

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5  
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

ADDRESS (number and street) 409 12TH STREET, SW  
Check if different than previously reported. (ACC) WASHINGTON DC 20024

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
C C00364158 3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

4. TYPE OF REPORT (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report (Q1)  
 July 15 Quarterly Report (Q2)  
 October 15 Quarterly Report (Q3)  
 January 31 Year-End Report (YE)  
 July 31 Mid-Year Report (Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day PRE-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on M M M / D D D / Y Y Y Y Y Y in the State of  
(d) 30-Day POST-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on M M M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period 02 / 01 / 2014 through 02 / 28 / 2014

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

Type or Print Name of Treasurer STACIE MONROE

Signature of Treasurer STACIE MONROE [Electronically Filed] Date 03 / 15 / 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

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

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>	<input type="text" value="300966.48"/>	<input type="text" value="300966.48"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="246512.99"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="44311.75"/>	<input type="text" value="88804.08"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="290824.74"/>	<input type="text" value="389770.56"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="30539.35"/>	<input type="text" value="129485.17"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="260285.39"/>	<input type="text" value="260285.39"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

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

Report Covering the Period: From:  /  /  To:  /  /

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).....	29443.75	47328.75
(ii) Unitemized .....	14868.00	41475.33
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	44311.75	88804.08
(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) .....	44311.75	88804.08
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	44311.75	88804.08
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	44311.75	88804.08

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	879.35	1165.17
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	879.35	1165.17
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	29500.00	126000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	160.00	320.00
(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)).....	160.00	320.00
29. Other Disbursements .....	0.00	2000.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	30539.35	129485.17
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	30539.35	129485.17

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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

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

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

FOR LINE NUMBER: PAGE 6 OF 28  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

NAME OF COMMITTEE (In Full)  
**THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)**

**A. NAPHTHALI M. ALINSOD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 31852 COAST HIGHWAY  
 City LAGUNA BEACH State CA Zip Code 92651  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SOUTH COAST GYNECOLOGY Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 25 / 2014  
**Transaction ID : SA11Al.13642**  
 Amount of Each Receipt this Period  
 250.00

**B. SCOTT B. BIRDSALL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 292 EAST GARVIN HEIGHTS ROAD  
 City WINONA State MN Zip Code 55987  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer WINONA HEALTH Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 28 / 2014  
**Transaction ID : SA11Al.13633**  
 Amount of Each Receipt this Period  
 250.00

**C. KRISTIN BROZENA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 114 TALAVERIA PARKWAY  
 City SAN ANTONIO State TX Zip Code 78232  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer WOMEN PARTNERS IN OB/GYN Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 13 / 2014  
**Transaction ID : SA11Al.13474**  
 Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 750.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 7 OF 28  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)**

**A. WILDRIDO A. CASTILLO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8419 124TH STREET  
 City KEW GARDENS State NY Zip Code 11415  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer URBAN HEALTH PLAN Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 11 / 2014  
**Transaction ID : SA11AI.13444**  
 Amount of Each Receipt this Period  
 250.00

**B. ELAINE Y. CHANG**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 22506 MARINE VIEW DRIVE SOUTH  
 City DES MOINES State IA Zip Code 98198  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SOUND GYNECOLOGY ASSOCIATES Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 19 / 2014  
**Transaction ID : SA11AI.13523**  
 Amount of Each Receipt this Period  
 250.00

**C. NANCY C. CHESCHEIR**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 441 LYSTRA ESTATES DRIVE  
 City CHAPEL HILL State NC Zip Code 27517  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer UNIVERSITY OF NORTH CAROLINA Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 19 / 2014  
**Transaction ID : SA11AI.13526**  
 Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 750.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 8 OF 28  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)**

**A. JEANNE A. CONRY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8204 CANTERSHIRE WAY  
 City GRANITE BAY State CA Zip Code 95746  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer PERMANENTE MEDICAL GROUP Occupation 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  
 02 / 03 / 2014  
**Transaction ID : SA11AI.13254**  
 Amount of Each Receipt this Period  
 250.00

**B. MARY E. D'ALTON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 622 WEST 168TH STREET  
 City NEW YORK State NY Zip Code 10032  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer COLUMBIA UNIVERSITY Occupation 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  
 02 / 19 / 2014  
**Transaction ID : SA11AI.13528**  
 Amount of Each Receipt this Period  
 500.00

**C. GEORGE T. DANAKAS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 44 SOUTH WOODSIDE LANE  
 City WILLIAMSVILLE State NY Zip Code 14221  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AURORA CARE Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 343.75

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2014  
**Transaction ID : SA11AI.13261**  
 Amount of Each Receipt this Period  
 343.75

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1093.75  
**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 9 OF 28  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)**

**A. THOMAS S. DARDARIAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 108 CETON COURT  
 City BROOMAIL State PA Zip Code 19008  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MAIN LINE WOMEN'S HEALTH CARE Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 02 / 16 / 2014  
**Transaction ID : SA11AI.13521**  
 Amount of Each Receipt this Period  
 125.00

**B. LAURA J. DAVID**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5323 MEADOW WOOD BOULEVARD  
 City LYNDHURST State OH Zip Code 44124  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer UNIVERSITY HOSPITALS PRACTICES Occupation 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  
 02 / 07 / 2014  
**Transaction ID : SA11AI.13457**  
 Amount of Each Receipt this Period  
 2500.00

**C. MARK S. DEFRANCESCO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 35 TERRELL FARM PLACE  
 City CHESHIRE State CT Zip Code 06410  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer WOMEN'S HEALTH CONNECTICUT Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 02 / 03 / 2014  
**Transaction ID : SA11AI.13255**  
 Amount of Each Receipt this Period  
 200.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2825.00  
**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 10 OF 28  
(check only one)  
 11a     11b     11c     12  
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NAME OF COMMITTEE (In Full)  
**THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)**

**A. OMAN E. DEMENT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1532 WEST 32ND STREET  
 City JOPLIN State MO Zip Code 64804  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer FREEMAN HEALTH SYSTEM Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 06 / 2014  
**Transaction ID : SA11AI.13484**  
 Amount of Each Receipt this Period  
 500.00

**B. NATHANIEL DENICOLA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2121 PINE STREET  
 City PHILADELPHIA State PA Zip Code 19103  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer UNIVERSITY OF PENNSYLVANIA Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 418.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 23 / 2014  
**Transaction ID : SA11AI.13665**  
 Amount of Each Receipt this Period  
 209.00

**C. MAURO E. DIEZ**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 22 WEST LAKE BEAUTY DRIVE  
 City ORLANDO State FL Zip Code 32806  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF-EMPLOYED Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 19 / 2014  
**Transaction ID : SA11AI.13531**  
 Amount of Each Receipt this Period  
 300.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1009.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 28
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)**

Full Name (Last, First, Middle Initial) <b>A. MARYGRACE ELSON</b>		Date of Receipt
Mailing Address 4944 RAPID CREEK ROAD		<input type="text" value="02"/> / <input type="text" value="26"/> / <input type="text" value="2014"/>
City	State	Zip Code
IOWA CITY	IA	52240
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.13639</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
UNIVERSITY OF IOWA	PHYSICIAN	<input type="text" value="2500.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="2500.00"/>	

Full Name (Last, First, Middle Initial) <b>B. DOUGLAS K. FENTON</b>		Date of Receipt
Mailing Address 2921 MANAGUA PLACE		<input type="text" value="02"/> / <input type="text" value="12"/> / <input type="text" value="2014"/>
City	State	Zip Code
CARLSBAD	CA	92009
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.13472</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
SCRIPPS COASTAL MEDICAL GROUP	PHYSICIAN	<input type="text" value="209.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="418.00"/>	

Full Name (Last, First, Middle Initial) <b>C. ANNA M. FIELDMAN</b>		Date of Receipt
Mailing Address 40 TURF LANE		<input type="text" value="02"/> / <input type="text" value="06"/> / <input type="text" value="2014"/>
City	State	Zip Code
ROSLYN HEIGHTS	NY	11577
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.13482</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
SELF-EMPLOYED	PHYSICIAN	<input type="text" value="1000.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1000.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="3709.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 12 OF 28  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)**

**A. CHARON E. GENTILE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 259 GABASSE STREET  
 City HOUMA State LA Zip Code 70360  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF-EMPLOYED Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 06 / 2014  
**Transaction ID : SA11AI.13486**  
 Amount of Each Receipt this Period  
 1000.00

**B. MICHAEL A. GOLD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6475 SOUTH YALE AVENUE  
 City TULSA State OK Zip Code 74136  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer TULSA CANCER INSTITUTE Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 11 / 2014  
**Transaction ID : SA11AI.13448**  
 Amount of Each Receipt this Period  
 250.00

**C. MARY E. HERALD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1601 SOUTH LYNNWOOD  
 City DECATUR State IL Zip Code 62521  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 19 / 2014  
**Transaction ID : SA11AI.13533**  
 Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1500.00  
**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 13 OF 28  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)**

**A. CHRISTINE M. HERDE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2507 SOUTH ROAD  
 City State Zip Code  
 POUGHKEEPSIE NY 12603  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 MOUNT KISCO MEDICAL GROUP PHYSICIAN  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2014  
**Transaction ID : SA11AI.13262**  
 Amount of Each Receipt this Period  
 250.00

**B. CATHERINE M. HERWAY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 475 SEAVIEW AVENUE  
 City State Zip Code  
 STATEN ISLAND NY 10305  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 STATEN ISLAND UNIVERSITY PHYSICIAN  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 19 / 2014  
**Transaction ID : SA11AI.13535**  
 Amount of Each Receipt this Period  
 250.00

**C. THOMAS W. JERNIGAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 70569  
 City State Zip Code  
 JOHNSON CITY TN 37614  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 EAST TENNESSEE STATE PHYSICIAN  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 19 / 2014  
**Transaction ID : SA11AI.13536**  
 Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 750.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 28
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)**

**A. MARILYN JEROME**  
Full Name (Last, First, Middle Initial)

Mailing Address 5215 LOUGHBORO ROAD, NW

City WASHINGTON	State DC	Zip Code 20016
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer FOXHALL OB/GYN ASSOCIATES	Occupation 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
02	/	21	/	2014

**Transaction ID : SA11Al.13671**

Amount of Each Receipt this Period  
500.00

**B. GERALD F. JOSEPH**  
Full Name (Last, First, Middle Initial)

Mailing Address 1600 SOUTH EADS STREET

City ARLINGTON	State VA	Zip Code 22202
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AMERICAN CONGRESS OF OB/GYNS	Occupation VICE PRESIDENT
--	------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	27	/	2014

**Transaction ID : SA11Al.13638**

Amount of Each Receipt this Period  
2500.00

**C. JOHN P. KEATS**  
Full Name (Last, First, Middle Initial)

Mailing Address 19700 NORTH 76TH STREET

City SCOTTSDALE	State AZ	Zip Code 85255
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer CIGNA HEALTH PLAN	Occupation PHYSICIAN
---------------------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	06	/	2014

**Transaction ID : SA11Al.13490**

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3250.00
<b>TOTAL</b> 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 15 OF 28  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

NAME OF COMMITTEE (In Full)  
**THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)**

**A. LEZODE J. KIPOLIONGO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 77 GREVES ROAD  
 City NEW HAMPTON State NY Zip Code 10958  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CRYSTAL RUN HEALTH CARE Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 06 / 2014  
**Transaction ID : SA11Al.13491**  
 Amount of Each Receipt this Period  
 250.00

**B. ROBERT G. KOSS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1875 DEMPSTER STREET  
 City PARK RIDGE State IL Zip Code 60068  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer FOCUS ON WOMEN'S HEALTH Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 06 / 2014  
**Transaction ID : SA11Al.13488**  
 Amount of Each Receipt this Period  
 500.00

**C. ANDREW H. LEACH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1000 HAWTHORNE AVENUE  
 City ATHENS State GA Zip Code 30606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer WOMEN'S HALTHCARE ASSOCIATES Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 11 / 2014  
**Transaction ID : SA11Al.13450**  
 Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1000.00  
**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 16 OF 28  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)**

**A. MARGARET P. MAEDER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 856 JACKSON STREET  
 City State Zip Code  
 DENVER CO 80206  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SELF-EMPLOYED PHYSICIAN  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 22 / 2014  
**Transaction ID : SA11AI.13668**  
 Amount of Each Receipt this Period  
 400.00

**B. JANEY E. MAKI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13401 EAST MAINSGATE STREET  
 City State Zip Code  
 WICHITA KS 67228  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 VIA CHRISTI CLINIC PHYSICIAN  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 11 / 2014  
**Transaction ID : SA11AI.13451**  
 Amount of Each Receipt this Period  
 250.00

**C. KURT W. MARTINUZZI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1258 NORTH MORNINGSIDE DRIVE  
 City State Zip Code  
 ATLANTA GA 30306  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 EMORY UNIVERSITY PHYSICIAN  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 06 / 2014  
**Transaction ID : SA11AI.13495**  
 Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 900.00  
**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 17 OF 28  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)**

**A. G. SEALY MASSINGILL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3887 SOUTH HILLS CIRCLE  
 City State Zip Code  
 FORT WORTH TX 76109  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 UNIVERSITY OF NORTH TEXAS PHYSICIAN  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 26 / 2014  
**Transaction ID : SA11AI.13640**  
 Amount of Each Receipt this Period  
 500.00

**B. KEITH A. MICETICH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 72 PHYSICIANS DRIVE  
 City State Zip Code  
 JACKSON TN 38305  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 JACKSON WOMEN'S CENTER PHYSICIAN  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2014  
**Transaction ID : SA11AI.13263**  
 Amount of Each Receipt this Period  
 250.00

**C. OWEN C. MONTGOMERY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 450 CHAPEL HEIGHTS ROAD  
 City State Zip Code  
 SEWELL NJ 08080  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 DREXEL UNIVERSITY PHYSICIAN  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 418.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 06 / 2014  
**Transaction ID : SA11AI.13496**  
 Amount of Each Receipt this Period  
 209.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 959.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 28
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)**

Full Name (Last, First, Middle Initial) <b>A. WADE A. NEIMAN</b>		Date of Receipt MM / DD / YYYY 02 / 28 / 2014 <b>Transaction ID : SA11AI.13634</b>
Mailing Address 1300 CRENSHAW COURT		Amount of Each Receipt this Period 2500.00
City LYNCHBURG	State VA	Zip Code 24503
FEC ID number of contributing federal political committee. C	Name of Employer WOMEN'S HEALTH SERVICES	Occupation PHYSICIAN
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) <b>B. BRYAN T. OSHIRO</b>		Date of Receipt MM / DD / YYYY 02 / 06 / 2014 <b>Transaction ID : SA11AI.13499</b>
Mailing Address 11234 ANDERSON STREET		Amount of Each Receipt this Period 500.00
City LOMA LINDA	State CA	Zip Code 92350
FEC ID number of contributing federal political committee. C	Name of Employer LOMA LINDA UNIVERSITY	Occupation PHYSICIAN
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. T. FLINT PORTER</b>		Date of Receipt MM / DD / YYYY 02 / 24 / 2014 <b>Transaction ID : SA11AI.13656</b>
Mailing Address 5121 COTTONWOOD STREET		Amount of Each Receipt this Period 250.00
City SALT LAKE CITY	State UT	Zip Code 84107
FEC ID number of contributing federal political committee. C	Name of Employer INTERMOUNTAIN HEALTHCARE	Occupation PHYSICIAN
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 19 OF 28
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)**

**A. ERICA L. SCHIPPER**  
Full Name (Last, First, Middle Initial)

Mailing Address 2400 CARRIAGE COURT

City SIOUX FALLS State SD Zip Code 57108

FEC ID number of contributing federal political committee. **C**

Name of Employer SANFORD WOMEN'S HEALTH Occupation PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
02 / 06 / 2014

**Transaction ID : SA11AI.13500**

Amount of Each Receipt this Period  
500.00

**B. BARRY D. SMITH**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 238

City NORWICH State VT Zip Code 05055

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
02 / 14 / 2014

**Transaction ID : SA11AI.13265**

Amount of Each Receipt this Period  
2300.00

**C. DANA G. STONE**  
Full Name (Last, First, Middle Initial)

Mailing Address 1730 HUNTINGTON AVENUE

City OKLAHOMA CITY State OK Zip Code 73116

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF-EMPLOYED Occupation PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 418.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
02 / 09 / 2014

**Transaction ID : SA11AI.13470**

Amount of Each Receipt this Period  
209.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3009.00
<b>TOTAL</b> 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 20 OF 28  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)**

**A. ALBERT L. STRUNK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 698 CONSTELLATION COURT  
 City State Zip Code  
 DAVIDSONVILLE MD 21035  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 AMERICAN CONGRESS OF OB/GYNS VICE PRESIDENT  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 28 / 2014  
**Transaction ID : SA11Al.13635**  
 Amount of Each Receipt this Period  
 1500.00

**B. ERIN E. TRACY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5 HIGH STREET  
 City State Zip Code  
 STONEHAM MA 02180  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 MASS GENERAL PHYSICIANS PHYSICIAN  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 418.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 12 / 2014  
**Transaction ID : SA11Al.13473**  
 Amount of Each Receipt this Period  
 209.00

**C. SAMUEL A. TYULUMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6910 NORTHWOOD ROAD  
 City State Zip Code  
 DALLAS TX 75225  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SELF-EMPLOYED 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  
 02 / 06 / 2014  
**Transaction ID : SA11Al.13502**  
 Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2209.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 28
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)**

Full Name (Last, First, Middle Initial) <b>A. BARBARA E. VAN EECKHOUT</b>		Date of Receipt MM / DD / YYYY 02 / 06 / 2014 <b>Transaction ID : SA11AI.13503</b>
Mailing Address 188 EL GANCHO		Amount of Each Receipt this Period 250.00
City LOS ALAMOS	State NM	Zip Code 87544
FEC ID number of contributing federal political committee. C	Name of Employer LOS ALAMOS MEDICAL CENTER	
Occupation PHYSICIAN		Aggregate Year-to-Date ▼ 290.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. DONNA S. VILLACIS</b>		Date of Receipt MM / DD / YYYY 02 / 11 / 2014 <b>Transaction ID : SA11AI.13292</b>
Mailing Address 2001 CERCA VIEJO WAY		Amount of Each Receipt this Period 230.00
City AUSTIN	State TX	Zip Code 78746
FEC ID number of contributing federal political committee. C	Name of Employer ASCENSION HEALTH MINISTRIES	
Occupation PHYSICIAN		Aggregate Year-to-Date ▼ 230.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. DONALD F. WEBER</b>		Date of Receipt MM / DD / YYYY 02 / 06 / 2014 <b>Transaction ID : SA11AI.13504</b>
Mailing Address 1400 BELLINGER STREET		Amount of Each Receipt this Period 1000.00
City EAU CLAIRE	State WI	Zip Code 54702
FEC ID number of contributing federal political committee. C	Name of Employer MAYO CLINIC	
Occupation PHYSICIAN		Aggregate Year-to-Date ▼ 1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1480.00
<b>TOTAL</b> 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 22 OF 28  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)**

**A. MARY C. YANKASKAS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1265 VISCAYA BOULEVARD  
 City CAPE CORAL State FL Zip Code 33990  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer PHYSICIANS PRIMARY CARE Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 06 / 2014  
**Transaction ID : SA11Al.13505**  
 Amount of Each Receipt this Period  
 500.00

**B. DALE R. YINGLING**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 19550 EAST 39TH STREET SOUTH  
 City INDEPENDENCE State MO Zip Code 64057  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MIDWEST MATERNAL FETAL Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 19 / 2014  
**Transaction ID : SA11Al.13544**  
 Amount of Each Receipt this Period  
 250.00

**C. RONG W. ZENG**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1850 SULLIVAN AVENUE  
 City DALY CITY State CA Zip Code 94015  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF-EMPLOYED Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 24 / 2014  
**Transaction ID : SA11Al.13661**  
 Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1000.00  
**TOTAL** This Period (last page this line number only)..... ▶ 29443.75

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)**

Full Name (Last, First, Middle Initial)

**A. AMERICAN EXPRESS**

Mailing Address P.O. BOX 53852

City PHOENIX State AZ Zip Code 85072

Purpose of Disbursement  
CREDIT CARD TRANSACTION FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 05 / 2014

Transaction ID : SB21B.13116

Amount of Each Disbursement this Period

301.38

Full Name (Last, First, Middle Initial)

**B. AMERICAN EXPRESS**

Mailing Address P.O. BOX 53852

City PHOENIX State AZ Zip Code 85072

Purpose of Disbursement  
CREDIT CARD TRANSACTION FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 28 / 2014

Transaction ID : SB21B.13637

Amount of Each Disbursement this Period

7.95

Full Name (Last, First, Middle Initial)

**C. FIRST NATIONAL MERCHANT SOLUTIONS**

Mailing Address 1620 DODGE STREET

City OMAHA State NE Zip Code 68197

Purpose of Disbursement  
CREDIT CARD TRANSACTION FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 03 / 2014

Transaction ID : SB21B.13117

Amount of Each Disbursement this Period

494.02

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

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

803.35

803.35

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)**

Full Name (Last, First, Middle Initial)

**A. BRADY FOR CONGRESS**

Mailing Address P.O. BOX 8277

City THE WOODLANDS State TX Zip Code 77387

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
**KEVIN BRADY**

Office Sought:  House  
 Senate  
 President  
State: TX District: 08

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	18	/	2014

Transaction ID : **SB23.13266**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF NAN HAYWORTH**

Mailing Address P.O. BOX 394

City FISHKILL State NY Zip Code 12524

Purpose of Disbursement  
VOID 10/22/2013 CONTRIBUTION

Candidate Name  
**NAN HAYWORTH**

Office Sought:  House  
 Senate  
 President  
State: NY District: 18

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	06	/	2014

Transaction ID : **SB23.13118**

Amount of Each Disbursement this Period

-4000.00
----------

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF NAN HAYWORTH**

Mailing Address P.O. BOX 394

City FISHKILL State NY Zip Code 12524

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
**NAN HAYWORTH**

Office Sought:  House  
 Senate  
 President  
State: NY District: 18

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	11	/	2014

Transaction ID : **SB23.13112**

Amount of Each Disbursement this Period

4000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

1000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)**

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF SHERROD BROWN**

Mailing Address P.O. BOX 15293

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
**SHERROD BROWN**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼  
State: OH District: 00

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
02 / 24 / 2014

**Transaction ID : SB23.13507**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. GUTHRIE FOR CONGRESS**

Mailing Address P.O. BOX 9639

City BOWLING GREEN State KY Zip Code 42102

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
**S. BRETT GUTHRIE**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: KY District: 02

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
02 / 11 / 2014

**Transaction ID : SB23.13107**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. HEALTHCARE FREEDOM FUND**

Mailing Address P.O. BOX 2485

City SPRINGFIELD State VA Zip Code 22152

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

Office Sought:  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  
02 / 24 / 2014

**Transaction ID : SB23.13518**

Amount of Each Disbursement this Period

5000.00

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

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

12500.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)**

Full Name (Last, First, Middle Initial)

**A. HOYER FOR CONGRESS**

Mailing Address 700 13TH STREET, NW

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
**STENY H. HOYER**

Office Sought:  House  
 Senate  
 President  
State: MD District: 05

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	24	/	2014

**Transaction ID : SB23.13510**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. JACKIE SPEIER FOR CONGRESS**

Mailing Address P.O. BOX 112

City BURLINGAME State CA Zip Code 94011

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
**JACKIE SPEIER**

Office Sought:  House  
 Senate  
 President  
State: CA District: 14

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	11	/	2014

**Transaction ID : SB23.13113**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. PAT ROBERTS FOR U.S. SENATE**

Mailing Address P.O. BOX 433

City GREAT BEND State KS Zip Code 67530

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
**PAT ROBERTS**

Office Sought:  House  
 Senate  
 President  
State: KS District: 00

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	24	/	2014

**Transaction ID : SB23.13511**

Amount of Each Disbursement this Period

2500.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

7500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. PAUL TONKO FOR CONGRESS**

Mailing Address 911 CENTRAL AVENUE

City ALBANY State NY Zip Code 12206

Purpose of Disbursement CONTRIBUTION

Candidate Name

**PAUL D. TONKO**

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify) ▼

State: NY District: 20

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	24	/	2014

**Transaction ID : SB23.13514**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. SUPPORT TO ENSURE VICTORY EVERYWHERE PAC-STEVE PAC**

Mailing Address 228 SOUTH WASHINGTON STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement CONTRIBUTION

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
02	/	11	/	2014

**Transaction ID : SB23.13632**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**C. SUPPORT TO ENSURE VICTORY EVERYWHERE PAC-STEVE PAC**

Mailing Address 228 SOUTH WASHINGTON STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement CONTRIBUTION

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
02	/	26	/	2014

**Transaction ID : SB23.13114**

Amount of Each Disbursement this Period

5000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

12500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. SUPPORT TO ENSURE VICTORY EVERYWHERE PAC-STEVE PAC**

Mailing Address 228 SOUTH WASHINGTON STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
VOID 02/11/2014 CONTRIBUTION

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
02 / 26 / 2014

**Transaction ID : SB23.13631**

Amount of Each Disbursement this Period

-5000.00

Full Name (Last, First, Middle Initial)

**B. UPTON FOR ALL OF US**

Mailing Address P.O. BOX 490

City ST. JOSEPH State MI Zip Code 49085

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

**FREDERICK S. UPTON**

Office Sought:  House  Senate  President  
State: MI District: 06

Disbursement For: 2014  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
02 / 24 / 2014

**Transaction ID : SB23.13517**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

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

-4000.00

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

29500.00