06 08	2015
City	State Zip Code			
WASHINGTON	DC 20005		Transaction ID : S	B23.24623
Purpose of Disbursement CONTRIBUTION				
Candidate Name			Amount of Each Dis	sbursement this Period
Sandidate Name		Category/ Type		2500.00
Office Sought: House Disburse	ment For:	71	,	,
Senate	Primary General			
State: District:	Other (specify) ▼			
Full Name (Last, First, Middle Initial)				
B. MALONEY FOR CONGRESS			Date of Disburseme	nt
Mailing Address 40 FACT COND CTREET			06 23	2015
Mailing Address 49 EAST 92ND STREET			00 23	2015
City	State Zip Code		Transaction ID : S	B23.24982
NEW YORK Purpose of Disbursement	NY 10128			
CONTRIBUTION			Amount of Each Dis	sbursement this Period
Candidate Name		Category/		1500.00
CAROLYN B. MALONEY Office Sought:	ment For: 2016	Туре		
	Primary General			
President	Other (specify) ▼			
State: NY District: 12				
Full Name (Last, First, Middle Initial) C. MARSHA BLACKBURN FOR CON	IGRESS INC		Date of Disburseme	ent
			M M / D D	/ Y Y Y Y Y
Mailing Address P.O. BOX 3750			06 15	2015
City	State Zip Code		Transaction ID : S	PD2 24704
BRENTWOOD Purpose of Disbursement	TN 37024		Transaction iD . 3	DD23.24194
CONTRIBUTION			Amount of Each Dis	sbursement this Period
Candidate Name		Category/	Amount of Each Dis	
MARSHA BLACKBURN		Туре		2000.00
Office Sought: House Disburse	ment For: 2016 Primary General			
President	Other (specify)			
State: TN District: 07				
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A.	MORGAN GRIFFITH FOR CONGR	RESS					Date o	f Disb	urser	ment					
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	Mailing Address P.O. BOX 361						06		90	3	_ 20	015			
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C.	Full Name (Last, First, Middle Initial) PRICE FOR CONGRESS						Date o	f Dish	urser	ment					
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	Mailing Address P.O. BOX 425						06	J	90	3		015			
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/	THE AMERICAN CONGRESS OF	OB-GY	NS PAC (O	B-G	ΥN	PAC	;)							
_	Full Name (Last, First, Middle Initial)													
Α.	RICHARD BURR COMMITTEE						Date o	f Disb	ourser	ment				
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	Mailing Address P.O. BOX 5928						06	J	90	}	2015			
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		nent For:												
	Senate President	Primary Other (spe	General											
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		Primary	General											
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	State: IL District: 09		, · ·											
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C.	SIMPSON FOR CONGRESS						Date o	f Disb	ourser	nent				
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	Mailing Address 1487 PARKWAY DRIVE						06	-	80		20	015		
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NAME OF COMMITTEE (In Full)			
THE AMERICAN CONGRESS O	OB-GYNS PAC (C	B-GYN PAG	C)
		_	- ,
Full Name (Last, First, Middle Initial)	_		
A. STEVE COHEN FOR CONGRES	S		Date of Disbursement
Mailing Address 349 KENILWORTH PLACE			06 23 2015
Mailing Address 349 KENILWORTH PLACE			06 23 2015
City	State Zip Code		
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CONTRIBUTION			Amount of Each Disbursement this Period
Candidate Name		Category/	2500.00
STEPHEN I. COHEN	annual Fam. 2012	Туре	200.00
Office Sought: House Disbursi	ement For: 2016 Primary General		
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B. TOM REED FOR CONGRESS			Date of Disbursement
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THOMAS W. REED, II		Type	2500.00
Office Sought: X House Disburse	ement For: 2016	'	
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President	Other (specify)		
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