Image# 14960504313		PAGE 1 / 28
	ND DISBURSEMENTS	
1. NAME OF TYP	E OR PRINT ▼ Example: If typing, type	
FEG DOMMITTEE (in full)       REPORT OF RECEIPTS BO Other Than An Authorized Committee       Other Use Only         NAME OF COMMITTEE (in full)       TYPE OR PRINT *       Example: If typing, type       IIIEEL         DEPENS (number and street)       IVPE OR PRINT *       Example: If typing, type       IIIEEL         DEPENS (number and street)       IVPE OR PRINT *       Example: If typing, type       IIIEEL         DEPENS (number and street)       IVPE OR PRINT *       Example: If typing, type       IIIEEL         DEPENS (number and street)       IVPE OR PRINT *       COULD -       IIIEEL         DEPENS (number and street)       IVPE OR REPORT       OTTY A       STATE A       ZIP CODE A         C CO0364159       IVPE OF REPORT       State A       ZIP CODE A       IVPE OF REPORT       Nonthly Report         C C00364159       IVPE OF REPORT       IVPE OF		
	ESS OF OB-GYNS PAC (OB-GYN PAC)	
ADDRESS (number and street)	09 12TH STREET, SW	
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.       12 FE4M5         THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)       I2 FE4M5       I2 FE4M5         ADDRESS (number and steet)       409 12TH STREET, SW       I2 FE4M5         Check if different than previously reported. (ACC)       WASHINGTON       DC       20024         2. FEC IDENTIFICATION NUMBER ▼       CITY ▲       STATE ▲       ZIP CODE ▲         C C00944155       3. IS THIS REPORT       NEW (N) OR       AMENDED (A)         4. TYPE OF REPORT (Choose One)       (a) Monthly Paport       Feb 20 (M2)       May 20 (M5)       Aug 20 (M8)       Nev 20 (M0)         (a) Cuarterly Report (02)       Outler 15 Quarterly Report (02)       Mar 20 (M3)       Jun 20 (M6)       Sep 20 (M9)       Dec 20 (M2)         (b) Monthly Due On:       April 15 Quarterly Report (02)       Mar 20 (M3)       Jun 20 (M6)       Sep 20 (M9)       Dec 20 (M2)         (c) Cuarterly Report (02)       Outler 15 Quarterly Report (02)       Mar 20 (M3)       Jun 20 (M6)       Sep 20 (M9)       Dec 20 (M10)       Jan 31 (M2)         (d) Surfer Report (16)       Jun 20 (M4)       Jul 20 (M7)       Oct 20 (M10)       Jan 31		
than previously		DC 20024
2. FEC IDENTIFICATION NUMB		STATE ZIP CODE
C C00364158		
	Report Due On:	(Non-Election Year Only)
(a) Quarterly Reports:		(Non-Election / Year Only)
Quarterly Report (Q2)	PRE-Election	
Quarterly Report (Q3)	M = M / D = D /	in the
Year-End Report (YE)		State of
Report (Non-election	POST-Election General (30G)	Runoff (30R) Special (30S)
	M = M / D = D /	
I certify that I have examined this R	eport and to the best of my knowledge and belief it is tru	ue, correct and complete.
Type or Print Name of Treasurer	TACIE MONROE	
Signature of Treasurer	ONROE [Electronically Filed]	
NOTE: Submission of false, erroneous	or incomplete information may subject the person signing the	his Report to the penalties of 2 U.S.C. §437g.
Office Use Only		FEC FORM 3X Rev. 12/2004

#### 03/15/2014 10 : 09

#### SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

Page 2

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

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

R	eport Covering the Period: From: 02	M / D D / Y Y Y Y 2 01 2014 To	. 02 28 2014
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2014		300966.48
	(b) Cash on Hand at Beginning of Reporting Period	246512.99	
	(c) Total Receipts (from Line 19)	44311.75	88804.08
	<ul> <li>(d) Subtotal (add Lines 6(b) and</li> <li>6(c) for Column A and Lines</li> <li>6(a) and 6(c) for Column B)</li> </ul>	290824.74	389770.56
7.	Total Disbursements (from Line 31)	30539.35	129485.17
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	260285.39	260285.39
9.	Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

#### For further information contact:

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

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

Write or Type Committee Name         THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)         Report Covering the Period:       From:       02       01       Y Y Y Y       Y       Yo:       02       28         I. Receipts       COLUMN A Total This Period       COLUMN A Calendar Year-t       COLUMN A Calendar Year-t         11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)	
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)         Report Covering the Period:       From:       D       0       2014       To:       D       28         Image: Column A       Column A       Column A       Column A       Column A         I. Receipts       Column A       Column A       Column A         I. Contributions (other than loans) From:       Column A       Column A         (a) Individuals/Persons Other       29443.75       Image: Column A       Column A         (ii) Unitemized (use Schedule A)	2014 B to-Date 47328.75
Report Covering the Period:       From:       02       01       2014       To:       02       28         I. Receipts       COLUMN A Total This Period       COLUMN A Calendar Yeart         11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)	2014 B to-Date 47328.75
I. Heceipts     Total This Period     Calendar Year-t       11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)	47328.75
(a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)	
Than Political Committees       29443.75         (i) Itemized (use Schedule A)	
(ii) Unitemized	
(iii) TOTAL (add	41475.33
Lines 11(a)(i) and (ii)	88804.08
	0.00
(b) Political Party Committees	0.00
(such as PACs)	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry	
Totals to Line 33, page 5)	88804.08
Party Committees	0.00
13. All Loans Received 0.00	0.00
14. Loan Repayments Received	0.00
15. Offsets To Operating Expenditures	
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00
16. Refunds of Contributions Made to Federal Candidates and Other	
Political Committees	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00
18. Transfers from Non-Federal and Levin Funds	
(a) Non-Federal Account (from Schedule H3)	0.00
(b) Lovin Eunds (from Schodulo H5) 0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00
(c) Total Transfers (add 18(a) and 18(b))	0.00
19. Total Receipts (add Lines 11(d),	
12, 13, 14, 15, 16, 17, and 18(c)) ► 44311.75	88804.08
20. Total Federal Receipts (subtract Line 18(c) from Line 19) ► 44311.75	88804.08

Image# 14960504315

#### DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)		Page 4
II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
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	879.35	1165.17
(c) Total Operating Expenditures		
(add 21(a)(i), (a)(ii), and (b))► Transfers to Affiliated/Other Party	879.35	1165.17
Committees Contributions to	0.00	0.00
Federal Candidates/Committees and Other Political Committees	29500.00	126000.00
Independent Expenditures (use Schedule E)	0.00	0.00
(use Schedule E) Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
	0.00	0.00
Loan Repayments Made		
Loans Made Refunds of Contributions To: (a) Individuals/Persons Other	0.00	0.00
Than Political Committees	160.00	320.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
<ul><li>(d) Total Contribution Refunds</li><li>(add Lines 28(a), (b), and (c))</li></ul>	160.00	320.00
Other Disbursements	0.00	2000.00
Federal Election Activity (2 U.S.C. §431(20)) (a) Allocated Federal Election Activity		
(from Schedule H6) (i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))►	0.00	0.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	30539.35	129485.17
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	30539.35	129485.17

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L

#### DETAILED SUMMARY PAGE

of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
<ol> <li>Total Contributions (other than loans) (from Line 11(d), page 3)</li> </ol>	44311.75	88804.08
<ol> <li>Total Contribution Refunds (from Line 28(d))</li> </ol>	160.00	320.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	44151.75	88484.08
<ol> <li>Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))</li> </ol>	879.35	1165.17
<ol> <li>Offsets to Operating Expenditures (from Line 15, page 3)</li> </ol>	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	879.35	1165.17

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 6 OF

	for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
Any information copied from such Reports and State or for commercial purposes, other than using the na		
NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS OF	F OB-GYNS PAC (OB-GYN PA	AC)
SOUTH COAST GYNECOLOGY F	State       Zip Code         CA       92651         C       Occupation         PHYSICIAN       Aggregate Year-to-Date ▼         250.00	Date of Receipt
WINONA HEALTH	DAD State Zip Code MN 55987 C C Dccupation PHYSICIAN Aggregate Year-to-Date ▼ 250.00	Date of Receipt
WOMEN PARTNERS IN OB/GYN	State Zip Code TX 78232 C Decupation PHYSICIAN Aggregate Year-to-Date ▼ 250.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional)		750.00

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
	y information copied from such Reports and S for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS	OF OB-G	GYNS PAC (OB-GYN P	AC)
A.	Full Name (Last, First, Middle Initial)         WILDRIDO A. CASTILLO         Mailing Address 8419 124TH STREET         City         KEW GARDENS         FEC ID number of contributing federal political committee.         Name of Employer         URBAN HEALTH PLAN         Receipt For:         Primary       General         Other (specify)	State NY C Occupation PHYSICIAN Aggregate		Date of Receipt
в.	Full Name (Last, First, Middle Initial) ELAINE Y. CHANG Mailing Address 22506 MARINE VIEW DRIVE	SOUTH		Date of Receipt
	City DES MOINES FEC ID number of contributing federal political committee. Name of Employer SOUND GYNECOLOGY ASSOCIATES Receipt For: Primary General Other (specify) ▼	State IA C Occupation PHYSICIAN Aggregate		02     19     2014       Transaction ID : SA11AI.13523       Amount of Each Receipt this Period     250.00
C.	Full Name (Last, First, Middle Initial)         NANCY C. CHESCHEIR         Mailing Address 441 LYSTRA ESTATES DRIV         City         CHAPEL HILL         FEC ID number of contributing federal political committee.         Name of Employer         UNIVERSITY OF NORTH CAROLINA         Receipt For:         Primary       General         Other (specify)	State NC C Occupation PHYSICIAI		Date of Receipt 02 / 19 / 2014 Transaction ID : SA11AI.13526 Amount of Each Receipt this Period 250.00
s	UBTOTAL of Receipts This Page (optional)			750.00
Т	OTAL This Period (last page this line number	only)	••••••	

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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		Detailed Summary Page	×	11a 13		11b		11c		12 16	17
Any information copied from such Reports and S				for the		pose		soliciting	cor	ntribut	ions
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)				olicit cor	ntrib	oution	is fr	om such		mmitte	ee.
	OF OB-G	YNS PAC (OB-GYN P	AC)								
Full Name (Last, First, Middle Initial) A. JEANNE A. CONRY				Date of	Re	eceipt	t				
Mailing Address 8204 CANTERSHIRE WAY				м м 02		D	D 03	/ Y	Y 20	)14	Y
City	State	Zip Code			acti			SA11AI.1			
GRANITE BAY	CA	95746		Amount	of	Each	ו Re	eceipt th	is P	eriod	
FEC ID number of contributing federal political committee.	С					7	_			250	00
Name of Employer	Occupation	1									
PERMANENTE MEDICAL GROUP	PHYSICIAN	N									
Receipt For:	Aggregate	Year-to-Date ▼									
Other (specify)		500.00									
Full Name (Last, First, Middle Initial) B. MARY E. D'ALTON				Date of	Re	eceipt	t				
Mailing Address 622 WEST 168TH STREET				м м 02	1		D 19	/ Y	ү 20	ү 14	Y
City	State NY	Zip Code						SA11AI.1			
NEW YORK	INT	10032		Amount	: of	Each	ו Re	eceipt thi	is P	eriod	_
FEC ID number of contributing federal political committee.	С					7	_			500.	00
Name of Employer COLUMBIA UNIVERSITY	Occupation PHYSICIAN										
Receipt For:	Aggregate	Year-to-Date ▼									
Other (specify)		500.00									
Full Name (Last, First, Middle Initial) C. GEORGE T. DANAKAS				Date of	Re	eceipt	t				
Mailing Address 44 SOUTH WOODSIDE LANE	E			м м 02	1		D 01	/ Y		ү 14	Y
City WILLIAMSVILLE	State NY	Zip Code 14221						SA11AL			
FEC ID number of contributing			- '	Amount	OT	Eacr	1 He	eceipt th	IS P		_
federal political committee.	С				-	7	-	7	_	343	.75
Name of Employer	Occupation	1	-								
AURORA CARE	PHYSICIAN	N									
Receipt For:	Aggregate	Year-to-Date ▼	.								
Other (specify)		343.75									
SUBTOTAL of Receipts This Page (optional)			.							1093.	75
TOTAL This Period (last page this line number		· ·	- -			7					

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	×	11a 13		11b 14	11c 15	12 16	17
Any information copied from such Reports and or for commercial purposes, other than using th									
NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS	OF OB-G	GYNS PAC (OB-GYN F	PAC)						
Full Name (Last, First, Middle Initial)         THOMAS S. DARDARIAN         Mailing Address 108 CETON COURT         City         BROOMAIL         FEC ID number of contributing federal political committee.         Name of Employer         MAIN LINE WOMEN'S HEALTH CARE         Receipt For:         Primary       General         Other (specify)	State PA C Occupation PHYSICIAN Aggregate				/ acti	16 on ID : S		nis Period	
B. Full Name (Last, First, Middle Initial) Mailing Address 5323 MEADOW WOOD BOL	JLEVARD			Date of	f Re	ceipt 07	/ Y	2014	Ŷ
City LYNDHURST FEC ID number of contributing federal political committee. Name of Employer UNIVERSITY HOSPITALS PRACTICES Receipt For: Primary General Other (crossift)	State OH C Occupation PHYSICIAN Aggregate					on ID : S Each Re		13457 iis Period 2500	
Other (specify) ▼         Full Name (Last, First, Middle Initial)         C. MARK S. DEFRANCESCO         Mailing Address 35 TERRELL FARM PLACE         City         CHESHIRE         FEC ID number of contributing federal political committee.         Name of Employer         WOMEN'S HEALTH CONNECTICUT         Receipt For:         Primary       General         Other (specify) ▼	State CT Occupation PHYSICIAN	Zip Code 06410			/ sacti	03 on ID : S		nis Period	Y ).00
SUBTOTAL of Receipts This Page (optional)						,	- 7	2825	.00
TOTAL This Period (last page this line number	r only)					,			

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		Detailed Summary Page		11a		11b	11c	12	
		l		13		14	15	16	17
Any information copied from such Reports a or for commercial purposes, other than usin									
NAME OF COMMITTEE (In Full)							2401		
	SS OF OB-G	YNS PAC (OB-GYN F	PAC)						
Full Name (Last, First, Middle Initial) OMAN E. DEMENT				Date of	f Re	eceipt			
Mailing Address 1532 WEST 32ND STRE	ET			м м 02	/	D D 06	/ Y	ү ү 2014	Y
City	State	Zip Code		Trans	acti	ion ID : \$	SA11AI.	13484	
JOPLIN	MO	64804	/	Amount	t of	Each Re	eceipt th	is Period	
FEC ID number of contributing federal political committee.	С					7	,	500	.00
Name of Employer	Occupation	1							
FREEMAN HEALTH SYSTEM	PHYSICIAN	١							
Receipt For:	Aggregate	Year-to-Date ▼							
Primary General Other (specify) ▼		500.00							
Full Name (Last, First, Middle Initial)				Date of	E Re	eceint			
Mailing Address 2121 PINE STREET				02		23	/ Y	2014	Y
City	State	Zip Code			acti	ion ID : S	5A11AI.1		
PHILADELPHIA	PA	19103	/					is Period	
FEC ID number of contributing federal political committee.	С					5		209	.00
Name of Employer UNIVERSITY OF PENNSYLVANIA	Occupation PHYSICIAN								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 418.00							
Full Name (Last, First, Middle Initial)	1			Date of	f Re	eceipt			
Mailing Address 22 WEST LAKE BEAUT	Y DRIVE			м м 02	/	19	/ Y	ү 2014	Y
City	State	Zip Code				ion ID : S			
ORLANDO	FL	32806	_ /	Amount	t of	Each Re	eceipt th	is Period	
FEC ID number of contributing federal political committee.	C					1		300	0.00
Name of Employer	Occupation	1							
SELF-EMPLOYED	PHYSICIAN	N							
Receipt For:	Aggregate	Year-to-Date ▼							
Other (specify)		300.00	1						
Outer (specity)		300.00							
SUBTOTAL of Receipts This Page (optional	l)					7		1009	.00
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PAGE 11 OF

		Detailed Summary Page		11a 13	$\vdash$	11b	11c	12		17
Any information copied from such Reports and or for commercial purposes, other than using the				or the		pose of s	soliciting	g contr	ibutio	ons
						·				
Full Name (Last, First, Middle Initial) MARYGRACE ELSON Mailing Address 4944 RAPID CREEK ROAD				Date of		•	/	Y	v	V
				02	<b></b>	26	/ Y	201		T
City	State	Zip Code		Trans	act	ion ID : S	SA11AI.			
IOWA CITY	IA	52240	A	Mount	t of	Each Re	ceipt th	nis Per	iod	
FEC ID number of contributing federal political committee.	С					7	5	25	500.0	00
Name of Employer	Occupation									
UNIVERSITY OF IOWA	PHYSICIAN									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2500.00	]							
Full Name (Last, First, Middle Initial) <b>B.</b> DOUGLAS K. FENTON				Date of	Re	eceipt				
Mailing Address 2921 MANAGUA PLACE		7. 0.		м м 02	L.	12	/ Y	y 2014		Y
City CARLSBAD	State CA	Zip Code 92009				ion ID : S			امدا	
FEC ID number of contributing federal political committee.	C	32003		Amount	10	Each Re	ceipt th		10d 209.0	00
Name of Employer SCRIPPS COASTAL MEDICAL GROUP	Occupation PHYSICIAN									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 418.00	]							
Full Name (Last, First, Middle Initial)	·			Date of	Re	eceipt				
Mailing Address 40 TURF LANE				м м 02	/	06	/ Y	2014		Y
City ROSLYN HEIGHTS	State NY	Zip Code 11577	A			ion ID : S Each Re				
FEC ID number of contributing federal political committee.	С					,	- 1	1(	000.0	00
Name of Employer	Occupation	1								
SELF-EMPLOYED	PHYSICIAN	١								
Receipt For:	Aggregate	Year-to-Date ▼								
Other (specify) ▼		1000.00								
SUBTOTAL of Receipts This Page (optional)								37	09.0	0
TOTAL This Period (last page this line number						,	,			

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		Detailed Summary Page		11a		11b	11c	12	
				13		14	15	16	
Any information copied from such Reports and or for commercial purposes, other than using t	d Statements mathe name and a	ay not be sold or used by any p address of any political committee	erson f e to so	or the licit co	purj ntrib	pose of outions fi	soliciting	<pre>contribu committ</pre>	tions :ee.
NAME OF COMMITTEE (In Full)		·····							-
THE AMERICAN CONGRESS	S OF OB-G	GYNS PAC (OB-GYN F	PAC)						
Full Name (Last, First, Middle Initial) <b>A.</b> CHARON E. GENTILE				Date of	f Re	eceipt			
Mailing Address 259 GABASSE STREET				м м 02	/	06	/ Y	2014	Y
City	State	Zip Code		Trans	acti	ion ID :	SA11AI.	13486	
HOUMA	LA	70360	/	Amount	t of	Each R	eceipt th	is Period	
FEC ID number of contributing federal political committee.	С					7		1000	.00
Name of Employer	Occupation	1							
SELF-EMPLOYED	PHYSICIAI	N							
Receipt For:	Aggregate	Year-to-Date ▼							
Primary     General       Other (specify) ▼		1000.00	]						
Full Name (Last, First, Middle Initial) B. MICHAEL A. GOLD				Date of	f Re	eceipt			
Mailing Address 6475 SOUTH YALE AVENU	JE			м м 02	/	D D 11	/ Y	ү ү 2014	Y
City	State	Zip Code		Trans	acti	ion ID : S	SA11AI.	13448	
TULSA	OK	74136	/	Amount	t of	Each R	eceipt th	is Period	
FEC ID number of contributing federal political committee.	С						7	250	.00
Name of Employer TULSA CANCER INSTITUTE	Occupation PHYSICIAN								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	]						
Full Name (Last, First, Middle Initial) C. MARY E. HERALD				Date of	f Re	eceipt			
Mailing Address 1601 SOUTH LYNNWOOD	)			м м 02	/	19	/ Y	у у 2014	Y
City DECATUR	State IL	Zip Code 62521					SA11AI.	13533 iis Period	
FEC ID number of contributing federal political committee.	С								0.00
Name of Employer	Occupation	1							
RETIRED	PHYSICIA	N							
Receipt For:	Aggregate	Year-to-Date ▼							
Primary General			11.						
Other (specify)		250.00	4						
SUBTOTAL of Receipts This Page (optional).						,		1500	.00
TOTAL This Period (last page this line number	er only)		•			-			

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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	for each category of th Detailed Summary Pag	
or for commercial purposes, other than using the		any person for the purpose of soliciting contributions mmittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS (	OF OB-GYNS PAC (OB-G`	YN PAC)
Full Name (Last, First, Middle Initial)         CHRISTINE M. HERDE         Mailing Address 2507 SOUTH ROAD         City         POUGHKEEPSIE         FEC ID number of contributing federal political committee.         Name of Employer         MOUNT KISCO MEDICAL GROUP         Receipt For:         Primary       General         Other (specify)	State Zip Code NY 12603 C Occupation PHYSICIAN Aggregate Year-to-Date ▼ 250.	Date of Receipt Date of Receip
B. Full Name (Last, First, Middle Initial) CATHERINE M. HERWAY Mailing Address 475 SEAVIEW AVENUE City STATEN ISLAND FEC ID number of contributing federal political committee. Name of Employer STATEN ISLAND UNIVERSITY Receipt For: Primary General Other (specify) ▼	State     Zip Code       NY     10305       C       Occupation       PHYSICIAN       Aggregate Year-to-Date ▼	Date of Receipt 02 19 2014 Transaction ID : SA11AI.13535 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial)         THOMAS W. JERNIGAN         Mailing Address P.O. BOX 70569         City         JOHNSON CITY         FEC ID number of contributing federal political committee.         Name of Employer         EAST TENNESSEE STATE         Receipt For:         Primary       General         Other (specify) ▼	State       Zip Code         TN       37614         C       Occupation         PHYSICIAN       Aggregate Year-to-Date ▼         250	Date of Receipt Date of Receipt 02 19 2014 Transaction ID : SA11AI.13536 Amount of Each Receipt this Period 250.00 .00
SUBTOTAL of Receipts This Page (optional)		

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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•••			Detailed Summary Page	×	11a 13		11b	11c	12	17				
Ar	ny information copied from such Reports and S	Statements ma	ay not be sold or used by any po	erson	for the	pur	rpose of	f soliciting	g contrib	outions				
or	for commercial purposes, other than using the	e name and a	address of any political committee	e to so	licit co	ontrik	outions	from suc	h commi	ittee.				
	NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS	OF OB-G	GYNS PAC (OB-GYN P	PAC)										
<u> </u>	Full Name (Last, First, Middle Initial) MARILYN JEROME				Date of Receipt									
	Mailing Address 5215 LOUGHBORO ROAD, I	NW			02 21 Y Y Y Y 02 21 2014									
	City	State	Zip Code		Tran	sact	tion ID :	SA11AI	.13671					
	WASHINGTON	DC	20016	<u> </u>	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С					7		50	00.00				
	Name of Employer FOXHALL OB/GYN ASSOCIATES	Occupation PHYSICIAI												
	Receipt For:		Year-to-Date ▼	_										
	Primary General	, iggi oguto		11.										
	Other (specify)		500.00											
в.	Full Name (Last, First, Middle Initial) GERALD F. JOSEPH				Date c	of Re	eceipt							
	Mailing Address 1600 SOUTH EADS STREET	-			02 27 2014									
	City		Trans	sact		SA11AI.								
	ARLINGTON	VA	22202		Amour	nt of	Each F	Receipt th	nis Perio	d				
	FEC ID number of contributing federal political committee.	С			2500.00									
	Name of Employer AMERICAN CONGRESS OF OB/GYNS	Occupation												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2500.00											
	Full Name (Last, First, Middle Initial)		7											
C.					Date c	of Re	eceipt							
	Mailing Address 19700 NORTH 76TH STREE				<sup>M</sup> 02	1 /	06		2014	Y				
	City SCOTTSDALE	State AZ	Zip Code 85255					: SA11AI						
			85255		Amour	nt of	Each F	Receipt th	is Perio	d				
	FEC ID number of contributing federal political committee.	С					7		25	50.00				
	Name of Employer	Occupation	1											
	CIGNA HEALTH PLAN	PHYSICIAI	N											
	Receipt For:	Aggregate	Year-to-Date ▼											
	Other (specify) ▼		250.00	1										
s	UBTOTAL of Receipts This Page (optional)						, .		325	0.00				
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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
Any information copied from such Reports and or for commercial purposes, other than using th			
NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS	OF OB-G	GYNS PAC (OB-GYN F	PAC)
Full Name (Last, First, Middle Initial)         LEZODE J. KIPOLIONGO         Mailing Address 77 GREVES ROAD         City         NEW HAMPTON         FEC ID number of contributing federal political committee.         Name of Employer         CRYSTAL RUN HEALTH CARE         Receipt For:         Primary       General         Other (specify)	State NY C Occupation PHYSICIAI Aggregate		Date of Receipt
Full Name (Last, First, Middle Initial) ROGERT G. KOSS Mailing Address 1875 DEMPSTER STREET City PARK RIDGE FEC ID number of contributing federal political committee.	State IL C	Zip Code 60068	Date of Receipt 02 06 2014 Transaction ID : SA11AI.13488 Amount of Each Receipt this Period 500.00
Name of Employer FOCUS ON WOMEN'S HEALTH Receipt For: Primary General Other (specify) ▼	Occupation PHYSICIAN Aggregate		]
Full Name (Last, First, Middle Initial)         ANDREW H. LEACH         Mailing Address 1000 HAWTHORNE AVENU         City         ATHENS         FEC ID number of contributing federal political committee.         Name of Employer         WOMEN'S HALTHCARE ASSOCIATES         Receipt For:         Primary       General         Other (specify) ▼	State GA C Occupatior PHYSICIAI		Date of Receipt 02 / 11 / 2014 Transaction ID : SA11AI.13450 Amount of Each Receipt this Period 250.00
SUBTOTAL of Receipts This Page (optional)			1000.00
TOTAL This Period (last page this line numbe	r only)		

Use separate schedule(s) for each category of the

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
	y information copied from such Reports and Sta for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS C	)F OB-G	YNS PAC (OB-GYN P	AC)
A.	Full Name (Last, First, Middle Initial)         MARGARET P. MAEDER         Mailing Address 856 JACKSON STREET         City         DENVER         FEC ID number of contributing federal political committee.         Name of Employer         SELF-EMPLOYED         Receipt For:         Primary       General         Other (specify) ▼	State CO Occupation PHYSICIAN Aggregate		Date of Receipt
В.	Full Name (Last, First, Middle Initial) JANEY E. MAKI Mailing Address 13401 EAST MAINSGATE STR	EET		Date of Receipt
	City WICHITA FEC ID number of contributing federal political committee.	State KS	Zip Code 67228	Transaction ID : SA11AI.13451         Amount of Each Receipt this Period         250.00
	Name of Employer         VIA CHRISTI CLINIC         Receipt For:         Primary         General         Other (specify) ▼	Occupation PHYSICIAN Aggregate		
с.	Full Name (Last, First, Middle Initial)         KURT W. MARTINUZZI         Mailing Address 1258 NORTH MORNINGSIDE         City         ATLANTA         FEC ID number of contributing         federal political committee.         Name of Employer         EMORY UNIVERSITY         Receipt For:         Primary       General         Other (specify) ▼	State GA Occupation PHYSICIAN		Date of Receipt 02 06 2014 Transaction ID : SA11AI.13495 Amount of Each Receipt this Period 250.00
	UBTOTAL of Receipts This Page (optional)		· ·	900.00
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			Detailed Summary Page		11a 13	$\mid$	11b 14	11c	12		17
	mation copied from such Reports and Si mmercial purposes, other than using the				or the			soliciting	g contri	butio	ns
	OF COMMITTEE (In Full)										
	ame (Last, First, Middle Initial) EALY MASSINGILL				Date of	Re	ceipt				
Mailing	g Address 3887 SOUTH HILLS CIRCLE				м м 02	/	26	) / Y	2014	Y Y	1
City FORT	WORTH	State TX	Zip Code 76109					SA11AI. Receipt th	.13640		
	D number of contributing I political committee.	С					,			500.0	0
UNIVE	of Employer ERSITY OF NORTH TEXAS	Occupation PHYSICIAN									
	ot For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00								
B. KEI	ame (Last, First, Middle Initial) TH A. MICETICH				Date of	Re	ceipt				
	g Address 72 PHYSICIANS DRIVE				м м 02	/	01	) / Y	2014	r y	
City JACK	SON	State TN	Zip Code 38305	A				SA11AI. Receipt th		od	
	D number of contributing I political committee.	С					5		2	50.00	D
	of Employer SON WOMEN'S CENTER	Occupation PHYSICIAN									
	ot For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00								
	ame (Last, First, Middle Initial) 'EN C. MONTGOMERY				Date of	Re	ceipt				
Mailing	g Address 450 CHAPEL HEIGHTS ROAI	C			м м 02	/	06	) / Y	2014		1
City SEWI	ELL	State NJ	Zip Code 08080	A				SA11AI. Receipt th		od	
	D number of contributing I political committee.	С					7			209.0	0
	of Employer	Occupation		_							
	EL UNIVERSITY	PHYSICIAN	N Year-to-Date ▼	_							
	Primary General Other (specify) v		418.00								
SUBTO	TAL of Receipts This Page (optional)						7		9:	59.00	)
TOTAL	This Period (last page this line number o	only)	••••••								

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	EMIZED RECEIPTS			iled Summa			11a 13		11b   14		11c 15		12 16	17	
						person for the purpose of soliciting contributions tee to solicit contributions from such committee.									
	NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS (	OF OB-G	YNS	PAC (OI	B-GYN P.	AC)									
Α.	Full Name (Last, First, Middle Initial) WADE A. NEIMAN Mailing Address 1300 CRENSHAW COURT						Date o								
	Maining Address 1300 CRENSHAW COURT						02	/		28	/ Y		)14	Ŷ	
	City	State		Code			Trans	acti	ion I	D : S	A11AI.				
	LYNCHBURG	VA	24	503		_	Amoun	t of	Eac	h Re	ceipt th	is P	eriod		
	FEC ID number of contributing federal political committee.	С							7		J	_	2500.	00	
	Name of Employer	Occupation													
	WOMEN'S HEALTH SERVICES	PHYSICIAN	1			_									
	Receipt For: Primary General	Aggregate	Year-to-	-Date ▼											
	Other (specify) ▼		,	3	2500.00										
в.	Full Name (Last, First, Middle Initial) BRYAN T. OSHIRO						Date o	f Re	eceip	t					
	Mailing Address 11234 ANDERSON STREET					02 06 Y Y Y Y Y Y 02 06 2014									
	City	State CA		Code							A11AI.				
		CA	92.	350		- '	Amoun	t of	Eac	h Re	ceipt th	is P	eriod		
	FEC ID number of contributing federal political committee.	С		500.00											
	Name of Employer LOMA LINDA UNIVERSITY	Occupation PHYSICIAN													
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-	-Date ▼	500.00										
С.	Full Name (Last, First, Middle Initial) T. FLINT PORTER						Date o	f Re	eceip	t					
	Mailing Address 5121 COTTONWOOD STREE			_			м м 02	/		D 24	/ Y	ү 20	ү 14	Y	
	City SALT LAKE CITY	State UT		Code 107							A11AI.				
	FEC ID number of contributing federal political committee.	C							7			_	250.	00	
	Name of Employer	Occupation				$\neg$									
	INTERMOUNTAIN HEALTHCARE	PHYSICIAN	١												
	Receipt For:	Aggregate	Year-to-	-Date ▼											
	Other (specify)		7	7	250.00										
s	UBTOTAL of Receipts This Page (optional)								,			;	3250.(	00	
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Use separate schedule(s) for each category of the

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			for each category of the Detailed Summary Page		11a 13		11b 14	11c 15	12 16	17
or for commercial pur	poses, other than using		ay not be sold or used by any p ddress of any political committe							
		S OF OB-G	YNS PAC (OB-GYN F	PAC)						
City SIOUX FALLS FEC ID number of federal political con Name of Employer SANFORD WOME	IIPPER 400 CARRIAGE COURT contributing mmittee.	State SD C Occupation PHYSICIAN				/ sacti	06 on ID : 5	7 Y SA11AI. eccipt th	2014 13500 iis Period 500	
Receipt For: Primary Other (specil	General fy) ▼	Aggregate	Year-to-Date ▼ 500.00							
B. Full Name (Last, F BARRY D. SM Mailing Address P	AITH				Date of	f Re	ceipt	/ Y	y y 2014	Ŷ
City NORWICH FEC ID number of federal political con Name of Employer RETIRED Receipt For: Primary	mmittee.	State VT C Occupation PHYSICIAN Aggregate	I Year-to-Date ▼					SA11AI. eceipt th	13265 iis Period 2300	
Full Name (Last, F C. DANA G. ST Mailing Address 1 City OKLAHOMA CITY	First, Middle Initial) ONE 730 HUNTINGTON AVEN	IUE State OK	2300.00 Zip Code 73116			/ sacti	09	/ Y SA11AI. eccipt th	2014 13470 iis Period	Y
FEC ID number of federal political con Name of Employer SELF-EMPLOYED Receipt For: Primary Other (specif	mmittee.	C Occupation PHYSICIAN Aggregate					g		209	.00
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			for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17									
	ny information copied from such Reports and S for commercial purposes, other than using the												
	NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS	OF OB-G	GYNS PAC (OB-GYN P	AC)									
Α.	Full Name (Last, First, Middle Initial) ALBERT L. STRUNK			Date of Receipt									
	Mailing Address 698 CONSTELLATION COUR			02 28 2014									
	City DAVIDSONVILLE	State MD	Zip Code 21035	Transaction ID : SA11AI.13635           Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		1500.00									
	Name of Employer AMERICAN CONGRESS OF OB/GYNS	Occupation		_									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1500.00										
В.	Full Name (Last, First, Middle Initial) ERIN E. TRACY			Date of Receipt									
	Mailing Address 5 HIGH STREET			02 12 2014									
	City STONEHAM	State MA	Zip Code 02180	Transaction ID : SA11AI.13473 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		209.00									
	Name of Employer MASS GENERAL PHYSICIANS	Occupation PHYSICIAN											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 418.00										
с.	Full Name (Last, First, Middle Initial) SAMUEL A. TYULUMAN			Date of Receipt									
	Mailing Address 6910 NORTHWOOD ROAD			02 06 Y Y Y Y Y 02 06 2014									
	City DALLAS	State TX	Zip Code 75225	Transaction ID : SA11AI.13502           Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		500.00									
	Name of Employer	Occupation											
	SELF-EMPLOYED Receipt For:	PHYSICIAN	v Year-to-Date ▼	_									
	Primary General Other (specify) ▼		500.00										
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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17									
Any information copied from such Reports and S or for commercial purposes, other than using the												
NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS	OF OB-G	GYNS PAC (OB-GYN P	AC)									
A. Full Name (Last, First, Middle Initial) BARBARA E. VAN EECKHOUT Mailing Address 188 EL GANCHO City LOS ALAMOS FEC ID number of contributing	State NM	Zip Code 87544	Date of Receipt 02 06 2014 Transaction ID : SA11AI.13503 Amount of Each Receipt this Period 250.00									
federal political committee.          Name of Employer         LOS ALAMOS MEDICAL CENTER         Receipt For:         Primary       General         Other (specify) ▼	Occupation PHYSICIAN											
B. DONNA S. VILLACIS Mailing Address 2001 CERCA VIEJO WAY			Date of Receipt									
City AUSTIN FEC ID number of contributing federal political committee.	State TX	Zip Code 78746	Transaction ID : SA11AI.13292         Amount of Each Receipt this Period         230.00									
Name of Employer ASCENSION HEALTH MINISTRIES Receipt For: Primary General Other (specify)	ASCENSION HEALTH MINISTRIES     PHYSICIAN       Receipt For:     Aggregate Year-to-Date ▼       Primary     General											
Full Name (Last, First, Middle Initial)         C.       DONALD F. WEBER         Mailing Address       1400 BELLINGER STREET         City       EAU CLAIRE         FEC ID number of contributing federal political committee.         Name of Employer         MAYO CLINIC         Receipt For:         Primary       General         Other (specify)	State WI C Occupation PHYSICIAN Aggregate		Date of Receipt          02       06       2014         Transaction ID : SA11AI.13504         Amount of Each Receipt this Period         1000.00									
SUBTOTAL of Receipts This Page (optional)			1480.00									

#### Image# 14960504334

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

Use separate schedule(s) for each category of the

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			for each category of the Detailed Summary Page	X 11a 13	11b 14	11c	12 16	17
	tion copied from such Reports and St nercial purposes, other than using the							
	F COMMITTEE (In Full) AMERICAN CONGRESS (	OF OB-G	YNS PAC (OB-GYN P	AC)				
A. MARY	e (Last, First, Middle Initial) C. YANKASKAS			Date o	of Receipt			
Mailing A	ddress 1265 VISCAYA BOULEVARD	State	Zip Code	02 Tran	saction ID :		2014	Y
CAPE C	ORAL	FL	33990		nt of Each F			d
	number of contributing olitical committee.	С						0.00
PHYSICI	Employer ANS PRIMARY CARE	Occupation PHYSICIAN						
Receipt I	For: mary General	Aggregate	Year-to-Date ▼					
	ner (specify) v		500.00					
	e (Last, First, Middle Initial) R. YINGLING			Date o	of Receipt			
	ddress 19550 EAST 39TH STREET S			02	/ D 19		ү ү 2014	Y
City INDEPE	NDENCE	State MO	Zip Code 64057		saction ID : nt of Each F			d
	number of contributing olitical committee.	С				3	25	0.00
	Employer T MATERNAL FETAL	Occupation PHYSICIAN						
	For: mary General ner (specify) <b>▼</b>	Aggregate	Year-to-Date ▼ 250.00					
	e (Last, First, Middle Initial) G W. ZENG			Date o	of Receipt			
	ddress 1850 SULLIVAN AVENUE			02	/ D 24		у у 2014	Y
City DALY C	ITY	State CA	Zip Code 94015		saction ID			d
	number of contributing olitical committee.	С					25	50.00
Name of	Employer	Occupation		_				
-		PHYSICIAN	١	_				
	mary General	Aggregate	Year-to-Date ▼ 250.00					
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S	CHEDULE B (FEC Form 3X)						PAGE 23 OF 28									
	EMIZED DISBURSEMENTS		arate schedule(s)				NUMBER: PAGE 23 OF 28 / one)									
11			category of the Summary Page			21b 27		22 28a		23 28b	24		25 29	26		
	y information copied from such Reports and Stater for commercial purposes, other than using the nan															
$\square$	NAME OF COMMITTEE (In Full)															
	THE AMERICAN CONGRESS OF	OB-GY	NS PAC (OI	B-G`	ΥN	PA	C)									
<b>A</b> .	Full Name (Last, First, Middle Initial)							Date o	of Dis	sburse	ement					
	Mailing Address P.O. BOX 53852							м м 02	/		D /		y y 2014	Y		
	City S PHOENIX	State AZ	Zip Code 85072					Trans	sacti	ion ID	: SB21	B.13 <sup>,</sup>	116			
	Purpose of Disbursement CREDIT CARD TRANSACTION FEES							Amoun	it of	Each	Disburs	emei	nt this	Period		
	Candidate Name			Cate	egoi ype	ry/							30	1.38		
	Office Sought: House Disburser				урс					,						
	Senate President	Primary Other (spec	General cify) ▼													
	State: District:															
В.	Full Name (Last, First, Middle Initial) AMERICAN EXPRESS							Date c	of Dis	sburse	ement					
	Mailing Address P.O. BOX 53852							м м 02	1	2	D /		ү ү 2014	Y		
										_						
	PHOENIX	State AZ	Zip Code 85072				Transaction ID : SB21B.1363						637			
	Purpose of Disbursement CREDIT CARD TRANSACTION FEES				-			Amour	it of	Each	Disburs	eme	nt this	Period		
	Candidate Name			Cate	egoi ype	ry/	Amount of Each Disbursement this Pe						7.95			
	Office Sought: House Disburser Senate President	ment For: Primary Other (spec	General							-	-					
	State: District:															
C.	Full Name (Last, First, Middle Initial) FIRST NATIONAL MERCHANT SC	OLUTIO	NS					Date o	of Dis	sburse	ement					
	Mailing Address 1620 DODGE STREET							м м 02	/	0			2014	Y		
	City S OMAHA	State NE	Zip Code 68197					Tran	sact	ion ID	: SB21	B.13	117			
	Purpose of Disbursement CREDIT CARD TRANSACTION FEES							•		<b>F</b>	Disk			Devie		
	Candidate Name			Cate	egoi ype			Amoun	it of	Each	Disburs	semei		Period 4.02		
	Office Sought: House Disburser Senate President	ment For: Primary Other (spec	General cify) ▼													
	State: District:							_	_	_		_	_	_		
s	UBTOTAL of Disbursements This Page (optional)									,			80	3.35		
Т	OTAL This Period (last page this line number only)	)											80	3.35		

SC	CHEDULE B (FEC Form 3X)				יאי ו פר		UMBER:			PAG	ie 24	OF 28		
	EMIZED DISBURSEMENTS		parate schedule(s) a category of the		heck or	nly c	r one)							
			Summary Page		211	- L	22 28a	X 23 28		24 28c	25 29	26 30b		
	y information copied from such Reports and Stater for commercial purposes, other than using the nan													
$\backslash$	NAME OF COMMITTEE (In Full)			_										
	THE AMERICAN CONGRESS OF	OB-G\	'NS PAC (O	B-G`	/N P/	AC	)							
-	Full Name (Last, First, Middle Initial)						Date of	Diebur	reomo	nt				
А.	BRADY FOR CONGRESS										YY	V		
	Mailing Address P.O. BOX 8277													
	- )	State TX	Zip Code				Trans	action	ID : S	B23.13	266			
	THE WOODLANDS Purpose of Disbursement		77387			_								
	CONTRIBUTION						Amount	of Ead	ch Dis	bursem	ent this	Period		
	Candidate Name			Cate	egory/					_	100	00		
	KEVIN BRADY Office Sought: Y House Disburser	ment For:	0014	T	уре				-		100	5.00		
	Senate	Primary	2014 General											
	President	Other (sp												
	State: TX District: 08													
	Full Name (Last, First, Middle Initial)						Date of	Diabur	roomo	nt				
υ.	FRIENDS OF NAN HAYWORTH										YY	V		
	Mailing Address P.O. BOX 394						02		06		2014			
	FISHKILL	State NY	Zip Code 12524				Trans	action	ID : S	B23.13	118			
	Purpose of Disbursement VOID 10/22/2013 CONTRIBUTION				- 1		Amount	of Fac	ch Dis	bursem	ent this	Period		
	Candidate Name			Cat	egory/		Amount of Each Disbursement this Period							
	NAN HAYWORTH				Type -40							0.00		
		ment For: Primary Other (sp	General											
	Full Name (Last, First, Middle Initial)													
C.	FRIENDS OF NAN HAYWORTH						Date of	Disbur	rseme	nt				
	Mailing Address P.O. BOX 394					_	02	/ D	11	/ Y	2014	Y		
	City	State	Zip Code				Trane	action	י חו	B23.13	112			
	FISHKILL	NY	12524			_	Trans	action	ID . 3	023.13	112			
	Purpose of Disbursement CONTRIBUTION						Amount	of For		huroom	ent this	Dariad		
	Candidate Name			Cate	egory/		Amount			buisen		_		
	NAN HAYWORTH				ype		L.				400	0.00		
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	THE AMERICAN CONGRESS OF	OB-GY	INS PAC (OI	B-G/	ΥN		;)										
Δ	Full Name (Last, First, Middle Initial) FRIENDS OF SHERROD BROWN						Date	e of	Dis	burse	men	ł					
		I						M	/	D			Y	Y	Y		
	Mailing Address P.O. BOX 15293		02 24 2014														
		State	Zip Code				Transaction ID : SB23.13507										
	WASHINGTON Purpose of Disbursement	DC	20003														
	CONTRIBUTION						Amount of Each Disbursement this Period										
				ry/		5000.00											
	SHERROD BROWN Office Sought: House Disburser	ment For:	2018	T	ype												
		Primary	General														
	President	Other (spe	ecify) 🔻														
	State: OH District: 00																
в.	Full Name (Last, First, Middle Initial)						Date	a of	Die	burse	men	ŀ					
2.	GUT TRIE FOR CONGRESS							M	/	D			Y	Y	Y		
	Mailing Address P.O. BOX 9639	ailing Address P.O. BOX 9639						02 11 2014									
	City S BOWLING GREEN	State KY	Zip Code 42102				Transaction ID : SB23.13107										
	Purpose of Disbursement CONTRIBUTION														<b>_</b> .		
	Candidate Name			Amount of Each Disbursement this Period									bd				
	S. BRETT GUTHRIE		Category/ Type							,				250	0.00		
		ment For:	nt For: 2014														
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_	Full Name (Last, First, Middle Initial)						Det	o of	Die	burse	more						
υ.	HEALTHCARE FREEDOM FUND								712	Durse			V	Y	Y		
	Mailing Address P.O. BOX 2485				)2			4			014						
	City SPRINGFIELD				Tr	ansa	acti	on ID	) : SB	23.1	3518	3					
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Ľ	Full Name (Last, First, Middle Initial)														
Α.	HOYER FOR CONGRESS						Date								
	Mailing Address 700 13TH STREET, NW				02 / D D / Y Y Y Y 02 24 2014										
	City S WASHINGTON	State DC	Zip Code 20005				Transaction ID : SB23.13510								
	Purpose of Disbursement	DC	20005	_	_										
	CONTRIBUTION				1		Amou	nt of	Each	Disburse	ment tl	his Period	d		
	Candidate Name STENY H. HOYER			Cate		y/					2	2500.00			
		ment For:	2014	Iy	/pe				7	7					
	Senate	Primary	General												
	State: MD District: 05	Other (spe	ecify)												
_	State: MD District: 05 Full Name (Last, First, Middle Initial)														
В.	JACKIE SPEIER FOR CONGRESS						Date	of Dis	sburse	ment					
							02 11 2014								
	Mailing Address P.O. BOX 112								1	1	201	4			
	,	State	Zip Code				Transaction ID : SB23.13113								
	BURLINGAME Purpose of Disbursement	CA	94011		_	_									
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			y/	2500											
	JACKIE SPEIER Office Sought: X House Disburser	ment For: 2014						-	7	7					
		Primary	General												
	President	Other (spe	ecify)												
	State: CA District: 14														
C.	Full Name (Last, First, Middle Initial) PAT ROBERTS FOR U.S. SENATE							of Dis	sburse	ment					
							M	VI /	D	D /	Y Y	Y Y			
	Mailing Address P.O. BOX 433						02		2	4	201	4			
	City	State	Zip Code				Tror	eacti	ion ID	: SB23.1	2511				
	GREAT BEND Purpose of Disbursement									. 3023.1	3311				
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	Candidate Name	Cate	aor	v/	Amount of Each Disbursement this Period										
	PAT ROBERTS			Туре					7	7	2	2500.00			
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^	Full Name (Last, First, Middle Initial)						D-+-	· · ص								
А.	PAUL TONKO FOR CONGRESS					Date of Disbursement										
	Mailing Address 911 CENTRAL AVENUE		02 24 2014													
	City	State	Zip Code													
	ALBANY	NY	12206				Transaction ID : SB23.13514									
	Purpose of Disbursement CONTRIBUTION						Amount of Each Disbursement this Period									
	Candidate Name			Cate		y/				2500.00						
	PAUL D. TONKO			Ty	ype						200					
		nent For: Primary	2014 General													
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	Full Name (Last, First, Middle Initial)															
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	Mailing Address 228 SOUTH WASHINGTON STRE	EET					02 11 2014									
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	State: District:	- (-1-)	<i>≥ /</i> ▼													
_	Full Name (Last, First, Middle Initial)															
C.	SUPPORT TO ENSURE VICTORY EVERYWHERE PAC-STEVE PAC							of Dist	ourse	ment						
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	Mailing Address 228 SOUTH WASHINGTON STRE	ET					02		26	6	2014	_				
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	ALEXANDRIA	VA	210 Code 22314				Tran	sactio	on ID	: SB23.1	3114					
	Purpose of Disbursement	-	-													
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A. SUPPORT TO ENS	URE VICTORY EVE	ERYWHE	RE PAC-STE	/E P/	AC		Date o	f Disb	urser	nent					
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Maining Address 228 SOC	JTH WASHINGTON STRE	E I			02		20		20	J14					
City	;	State	Zip Code		Trans	actio	n ID ·	SB23	13631						
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B. UPTON FOR AL	L OF US						Date of Disbursement								
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City ST. JOSEPH	5	State MI	Zip Code 49085				Trans	sactio	n ID :	SB23.	13517	,			
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