

**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

American Congress of Obstetricians &amp; Gynecologists 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  
REPORTNEW  
(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) ☐ General (12G) ☐ Runoff (12R)
- ☐ Convention (12C) ☐ Special (12S)

Election on

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

in the  
State of

5. Covering Period

M M / D D / Y Y Y Y Y Y  
10 01 2017

through

M M / D D / Y Y Y Y Y Y  
10 31 2017

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

Schilling, Mary, , ,

Type or Print Name of Treasurer

Signature of Treasurer

Schilling, Mary, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y  
11 20 2017

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 05/2016

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

American Congress of Obstetricians &amp; Gynecologists PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
10 / 01 / 2017 To: M M / D D / Y Y Y Y Y Y  
10 / 31 / 2017

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2017</span>		<span style="border: 1px solid black; padding: 2px;">272752.40</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">402605.09</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">83758.84</span>	<span style="border: 1px solid black; padding: 2px;">506544.06</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">486363.93</span>	<span style="border: 1px solid black; padding: 2px;">779296.46</span>
7. Total Disbursements (from Line 31).....	<span style="border: 1px solid black; padding: 2px;">20537.99</span>	<span style="border: 1px solid black; padding: 2px;">313470.52</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<span style="border: 1px solid black; padding: 2px;">465825.94</span>	<span style="border: 1px solid black; padding: 2px;">465825.94</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	



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. 05/2016)

Page 3

Write or Type Committee Name

American Congress of Obstetricians &amp; Gynecologists PAC

Report Covering the Period:

From:

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

To:

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0		3	1		2	0	1	7		

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).....	38103.28	323140.40
(ii) Unitemized .....	40655.56	178403.66
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	78758.84	501544.06
(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) .....	78758.84	501544.06
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.....	5000.00	5000.00
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)) .....	83758.84	506544.06
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	83758.84	506544.06

**DETAILED SUMMARY PAGE**

of Disbursements

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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 .....	1537.99	12180.52
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	1537.99	12180.52
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	12000.00	286000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 .....	2000.00	7290.00
(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)).....	2000.00	7290.00
29. Other Disbursements (Including Non-Federal Donations).....	5000.00	8000.00
30. Federal Election Activity (52 U.S.C. § 30101(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)) ..	20537.99	313470.52
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	20537.99	313470.52

# **DETAILED SUMMARY PAGE** of Disbursements

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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) .....	78758.84	501544.06
34. Total Contribution Refunds (from Line 28(d)) .....	2000.00	7290.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	76758.84	494254.06
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....▶	1537.99	12180.52
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....▶	1537.99	12180.52

# **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)

**American Congress of Obstetricians & Gynecologists PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Koutrouvelis, Gayle, Olson, , MD**

Mailing Address 11924 Sportsman Rd

City  
Galveston

State  
TX

Zip Code  
77554-9365

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of Texas Medical Branch

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 16 / 2017

**Transaction ID : VPF9SNTVY00**

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Fleischman, Steven, Jay, , MD**

Mailing Address 148 Rimmon Rd  
Unit 6

City  
Woodbridge

State  
CT

Zip Code  
06525-1916

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Ob/Gyn Menopause Physicians PC

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3320.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 06 / 2017

**Transaction ID : VPF9SNYYS00**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Blanchette, Howard, A., , MD**

Mailing Address 31 Winding Ridge Way

City  
Danbury

State  
CT

Zip Code  
06810-5253

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York Medical College

Occupation (for Individual)  
Chief of ObGyn

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 10 / 2017

**Transaction ID : VPF9SNT4180**

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

600.00

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

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

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

**American Congress of Obstetricians & Gynecologists PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Chervenak, Donald, Michael, , MD**

Mailing Address 813 Sun Valley Way

City  
Florham Park

State  
NJ

Zip Code  
07932-3047

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4940.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 07 / 2017

**Transaction ID : VPF9SNXZJA0**

Amount of Each Receipt this Period

400.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Benett, Jodi, A, , DO**

Mailing Address 1501 Sweet Briar Rd

City  
Gladwyne

State  
PA

Zip Code  
19035-1216

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Regional Women's Health Management

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 07 / 2017

**Transaction ID : VPF9SNYA7B0**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Hicks, Verda, Josephine, , MD**

Mailing Address 14110 Pembroke St

City  
Overland Park

State  
KS

Zip Code  
66224-4552

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Midwest Cancer Care

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2640.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 13 / 2017

**Transaction ID : VPF9SNYYRD0**

Amount of Each Receipt this Period

400.00

☐ Memo Item

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

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

820.00

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

Use separate schedule(s)  
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Detailed Summary Page

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(check only one)

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

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NAME OF COMMITTEE (In Full)

American Congress of Obstetricians &amp; Gynecologists PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Adams, Christina, Stough, , MD

Mailing Address 1361 16th Ave S  
 Ste 190

City  
 Jacksonville Beach

State  
 FL

Zip Code  
 32250-3217

FEC ID number of contributing  
 federal political committee.

C

Name of Employer (for Individual)  
 North Florida Ob-Gyn

Occupation (for Individual)  
 Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

435.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 / 17 / 2017

Transaction ID : VPF9SNYZCF0

Amount of Each Receipt this Period

45.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Tracy, Erin, Elizabeth, , MD

Mailing Address 5 High St

City

Stoneham

State

MA

Zip Code

02180-1120

FEC ID number of contributing  
 federal political committee.

C

Name of Employer (for Individual)  
 Mass General Physician Organization

Occupation (for Individual)  
 Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 / 06 / 2017

Transaction ID : VPF9SNYYRJ0

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. McDonnell, Maryanne, , , MD

Mailing Address 19 Maple Valley Rd

City

Bolton

State

CT

Zip Code

06043-7659

FEC ID number of contributing  
 federal political committee.

C

Name of Employer (for Individual)  
 Ob-Gyn Group of Eastern Connecticut

Occupation (for Individual)  
 Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 / 06 / 2017

Transaction ID : VPF9SNYYSK0

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

545.00

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



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

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 9 OF 62

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Congress of Obstetricians &amp; Gynecologists PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Fenton, Douglas, K., , MD

Mailing Address 2921 Managua Pl

City  
CarlsbadState  
CAZip Code  
92009-7106FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Scripps Coastal Medical GroupOccupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2090.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 07 / 2017

Transaction ID : VPF9SNSR1M0

Amount of Each Receipt this Period

209.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Kulbida, Nicholas, , , MD

Mailing Address 1043 Lamplighter Rd

City  
NiskayunaState  
NYZip Code  
12309-1161FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Ellis MedicineOccupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 06 / 2017

Transaction ID : VPF9SNYYSR0

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Willis, Gregory, , ,

Mailing Address 1202 Chelsen Cross

City  
MechanicsburgState  
PAZip Code  
17050-6611FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
VPMC PinnacleOccupation (for Individual)  
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  
10 / 19 / 2017

Transaction ID : VPF9SNVQ2Y0

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

1209.00

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

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

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 10 OF 62

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Congress of Obstetricians &amp; Gynecologists PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Bonk, Catherine, Mary, , MD

Mailing Address 315 Winn Way

City  
DecaturState  
GAZip Code  
30030-2111FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Atlanta Gyn & OBOccupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

640.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 / 06 / 2017

Transaction ID : VPF9SNYYT11

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Martin, James, N., , MD

Mailing Address 2101 Eastover Dr

City  
JacksonState  
MSZip Code  
39211-6720FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Retired

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  
 10 / 13 / 2017

Transaction ID : VPF9SNYYR81

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Salem, Azzam, Munier, , MD

Mailing Address 214 Rombout Rd

City  
Pleasant ValleyState  
NYZip Code  
12569-7848FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Quest Medical PracticeOccupation (for Individual)  
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  
 10 / 10 / 2017

Transaction ID : VPF9SNT4291

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

1050.00

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

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

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 11 OF 62

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Congress of Obstetricians &amp; Gynecologists PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Northcutt, Jeff, Edward, , MD**

Mailing Address 1908 N 14th St  
Ste 206

City

Ponca City

State

OK

Zip Code

74601-2039

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Jeff E. Northcutt, M.D. PLLC

Occupation (for Individual)

Physician

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1440.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 17 / 2017

Transaction ID : VPF9SNYZCA1

Amount of Each Receipt this Period

240.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Reddy, Madhuri, G., , MD**

Mailing Address 3901 Rainbow Blvd

City

Kansas City

State

KS

Zip Code

66160-8500

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of Kansas Medical Center

Occupation (for Individual)

Physician

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 26 / 2017

Transaction ID : VPF9SNYZ6D1

Amount of Each Receipt this Period

45.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Sullivan, Kathleen, T., , MD**

Mailing Address 2820 Napoleon Ave  
Ste 520

City

New Orleans

State

LA

Zip Code

70115-8225

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Lakeside Women's Specialty Center

Occupation (for Individual)

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  
10 / 27 / 2017

Transaction ID : VPF9SNWNYH1

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

535.00

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

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

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NAME OF COMMITTEE (In Full)

American Congress of Obstetricians &amp; Gynecologists PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Dias, Keryn, Marie, , MD

Mailing Address 14 Grant Pl

City  
PantegoState  
TXZip Code  
76013-3155FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Optum

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

545.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 10 / 18 / 2017

Transaction ID : VPF9SNYZ1H1

Amount of Each Receipt this Period

45.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Ramsey, Patrick, Shannon, , MD, MSPH

Mailing Address 1826 Fawn Blf

City

San Antonio

State

TX

Zip Code

78248-1579

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

University of Texas Health Science Cen

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 10 / 13 / 2017

Transaction ID : VPF9SNYYQN1

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. Lara-Torre, Eduardo, , , MD

Mailing Address 5907 Cavalier Dr

City

Roanoke

State

VA

Zip Code

24018-3863

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Carilion Clinic

Occupation (for Individual)

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  
 10 / 06 / 2017

Transaction ID : VPF9SNYYRP1

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

445.00

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

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

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

**American Congress of Obstetricians & Gynecologists PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Jeffries, Lydia, M., , MD**

Mailing Address 21 Wilson Ln

City  
Fairview

State  
NC

Zip Code  
28730-9564

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Asheville Women's Medical Center

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 11 / 2017

**Transaction ID : VPF9SNTFMT1**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Flicker, Amanda, B., , MD**

Mailing Address 4907 Harvest Ln

City  
Zionsville

State  
PA

Zip Code  
18092-2070

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Lehigh Valley Health Network

Occupation (for Individual)  
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  
10 / 12 / 2017

**Transaction ID : VPF9SNYZC02**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Wolfe, Cheryl, D., , MD**

Mailing Address 5000 S East End Ave  
17C

City  
Chicago

State  
IL

Zip Code  
60615-3176

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Rush University

Occupation (for Individual)  
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  
10 / 02 / 2017

**Transaction ID : VPF9SNSCJ12**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

850.00

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

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NAME OF COMMITTEE (In Full)

**American Congress of Obstetricians & Gynecologists PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Perez, James, J, , DO**

Mailing Address 193 Lake Bluff Dr

City  
Columbus

State  
OH

Zip Code  
43235-4642

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Ohio Health

Occupation (for Individual)  
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  
10 / 19 / 2017

**Transaction ID : VPF9SNVQ322**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Joyce, Ellen, M., , MD**

Mailing Address PO Box 363

City  
Meriden

State  
NH

Zip Code  
03770-0363

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Dartmouth-Hitchcock Medical Center

Occupation (for Individual)  
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  
10 / 07 / 2017

**Transaction ID : VPF9SNYYS42**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Dardarian, Thomas, S, , DO**

Mailing Address 1030 E Lancaster Ave

City  
Bryn Mawr

State  
PA

Zip Code  
19010-1451

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Main Line Women's Health Care

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

4250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 17 / 2017

**Transaction ID : VPF9SNV5X72**

Amount of Each Receipt this Period

425.00

☐ Memo Item

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

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

925.00

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

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NAME OF COMMITTEE (In Full)

**American Congress of Obstetricians & Gynecologists PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. DeNicola, Nathaniel, G., , MD**

Mailing Address 1412 27th St NW

City  
Washington

State  
DC

Zip Code  
20007-3143

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

GW Hospital

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.34

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 20 / 2017

**Transaction ID : VPF9SNVRY82**

Amount of Each Receipt this Period

416.67

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Millar, MaryAnn, E., , MD**

Mailing Address 5171 Pointe East Dr

City  
Jamesville

State  
NY

Zip Code  
13078-8730

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Upstate Community Medical

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 02 / 2017

**Transaction ID : VPF9SNRTV92**

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Benett, Jodi, A., , DO**

Mailing Address 1501 Sweet Briar Rd

City  
Gladwyne

State  
PA

Zip Code  
19035-1216

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Regional Women's Health Management

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 08 / 2017

**Transaction ID : VPF9SNYA7A2**

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

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

2936.67

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

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NAME OF COMMITTEE (In Full)

American Congress of Obstetricians &amp; Gynecologists PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Allswede, Matthew, T., , MD

Mailing Address 640 Oakwood Dr

City  
East LansingState  
MIZip Code  
48823-3031FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Spanow Health SystemOccupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 10 / 10 / 2017

Transaction ID : VPF9SNT16B2

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Sbarra, Michael, , ,

Mailing Address 23 Autumn Way

City  
MontvaleState  
NJZip Code  
07645-1794FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HUMCOccupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 10 / 17 / 2017

Transaction ID : VPF9SNVB1B2

Amount of Each Receipt this Period

225.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Elser, Denise, M., , MD

Mailing Address 5716 W 95th St

City  
Oak LawnState  
ILZip Code  
60453-2345FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Women's Health Institute of IllinoisOccupation (for Individual)  
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  
 10 / 13 / 2017

Transaction ID : VPF9SNYYRC2

Amount of Each Receipt this Period

150.00

☐ Memo Item

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

475.00

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



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

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NAME OF COMMITTEE (In Full)

American Congress of Obstetricians &amp; Gynecologists PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Clare, Camille, Angela, , MD MPH

Mailing Address 1376 Midland Ave  
Apt 402

City  
Bronxville

State  
NY

Zip Code  
10708-6853

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Metropolitan Hospital Center

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

445.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 10 / 07 / 2017

Transaction ID : VPF9SNVB2H2

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Morrell, Kathleen, , , MD

Mailing Address 97 Butler St  
Apt 1F

City  
Brooklyn

State  
NY

Zip Code  
11231-4708

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maimonides Medical Center

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 10 / 10 / 2017

Transaction ID : VPF9SNT40N2

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Blanchard, May, Hsieh, , MD

Mailing Address 1316 Belt St

City  
Baltimore

State  
MD

Zip Code  
21230-4760

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of Maryland School of Med

Occupation (for Individual)  
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  
 10 / 01 / 2017

Transaction ID : VPF9SNSHAN2

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

525.00

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

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

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NAME OF COMMITTEE (In Full)

**American Congress of Obstetricians & Gynecologists PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Chalas, Eva, , MD**

Mailing Address 27 Franklin Ct

City  
Garden City

State  
NY

Zip Code  
11530-6109

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Winthrop University Hospital

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1045.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 06 / 2017

**Transaction ID : VPF9SNYYSQ2**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Strassner, Howard, T., , MD**

Mailing Address 2432 Newport Rd

City  
Northbrook

State  
IL

Zip Code  
60062-6534

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Rush University Medical Center

Occupation (for Individual)  
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  
10 / 13 / 2017

**Transaction ID : VPF9SNYYQS2**

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Cannon, Octavia, , , DO**

Mailing Address 3643 Canfield Hill Ct

City  
Charlotte

State  
NC

Zip Code  
28270-1111

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Arboretum Ob-Gyn

Occupation (for Individual)  
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  
10 / 20 / 2017

**Transaction ID : VPF9SNVRXT2**

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

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

1350.00

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

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

American Congress of Obstetricians &amp; Gynecologists PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Allbert, John, R., , MD**

Mailing Address 2619 Sherwood Ave

City  
CharlotteState  
NCZip Code  
28207-2548FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Novant HealthOccupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1030.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 10 / 07 / 2017

Transaction ID : VPF9SNYYRZ2

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Hepfer, Thomas, Willard, , MD**

Mailing Address 2810 Lillington Dr

City  
SumterState  
SCZip Code  
29150-2213FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Palmetto HealthOccupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3390.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 10 / 07 / 2017

Transaction ID : VPF9SNYYT03

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Goldberg, Aaron, E., , MD**

Mailing Address 1612 Monument Ave

City  
RichmondState  
VAZip Code  
23220-2907FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Virginia Commonwealth UniversityOccupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 10 / 06 / 2017

Transaction ID : VPF9SNYYR23

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

1250.00

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

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

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NAME OF COMMITTEE (In Full)

**American Congress of Obstetricians & Gynecologists PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Herde, Christine, Marie, , MD**

Mailing Address 139 Jeffrey Ln

City  
Hurley

State  
NY

Zip Code  
12443-5408

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CareMount Medical Group

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1850.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 10 / 2017

**Transaction ID : VPF9SNT4063**

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Sinofsky, Francine, E, , MD**

Mailing Address 64 Cedar Ave

City

Highland Park

State

NJ

Zip Code

08904-2102

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Jewish Renaissance

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

485.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 17 / 2017

**Transaction ID : VPF9SNVB163**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Kuhlmann, Terrence, Albert, , MD**

Mailing Address 1007 E 41st St

City

Austin

State

TX

Zip Code

78751-4809

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Gynics Associates

Occupation (for Individual)  
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  
10 / 13 / 2017

**Transaction ID : VPF9SNYYR73**

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

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

650.00

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

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NAME OF COMMITTEE (In Full)

American Congress of Obstetricians &amp; Gynecologists PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Preus, Eve, M., , MD

Mailing Address 688 N 29th St

City  
BoiseState  
IDZip Code  
83702-3809FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of UtahOccupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

355.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 12 / 2017

Transaction ID : VPF9SNYZGH3

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. James, Cerise, , ,

Mailing Address 2909 Honeymead Rd

City  
DowningtownState  
PAZip Code  
19335-6021FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Valeant PharmOccupation (for Individual)  
Medical Science Liason

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  
10 / 05 / 2017

Transaction ID : VPF9SNYYSJ3

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Garnaas, Mark, F., , MD

Mailing Address 609 W Crestline Dr

City  
MissoulaState  
MTZip Code  
59803-2201FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Western Montana ClinicOccupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 31 / 2017

Transaction ID : VPF9SNYZ2P3

Amount of Each Receipt this Period

45.00

☐ Memo Item

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

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

315.00

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

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NAME OF COMMITTEE (In Full)

**American Congress of Obstetricians & Gynecologists PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Cron, Julia, Anne, , MD**

Mailing Address 9 Grove Hill Rd

City  
Guilford

State  
CT

Zip Code  
06437-3126

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Yale School of Medicine

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 11 / 2017

**Transaction ID : VPF9SNTFMS3**

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Demosthenes, Lauren, D., , MD**

Mailing Address 2 Memorial Medical Dr

City  
Greenville

State  
SC

Zip Code  
29605-4450

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Greenville Ob-Gyn Associates

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 25 / 2017

**Transaction ID : VPF9SNYYXT3**

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Packard, Lisa, Kay, , MD**

Mailing Address 903 Camille Ln

City  
Mountain View

State  
CA

Zip Code  
94040-2668

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Palo Alto Medical Foundation

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1005.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 12 / 2017

**Transaction ID : VPF9SNTK5W3**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

300.00

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

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NAME OF COMMITTEE (In Full)

American Congress of Obstetricians &amp; Gynecologists PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Salhany, Danielle, M., , DO

Mailing Address 17 Chestnut Rd

City  
BrunswickState  
MEZip Code  
04011-3453FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maine General Ob-GynOccupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 / 11 / 2017

Transaction ID : VPF9SNTFM3

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Banfield, Anne, Louise, , MD

Mailing Address 22 Eastridge Dr

City  
ElkinsState  
WVZip Code  
26241-9585FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Davis Health SystemOccupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 / 06 / 2017

Transaction ID : VPF9SNW6Q14

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Kudaravalli, Krishna, , ,

Mailing Address 12508 Bay Hill Dr

City  
ChesterState  
VAZip Code  
23836-2678FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Southside Physician NetworkOccupation (for Individual)  
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  
 10 / 07 / 2017

Transaction ID : VPF9SNYYS34

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

1000.00

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

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

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NAME OF COMMITTEE (In Full)

American Congress of Obstetricians &amp; Gynecologists PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Ravasio, Marydonna, , ,**

Mailing Address 2021 Eagle Ridge Dr

City  
ValenciaState  
PAZip Code  
16059-2248FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
UPMCOccupation (for Individual)  
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  
 10 / 17 / 2017

Transaction ID : VPF9SNV6Y64

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Thornburg, Lorelei, Lacina, , MD**Mailing Address 601 Elmwood Ave  
# 668City  
RochesterState  
NYZip Code  
14642-0001FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of RochesterOccupation (for Individual)  
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  
 10 / 10 / 2017

Transaction ID : VPF9SNT4174

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Shanahan, Moira, A., , MD**

Mailing Address 155 Runaround Pond Rd

City  
DurhamState  
MEZip Code  
04222-5111FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Dartmouth Hitchcock Medical CenterOccupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1245.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 10 / 19 / 2017

Transaction ID : VPF9SNY2674

Amount of Each Receipt this Period

45.00

☐ Memo Item

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

545.00

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



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NAME OF COMMITTEE (In Full)

**American Congress of Obstetricians & Gynecologists PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Chalas, Eva, , MD**

Mailing Address 27 Franklin Ct

City  
Garden City

State  
NY

Zip Code  
11530-6109

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Winthrop University Hospital

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1045.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 25 / 2017

**Transaction ID : VPF9SNYYY84**

Amount of Each Receipt this Period

45.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Barnabei, Vanessa, M., , MD**

Mailing Address 219 Bryant St

City  
Buffalo

State  
NY

Zip Code  
14222-2006

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
State University of NY at Buffalo

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

695.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 06 / 2017

**Transaction ID : VPF9SNYY84**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Hoskins, Iffath, Abbasi, , MD**

Mailing Address 515 E 72nd St  
Apt 17H

City  
New York

State  
NY

Zip Code  
10021-4014

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New York University

Occupation (for Individual)  
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  
10 / 10 / 2017

**Transaction ID : VPF9SNT41B4**

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

1045.00

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

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NAME OF COMMITTEE (In Full)

**American Congress of Obstetricians & Gynecologists PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Landrum, Lisa, Michelle, , MD**

Mailing Address 800 NE 10th St  
Ste 5050

City  
Oklahoma City

State  
OK

Zip Code  
73104-5418

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

University of Oklahoma Health Science

Occupation (for Individual)

Professor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1040.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 06 / 2017

**Transaction ID : VPF9SNYZCJ4**

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Alderson, Thomas, L., , DO**

Mailing Address 3664 Edinborough Dr

City

Rochester Hills

State

MI

Zip Code

48306-3632

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

McLaren Women's Health

Occupation (for Individual)

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  
10 / 24 / 2017

**Transaction ID : VPF9SNW70R4**

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**c. Burkman, Ronald, T., , Jr, MD**

Mailing Address 284 Ardsley Rd

City

Longmeadow

State

MA

Zip Code

01106-2506

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Baystate Health

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

295.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 26 / 2017

**Transaction ID : VPF9SNYYVR4**

Amount of Each Receipt this Period

45.00

☐ Memo Item

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

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

185.00

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

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NAME OF COMMITTEE (In Full)

American Congress of Obstetricians &amp; Gynecologists PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Parisi, Vanessa, Marie, , DO

Mailing Address 141 Old Short Hills Rd  
Apt 42

City  
West Orange

State  
NJ

Zip Code  
07052-1068

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
South Orange Ob-Gyn & Infertility

Occupation (for Individual)  
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  
10 / 18 / 2017

Transaction ID : VPF9SNVB5R4

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Bigay-Rodriguez, Felix, U., , MD

Mailing Address 4432 8th St SW

City

Vero Beach

State

FL

Zip Code

32968-4153

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Indian River Medical Center

Occupation (for Individual)  
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  
10 / 16 / 2017

Transaction ID : VPF9SNTVXS4

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Rosser, Mary, L., , MD

Mailing Address 32 Studio Ln

City

Bronxville

State

NY

Zip Code

10708-3222

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Montefiore Medical Center

Occupation (for Individual)  
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  
10 / 10 / 2017

Transaction ID : VPF9SNT4125

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

800.00

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

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

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NAME OF COMMITTEE (In Full)

**American Congress of Obstetricians & Gynecologists PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Aeby, Tod, C., , MD**

Mailing Address 44-138 Kahinani Way

City  
Kaneohe

State  
HI

Zip Code  
96744-2570

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Univeristy of Hawaii

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 27 / 2017

**Transaction ID : VPF9SNYZ445**

Amount of Each Receipt this Period

45.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Keller, Bridget, Beth, , MD**

Mailing Address 4248 Linden Hills Blvd

City  
Minneapolis

State  
MN

Zip Code  
55410-1606

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Park Nicollet Clinic

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1735.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 13 / 2017

**Transaction ID : VPF9SNYYR65**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Peterson, Katherine, Lynn, , MD**

Mailing Address PO Box 10188

City  
Phoenix

State  
AZ

Zip Code  
85064-0188

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Banner Good Samaritan

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 18 / 2017

**Transaction ID : VPF9SNYZK65**

Amount of Each Receipt this Period

45.00

☐ Memo Item

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

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

340.00

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

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NAME OF COMMITTEE (In Full)

**American Congress of Obstetricians & Gynecologists PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Perry, Tashera, E., , MD**

Mailing Address 1110 E Cobblefield Ct

City  
Bloomington

State  
IN

Zip Code  
47401-6305

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Indiana Univ. Health Southern Indiana

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 20 / 2017

**Transaction ID : VPF9SNVW895**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Glantz, John, Christopher, , MD**

Mailing Address 6 Southern Woods

City  
Pittsford

State  
NY

Zip Code  
14534-3604

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of Rochester

Occupation (for Individual)  
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  
10 / 10 / 2017

**Transaction ID : VPF9SNT40A5**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Arnold, Thomas, Francis, , MD**

Mailing Address 1145 14th Ave W

City  
Dickinson

State  
ND

Zip Code  
58601-3669

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Catholic Health Initiatives

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

3050.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 06 / 2017

**Transaction ID : VPF9SNSN9A5**

Amount of Each Receipt this Period

625.00

☐ Memo Item

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

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

900.00

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

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NAME OF COMMITTEE (In Full)

**American Congress of Obstetricians & Gynecologists PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Westin, Shannon, Neville, ,**

Mailing Address 4026 University Blvd

City  
Houston

State  
TX

Zip Code  
77005-2712

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
UT MD Anderson Cancer Center

Occupation (for Individual)  
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  
10 / 17 / 2017

**Transaction ID : VPF9SNV6YA5**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Wrightson, Jeffrey, A., , MD**

Mailing Address 1109 Pine Island Ct

City  
Las Vegas

State  
NV

Zip Code  
89134-6330

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Well Health Quality Care

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 09 / 2017

**Transaction ID : VPF9SNSS2J5**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Christakis, Christa, , ,**

Mailing Address 7 Janine Dr

City  
East Greenbush

State  
NY

Zip Code  
12061-1740

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
ACOG

Occupation (for Individual)  
Executive Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 10 / 2017

**Transaction ID : VPF9SNT7QN5**

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

800.00

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

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NAME OF COMMITTEE (In Full)

**American Congress of Obstetricians & Gynecologists PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Puritz, Holly, Suzanne, , MD**

Mailing Address 7940 N Shore Rd

City  
Norfolk

State  
VA

Zip Code  
23505-1737

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

The Group for Women

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2090.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 07 / 2017

**Transaction ID : VPF9SNSR1P5**

Amount of Each Receipt this Period

209.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Powell, Hartaj, K., , MD**

Mailing Address 4103 Edgevale Ct

City

Chevy Chase

State

MD

Zip Code

20815-5909

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Capital Women's Care

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

925.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 07 / 2017

**Transaction ID : VPF9SNYYRS5**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Elser, Denise, M., , MD**

Mailing Address 5716 W 95th St

City

Oak Lawn

State

IL

Zip Code

60453-2345

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Women's Health Institute of Illinois

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 13 / 2017

**Transaction ID : VPF9SNYYRY5**

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

709.00

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

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NAME OF COMMITTEE (In Full)

American Congress of Obstetricians &amp; Gynecologists PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. McHugh, Katherine, W, , MD

Mailing Address 4030 N Pennsylvania St

City  
IndianapolisState  
INZip Code  
46205-2609FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
IU HealthOccupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

465.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 10 / 17 / 2017

Transaction ID : VPF9SNVB2Y5

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. McCoy, Michael, Jerry, , MD

Mailing Address 5020 Ferres Ln

City  
BurlingtonState  
IAZip Code  
52601-9033FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Great River Medical CenterOccupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1895.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 10 / 13 / 2017

Transaction ID : VPF9SNYYSZ5

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. Smith, Patricia, Amanda, , MD

Mailing Address 738 Fontaine St

City  
AlexandriaState  
VAZip Code  
22302-3607FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
George Washington University, MedicalOccupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1615.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2017

Transaction ID : VPF9SNTVY26

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

375.00

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



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

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NAME OF COMMITTEE (In Full)

**American Congress of Obstetricians & Gynecologists PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Brown, Haywood, L., , MD**

Mailing Address 10113 Barnhart Way

City  
Raleigh

State  
NC

Zip Code  
27617-8220

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Duke

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 08 / 2017

**Transaction ID : VPF9SNYY526**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Rhee, Kenneth, , ,**

Mailing Address 123 Edwards Falls Ln

City  
Manlius

State  
NY

Zip Code  
13104-8348

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University Community Medical

Occupation (for Individual)  
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  
10 / 06 / 2017

**Transaction ID : VPF9SNYY576**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Tovar, Winfred, S., ,**

Mailing Address 275 Park Ave  
Apt 45

City  
Brooklyn

State  
NY

Zip Code  
11205-2555

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mimsi International

Occupation (for Individual)  
ObGyn

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 10 / 2017

**Transaction ID : VPF9SNT51E6**

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

1000.00

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

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NAME OF COMMITTEE (In Full)

**American Congress of Obstetricians & Gynecologists PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Miller, Patricia, M., , MD**

Mailing Address 25 Village Brook Ln

City  
Derry

State  
NH

Zip Code  
03038-4867

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

335.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 07 / 2017

**Transaction ID : VPF9SNYYRF6**

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Merkitch, Ken, W., , Jr. MD**

Mailing Address W5732 Heatherwood Pl

City

La Crosse

State

WI

Zip Code

54601-2476

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Gundersen Health System

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 10 / 2017

**Transaction ID : VPF9SNYZ5K6**

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Mass, Sharon, Brooke, , MD**

Mailing Address 5 Annabelle Ln

City

Florham Park

State

NJ

Zip Code

07932-2719

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Morristown Ob-Gyn Associates

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

326.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 06 / 2017

**Transaction ID : VPF9SNYA6P6**

Amount of Each Receipt this Period

1.00

☐ Memo Item

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

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

141.00

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

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NAME OF COMMITTEE (In Full)

American Congress of Obstetricians &amp; Gynecologists PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Blumenthal, Sherry, L., MD

Mailing Address 911 Fraser Rd

City  
Glenside

State  
PA

Zip Code  
19038-7013

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Not Employed

Occupation (for Individual)

Retired

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  
10 / 18 / 2017

Transaction ID : VPF9SNVB5Q6

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Daniels, Kay, I., MD

Mailing Address 1951 Waverley St

City  
Palo Alto

State  
CA

Zip Code  
94301-3848

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Stanford University

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

545.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 21 / 2017

Transaction ID : VPF9SNYZ5R6

Amount of Each Receipt this Period

45.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Coslett-Charlton, Lynne, M., MD

Mailing Address 289 Harris Hill Rd

City  
Shavertown

State  
PA

Zip Code  
18708-9684

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Self Employed

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

3750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 06 / 2017

Transaction ID : VPF9SNSQDT6

Amount of Each Receipt this Period

1250.00

☐ Memo Item

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

1545.00

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

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

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NAME OF COMMITTEE (In Full)

American Congress of Obstetricians &amp; Gynecologists PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Kredentser, Daniel, C., , MD

Mailing Address 319 S Manning Blvd  
 Ste 301

City  
 Albany

State  
 NY

Zip Code  
 12208-1743

FEC ID number of contributing  
 federal political committee.

C

Name of Employer (for Individual)  
 Albany Medical Center

Occupation (for Individual)  
 Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 10 / 06 / 2017

Transaction ID : VPF9SNYYST6

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Smith, Patricia, Amanda, , MD

Mailing Address 738 Fontaine St

City

Alexandria

State

VA

Zip Code

22302-3607

FEC ID number of contributing  
 federal political committee.

C

Name of Employer (for Individual)  
 George Washington University, Medical

Occupation (for Individual)  
 Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1615.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 10 / 08 / 2017

Transaction ID : VPF9SNYZ8V6

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Lynch, Bernard, A, , MD

Mailing Address 608 Pressler St

City

Austin

State

TX

Zip Code

78703-5126

FEC ID number of contributing  
 federal political committee.

C

Name of Employer (for Individual)  
 Austin Regional Clinic

Occupation (for Individual)  
 Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

931.68

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 10 / 20 / 2017

Transaction ID : VPF9SNVW907

Amount of Each Receipt this Period

208.34

☐ Memo Item

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

748.34

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

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

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NAME OF COMMITTEE (In Full)

**American Congress of Obstetricians & Gynecologists PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Newman, Barbara, , ,**

Mailing Address 3830 E Redfield Ct

City  
Gilbert

State  
AZ

Zip Code  
85234-3207

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

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  
10 / 17 / 2017

**Transaction ID : VPF9SNV7J17**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Matthews, Robin, D., , MD**

Mailing Address 39 Flat Rock Rd

City

Waynesville

State

NC

Zip Code

28786-7937

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Duke Lifepoint Hospital

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1020.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 07 / 2017

**Transaction ID : VPF9SNYYT37**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Ivey, Richard, Todd, , MD**

Mailing Address 4023 Betsy Ln

City

Houston

State

TX

Zip Code

77027-5105

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Baylor College of Medicine

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 13 / 2017

**Transaction ID : VPF9SNYYR57**

Amount of Each Receipt this Period

150.00

☐ Memo Item

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

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

650.00

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

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NAME OF COMMITTEE (In Full)

**American Congress of Obstetricians & Gynecologists PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Herde, Christine, Marie, , MD**

Mailing Address 139 Jeffrey Ln

City  
Hurley

State  
NY

Zip Code  
12443-5408

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CareMount Medical Group

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1850.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 04 / 2017

**Transaction ID : VPF9SNSCJ87**

Amount of Each Receipt this Period

175.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. White, Emily, Maureen, , MD**

Mailing Address 60 E Manning St

City  
Providence

State  
RI

Zip Code  
02906-4048

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Providence Community Health Center

Occupation (for Individual)  
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  
10 / 06 / 2017

**Transaction ID : VPF9SNSN997**

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Morrell, Kathleen, , , MD**

Mailing Address 97 Butler St  
Apt 1F

City  
Brooklyn

State  
NY

Zip Code  
11231-4708

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maimonides Medical Center

Occupation (for Individual)  
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  
10 / 06 / 2017

**Transaction ID : VPF9SNYYSB7**

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

525.00

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

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NAME OF COMMITTEE (In Full)

**American Congress of Obstetricians & Gynecologists PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Stone, Dana, Gail, , MD**

Mailing Address 1730 Huntington Ave

City  
Nichols Hills

State  
OK

Zip Code  
73116-5511

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2310.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 09 / 2017

**Transaction ID : VPF9SNSS6G7**

Amount of Each Receipt this Period

210.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Gold, Karen, Pearce, , MD**

Mailing Address 4502 E 41st St

City  
Tulsa

State  
OK

Zip Code  
74135-2536

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Oklahoma University

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 11 / 2017

**Transaction ID : VPF9SNYZ4H7**

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Asaad, Radwan, , , MD**

Mailing Address 37261 Fox Gln

City  
Farmington Hills

State  
MI

Zip Code  
48331-1809

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hutzel Women's Specialists

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

833.30

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 23 / 2017

**Transaction ID : VPF9SNW67N7**

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

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

333.33

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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**American Congress of Obstetricians & Gynecologists PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Preus, Eve, M., , MD**

Mailing Address 688 N 29th St

City  
Boise

State  
ID

Zip Code  
83702-3809

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of Utah

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

355.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 07 / 2017

**Transaction ID : VPF9SNSR1N7**

Amount of Each Receipt this Period

12.50

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Kudaravalli, Krishna, , ,**

Mailing Address 12508 Bay Hill Dr

City  
Chester

State  
VA

Zip Code  
23836-2678

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Southside Physician Network

Occupation (for Individual)  
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  
10 / 11 / 2017

**Transaction ID : VPF9SNTFMQ7**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Harris, Karen, Eloise, , MD MPH**

Mailing Address 2800 NW 29th St

City  
Gainesville

State  
FL

Zip Code  
32605-2708

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
North Florida Women's Physicians

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2715.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 16 / 2017

**Transaction ID : VPF9SNTVXR7**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

612.50



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

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NAME OF COMMITTEE (In Full)

**American Congress of Obstetricians & Gynecologists PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Dunn, Carl, Anthony, , MD**

Mailing Address 1010 Chapman Rd

City  
Crawford

State  
TX

Zip Code  
76638-2641

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Scott and White Clinic

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1215.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 13 / 2017

**Transaction ID : VPF9SNYYRX7**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Jeffries, Lydia, M., , MD**

Mailing Address 21 Wilson Ln

City  
Fairview

State  
NC

Zip Code  
28730-9564

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Asheville Women's Medical Center

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 20 / 2017

**Transaction ID : VPF9SNVRZY7**

Amount of Each Receipt this Period

2000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Lynch, Bernard, A., , MD**

Mailing Address 608 Pressler St

City  
Austin

State  
TX

Zip Code  
78703-5126

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Austin Regional Clinic

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

931.68

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 13 / 2017

**Transaction ID : VPF9SNYYSY7**

Amount of Each Receipt this Period

150.00

☐ Memo Item

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

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

2650.00

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

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NAME OF COMMITTEE (In Full)

American Congress of Obstetricians &amp; Gynecologists PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Scales, Kasandra, Lynne, , MD**

Mailing Address 625 E Monroe Ave

City  
AlexandriaState  
VAZip Code  
22301-3019FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Upstate Medical UniversityOccupation (for Individual)  
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  
10 / 06 / 2017

Transaction ID : VPF9SNYYR08

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Conry, Jeanne, Ann, , MD, PhD**

Mailing Address 8204 Cantershire Way

City  
Granite BayState  
CAZip Code  
95746-9476FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Kaiser PermanenteOccupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4218.10

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 01 / 2017

Transaction ID : VPF9SNRSN18

Amount of Each Receipt this Period

391.11

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Yelverton, Robert, Ware, , Jr, MD**

Mailing Address 2821 W Fountain Blvd

City  
TampaState  
FLZip Code  
33609-4011FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Self EmployedOccupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 16 / 2017

Transaction ID : VPF9SNTVY18

Amount of Each Receipt this Period

70.00

☐ Memo Item

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

561.11

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

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

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NAME OF COMMITTEE (In Full)

**American Congress of Obstetricians & Gynecologists PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Cron, Julia, Anne, , MD**

Mailing Address 9 Grove Hill Rd

City  
Guilford

State  
CT

Zip Code  
06437-3126

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Yale School of Medicine

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 07 / 2017

**Transaction ID : VPF9SNYYS18**

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Cheek, Ben, H., , MD**

Mailing Address 231 Cascade Rd

City  
Columbus

State  
GA

Zip Code  
31904-2873

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St. Francis Hospital

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1833.30

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 06 / 2017

**Transaction ID : VPF9SNW6Q48**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Lile, Valerie, , ,**

Mailing Address 2609 Black Oak Ln

City  
Arlington

State  
TX

Zip Code  
76012-2829

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
ACOOG

Occupation (for Individual)  
Executive Director

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  
10 / 19 / 2017

**Transaction ID : VPF9SNVQ348**

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

850.00

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

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NAME OF COMMITTEE (In Full)

**American Congress of Obstetricians & Gynecologists PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Honebrink, Ann, L., , MD**

Mailing Address 130 Valley Rd

City  
Ardmore

State  
PA

Zip Code  
19003-1511

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of Pittsburgh

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1720.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 07 / 2017

**Transaction ID : VPF9SNXZJB8**

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Jeffries, Lydia, M., , MD**

Mailing Address 21 Wilson Ln

City  
Fairview

State  
NC

Zip Code  
28730-9564

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Asheville Women's Medical Center

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 07 / 2017

**Transaction ID : VPF9SNYYRE8**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Dardarian, Nyree, , ,**

Mailing Address 108 Ceton Ct

City  
Broomall

State  
PA

Zip Code  
19008-2524

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Drexel University

Occupation (for Individual)  
Professor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 17 / 2017

**Transaction ID : VPF9SNVB2R8**

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

1050.00

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

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NAME OF COMMITTEE (In Full)

**American Congress of Obstetricians & Gynecologists PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Creedon, Douglas, James, , MD**

Mailing Address 1119 Buckridge Dr NE

City  
Rochester

State  
MN

Zip Code  
55906-8526

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
North Memorial Med Center

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1645.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 13 / 2017

**Transaction ID : VPF9SNYYQV8**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Maeder, Margie, , ,**

Mailing Address 2686 Dahlia St

City  
Denver

State  
CO

Zip Code  
80207-3048

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Rocky Mountain Women's Care

Occupation (for Individual)  
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  
10 / 16 / 2017

**Transaction ID : VPF9SNTVXW8**

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. MacIsaac, Laura, , , MD, MPH**

Mailing Address 210 W 101st St  
# 121

City  
New York

State  
NY

Zip Code  
10025-5059

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mount Sinai Health System

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 10 / 2017

**Transaction ID : VPF9SNT4109**

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

850.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
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(check only one)

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

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NAME OF COMMITTEE (In Full)

**American Congress of Obstetricians & Gynecologists PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Salhany, Danielle, M., , DO**

Mailing Address 17 Chestnut Rd

City  
BrunswickState  
MEZip Code  
04011-3453FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Maine General Ob-GynOccupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	06	/	2017

Transaction ID : VPF9SNYYT29

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Ring, Brandi, Nicole, , MD**Mailing Address 3755 S Emporia Way  
Unit L-204City  
AuroraState  
COZip Code  
80014-8227FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mile High Ob-GynOccupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

985.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	11	/	2017

Transaction ID : VPF9SNTFM39

Amount of Each Receipt this Period

84.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Gittens, Lisa, Nadine, , MD**

Mailing Address 16 Canterbury Rd

City  
DenvilleState  
NJZip Code  
07834-9614FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Rutgers Medical SchoolOccupation (for Individual)  
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
10	/	17	/	2017

Transaction ID : VPF9SNVB139

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

584.00

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

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

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NAME OF COMMITTEE (In Full)

**American Congress of Obstetricians & Gynecologists PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Dantas, Stella, Marie, , MD**

Mailing Address 6906 SW Windemere Loop

City  
Portland

State  
OR

Zip Code  
97225-6163

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Northwest Permanente

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2795.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 26 / 2017

**Transaction ID : VPF9SNYX59**

Amount of Each Receipt this Period

45.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Bradford, William, Charles, , DO**

Mailing Address 1460 Abbas Ave

City  
Lancaster

State  
PA

Zip Code  
17602-4059

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
May Grant Associates

Occupation (for Individual)  
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  
10 / 17 / 2017

**Transaction ID : VPF9SNV7J59**

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Zabel, Earl, Wayne, , MD**

Mailing Address 2727 Plaza Dr

City  
Wausau

State  
WI

Zip Code  
54401-4129

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Marshfield Clinic

Occupation (for Individual)  
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  
10 / 13 / 2017

**Transaction ID : VPF9SNYYR99**

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

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

495.00

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

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

FOR LINE NUMBER: PAGE 48 OF 62

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Congress of Obstetricians &amp; Gynecologists PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Gandell, David, L., , MD

Mailing Address 21 Warwick Dr

City  
FairportState  
NYZip Code  
14450-3230FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Rochester Ob-Gyn AssociatesOccupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 10 / 06 / 2017

Transaction ID : VPF9SNYSA9

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Smith, Stephen, J., , MD

Mailing Address 1235 Old York Rd  
Ste 119City  
AbingtonState  
PAZip Code  
19001-3811FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Abington Perinatal AssociatesOccupation (for Individual)  
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  
 10 / 06 / 2017

Transaction ID : VPF9SNSN9C9

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Keats, John, P., , MD CPE

Mailing Address 19700 N 76th St  
Apt 1113City  
ScottsdaleState  
AZZip Code  
85255-4787FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CignaOccupation (for Individual)  
Medical Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 10 / 22 / 2017

Transaction ID : VPF9SNYYYYF9

Amount of Each Receipt this Period

45.00

☐ Memo Item

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

2645.00

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 49 OF 62

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Congress of Obstetricians &amp; Gynecologists PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Cheek, Ben, H., , MD

Mailing Address 231 Cascade Rd

City  
Columbus

State  
GA

Zip Code  
31904-2873

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St. Francis Hospital

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1833.30

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 09 / 2017

Transaction ID : VPF9SNSS2G9

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Brown, Haywood, L., , MD

Mailing Address 10113 Barnhart Way

City  
Raleigh

State  
NC

Zip Code  
27617-8220

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Duke

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 11 / 2017

Transaction ID : VPF9SNTFMP9

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. Prabhakaran, Sujatha, , , MD

Mailing Address 736 Central Ave

City  
Sarasota

State  
FL

Zip Code  
34236-4042

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Planned Parenthood of SW & Central FL

Occupation (for Individual)  
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  
10 / 16 / 2017

Transaction ID : VPF9SNTVXQ9

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

633.33

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

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

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

FOR LINE NUMBER: PAGE 50 OF 62

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Congress of Obstetricians &amp; Gynecologists PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Matthews, Robin, D., , MD

Mailing Address 39 Flat Rock Rd

City  
WaynesvilleState  
NCZip Code  
28786-7937FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Duke Lifepoint HospitalOccupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1020.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 10 / 11 / 2017

Transaction ID : VPF9SNTFMV9

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Anderson, Thaddeus, L., , MD

Mailing Address 2350 Simpson St

City  
DubuqueState  
IAZip Code  
52003-7719FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Dubuque OB/GYNOccupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2045.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 10 / 13 / 2017

Transaction ID : VPF9SNYYRW9

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Nguyen, Hoa, N., , MD

Mailing Address 1150 N 35th Ave  
Ste 670City  
HollywoodState  
FLZip Code  
33021-5435FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Gyn Oncology & Urogynecology AssociateOccupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 10 / 21 / 2017

Transaction ID : VPF9SNYZ3X9

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

450.00

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 51 OF 62

(check only one)

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

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NAME OF COMMITTEE (In Full)

**American Congress of Obstetricians & Gynecologists PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Hampton, R., Moss, , MD**

Mailing Address 3930 Edgebrook Ct

City  
Midland

State  
TX

Zip Code  
79707-1434

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Texas Tech University

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1440.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 13 / 2017

**Transaction ID : VPF9SNYYSX9**

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

☐ Memo Item

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

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

300.00

38103.28

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

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

FOR LINE NUMBER: PAGE 52 OF 62

(check only one)

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

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NAME OF COMMITTEE (In Full)

**American Congress of Obstetricians & Gynecologists PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Charlie Dent For Congress**

Mailing Address PO Box 442

City  
Allentown

State  
PA

Zip Code  
18105-0442

FEC ID number of contributing  
federal political committee.

**C** C00386847

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

**10 / 16 / 2017**

**Transaction ID : VPF9SNV56J0**

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Refund of Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Charlie Dent For Congress**

Mailing Address PO Box 442

City  
Allentown

State  
PA

Zip Code  
18105-0442

FEC ID number of contributing  
federal political committee.

**C** C00386847

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

**10 / 16 / 2017**

**Transaction ID : VPF9SNV56K8**

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Refund of Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

☐ Memo Item

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

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

5000.00

5000.00

**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 53 OF 62

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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)

**American Congress of Obstetricians & Gynecologists PAC**

Full Name (Last, First, Middle Initial)

**A. First Data**Mailing Address 5565 Glenridge Connector NE  
Ste 2000City  
AtlantaState  
GAZip Code  
30342-1651Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

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

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		06		2017

FEC Identification Number

**C****Transaction ID : VPEAHA6W4**

Amount of Each Disbursement this Period

4.95

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Square, Inc.**

Mailing Address 901 Mission St

City  
San FranciscoState  
CAZip Code  
94103-3052Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

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

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		10		2017

FEC Identification Number

**C****Transaction ID : VPEAHA6W4**

Amount of Each Disbursement this Period

0.55

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. First Data**Mailing Address 5565 Glenridge Connector NE  
Ste 2000City  
AtlantaState  
GAZip Code  
30342-1651Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

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

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		03		2017

FEC Identification Number

**C****Transaction ID : VPEAHA6W4**

Amount of Each Disbursement this Period

19.95

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

25.45

**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 54 OF 62

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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)

**American Congress of Obstetricians & Gynecologists PAC**

Full Name (Last, First, Middle Initial)

**A. Square, Inc.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		10		2017

Mailing Address 901 Mission St

City  
San FranciscoState  
CAZip Code  
94103-3052Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Category/  
Type
Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C****Transaction ID : VPEAHA6W4**

Amount of Each Disbursement this Period

160.89

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Sage Payment Solutions**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		02		2017

Mailing Address 1750 Old Meadow Rd

City  
McLeanState  
VAZip Code  
22102-4304Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Category/  
Type
Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C****Transaction ID : VPEAHA6W4!**

Amount of Each Disbursement this Period

1146.93

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. First Data**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		12		2017

Mailing Address 5565 Glenridge Connector NE  
Ste 2000City  
AtlantaState  
GAZip Code  
30342-1651Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Category/  
Type
Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C****Transaction ID : VPEAHA6W4**

Amount of Each Disbursement this Period

21.37

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

1329.19

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

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

PAGE 55 OF 62

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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)

**American Congress of Obstetricians & Gynecologists PAC**

Full Name (Last, First, Middle Initial)

**A. First Data**Mailing Address 5565 Glenridge Connector NE  
Ste 2000City  
AtlantaState  
GAZip Code  
30342-1651Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

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

State: District:

Date of Disbursement

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

FEC Identification Number

**C****Transaction ID : VPEAHA6W4**

Amount of Each Disbursement this Period

92.38

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. First Data**Mailing Address 5565 Glenridge Connector NE  
Ste 2000City  
AtlantaState  
GAZip Code  
30342-1651Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

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

State: District:

Date of Disbursement

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

FEC Identification Number

**C****Transaction ID : VPEAHA6W4**

Amount of Each Disbursement this Period

56.89

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

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

State: District:

Date of Disbursement

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

FEC Identification Number

**C**

Amount of Each Disbursement this Period

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

149.27

1503.91

**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 56 OF 62

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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)

**American Congress of Obstetricians & Gynecologists PAC**

Full Name (Last, First, Middle Initial)

**A. Collins For Senator**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		04		2017

Mailing Address PO Box 1096

FEC Identification Number

**C** C00314575**Transaction ID : VPEAHA6W4**

Amount of Each Disbursement this Period

1000.00

☐ Memo ItemCity  
BangorState  
MEZip Code  
04402-1096Purpose of Disbursement  
Federal ContributionCategory/  
Type

Candidate Name

**COLLINS, SUSAN, , ,**

Office Sought:

☐ House☒ Senate☐ President

Disbursement For: 2018

☒ Primary☐ General☐ Other (specify) ▼

State: ME

District: 00

Full Name (Last, First, Middle Initial)

**B. All For Our Country Leadership PAC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		17		2017

Mailing Address 611 Pennsylvania Ave SE  
# 143

FEC Identification Number

**C** C00629212**Transaction ID : VPEAHA6W4**

Amount of Each Disbursement this Period

1000.00

☐ Memo ItemCity  
WashingtonState  
DCZip Code  
20003-4303Purpose of Disbursement  
Federal ContributionCategory/  
Type

Candidate Name

**All For Our Country Leadership PAC**

Office Sought:

☐ House☐ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

**C. Schakowsky For Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		17		2017

Mailing Address PO Box 5130

FEC Identification Number

**C** C00327023**Transaction ID : VPEAHA6W4**

Amount of Each Disbursement this Period

1500.00

☐ Memo ItemCity  
EvanstonState  
ILZip Code  
60204-5130Purpose of Disbursement  
Federal ContributionCategory/  
Type

Candidate Name

**SCHAKOWSKY, JANICE D, , ,**

Office Sought:

☒ House☐ Senate☐ President

Disbursement For: 2018

☒ Primary☐ General☐ Other (specify) ▼

State: IL

District: 09

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

3500.00



**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 57 OF 62

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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)

**American Congress of Obstetricians & Gynecologists PAC**

Full Name (Last, First, Middle Initial)

**A. People for Ben**

Mailing Address PO Box 31129

City  
Santa FeState  
NMZip Code  
87594-1129Purpose of Disbursement  
Federal Contribution

Candidate Name

**LUJAN, BEN R MR., , ,**Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2018

☒ Primary ☐ General  
☐ Other (specify) ▼

State: NM District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		02		2017

FEC Identification Number

**C** C00443689**Transaction ID : VPEAHA6W4**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Kurt Schrader for Congress**

Mailing Address PO Box 3314

City  
Oregon CityState  
ORZip Code  
97045-0308Purpose of Disbursement  
Federal Contribution

Candidate Name

**SCHRADER, KURT, , ,**Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2018

☒ Primary ☐ General  
☐ Other (specify)

State: OR District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		25		2017

FEC Identification Number

**C** C00446906**Transaction ID : VPEAHA6W5**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Crowley For Congress**

Mailing Address 8456 Grand Ave

City  
ElmhurstState  
NYZip Code  
11373-4352Purpose of Disbursement  
Federal Contribution

Candidate Name

**CROWLEY, JOSEPH, , ,**Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2018

☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY District: 14

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		02		2017

FEC Identification Number

**C** C00338954**Transaction ID : VPEAHA6W4**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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)

**American Congress of Obstetricians & Gynecologists PAC**

Full Name (Last, First, Middle Initial)

**A. Stephanie Murphy for Congress**

Mailing Address PO Box 205

City  
Winter ParkState  
FLZip Code  
32790-0205Purpose of Disbursement  
Federal Contribution

Candidate Name

**MURPHY, STEPHANIE, , ,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2018

☒ Primary ☐ General  
☐ Other (specify) ▼

State: FL District: 07

Date of Disbursement

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

FEC Identification Number

**C** C00620443**Transaction ID : VPEAHA6W5**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Ami Bera for Congress**

Mailing Address PO Box 582496

City  
Elk GroveState  
CAZip Code  
95758-0042Purpose of Disbursement  
Federal Contribution

Candidate Name

**BERA, AMERISH, , ,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2018

☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 07

Date of Disbursement

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

FEC Identification Number

**C** C00461061**Transaction ID : VPEAHA6W4**

Amount of Each Disbursement this Period

1500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Angus King for US Senate Campaign**Mailing Address 114 Maine St  
Ste 1ACity  
BrunswickState  
MEZip Code  
04011-2029Purpose of Disbursement  
Federal Contribution

Candidate Name

**KING, ANGUS STANLEY JR, , ,**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2018

☒ Primary ☐ General  
☐ Other (specify) ▼

State: ME District: 00

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			1	6			2	0	1	7		

FEC Identification Number

**C** C00516047**Transaction ID : VPEAHA6W4**

Amount of Each Disbursement this Period

1000.00

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

3500.00

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

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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)

**American Congress of Obstetricians & Gynecologists PAC**

Full Name (Last, First, Middle Initial)

**A. Diana DeGette For Congress**

Mailing Address PO Box 61337

City  
DenverState  
COZip Code  
80206-8337Purpose of Disbursement  
Federal Contribution

Candidate Name

**DEGETTE, DIANA, , ,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2018

☒ Primary ☐ General  
☐ Other (specify) ▼

State: CO

District: 01

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			1	6			2	0	1	7		

FEC Identification Number

**C** C00311639**Transaction ID : VPEAHA6W4**

Amount of Each Disbursement this Period

2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

**C**

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

**C**

Amount of Each Disbursement this Period

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

2000.00

12000.00

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

PAGE 60 OF 62

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" 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)

**American Congress of Obstetricians & Gynecologists PAC**

Full Name (Last, First, Middle Initial)

**A. Kudaravalli, Krishna, , ,**

Mailing Address 12508 Bay Hill Dr

City  
ChesterState  
VAZip Code  
23836-2678Purpose of Disbursement  
Contribution Refund

Candidate Name

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

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		17		2017

FEC Identification Number

**C****Transaction ID : VPEAHA6TAI**

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Brown, Haywood, L., , MD**

Mailing Address 10113 Barnhart Way

City  
RaleighState  
NCZip Code  
27617-8220Purpose of Disbursement  
Contribution Refund

Candidate Name

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

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		17		2017

FEC Identification Number

**C****Transaction ID : VPEAHA6TAI**

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Matthews, Robin, D., , MD**

Mailing Address 39 Flat Rock Rd

City  
WaynesvilleState  
NCZip Code  
28786-7937Purpose of Disbursement  
Contribution Refund

Candidate Name

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

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		17		2017

FEC Identification Number

**C****Transaction ID : VPEAHA6TAI**

Amount of Each Disbursement this Period

250.00

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

1250.00

**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 61 OF 62

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" 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)

**American Congress of Obstetricians & Gynecologists PAC**

Full Name (Last, First, Middle Initial)

**A. Morrell, Kathleen, , MD**Mailing Address 97 Butler St  
Apt 1FCity  
BrooklynState  
NYZip Code  
11231-4708Purpose of Disbursement  
Contribution Refund

Candidate Name

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

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		17		2017

FEC Identification Number

**C****Transaction ID : VPEAHA6TA.**

Amount of Each Disbursement this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Salhany, Danielle, M., DO**

Mailing Address 17 Chestnut Rd

City  
BrunswickState  
MEZip Code  
04011-3453Purpose of Disbursement  
Contribution Refund

Candidate Name

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

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		17		2017

FEC Identification Number

**C****Transaction ID : VPEAHA6TA**

Amount of Each Disbursement this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Cron, Julia, Anne, MD**

Mailing Address 9 Grove Hill Rd

City  
GuilfordState  
CTZip Code  
06437-3126Purpose of Disbursement  
Contribution Refund

Candidate Name

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

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		17		2017

FEC Identification Number

**C****Transaction ID : VPEAHA6TA**

Amount of Each Disbursement this Period

100.00

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

600.00

1850.00

**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 62 OF 62

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

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NAME OF COMMITTEE (In Full)

**American Congress of Obstetricians & Gynecologists PAC**

Full Name (Last, First, Middle Initial)

**A. Northam for Governor**

Mailing Address PO Box 16249

City  
ArlingtonState  
VAZip Code  
22215-1249Purpose of Disbursement  
Non-Federal Contribution

Candidate Name

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

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		20		2017

FEC Identification Number

**C****Transaction ID : VPEAHA6W4**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Northam for Governor**

Mailing Address PO Box 16249

City  
ArlingtonState  
VAZip Code  
22215-1249Purpose of Disbursement  
Non-Federal Contribution

Candidate Name

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

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		06		2017

FEC Identification Number

**C****Transaction ID : VPEAHA6W4**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

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

State: District:

Date of Disbursement

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

FEC Identification Number

**C**

Amount of Each Disbursement this Period

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

5000.00

5000.00