

# FEC FORM 3X

## REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

American Congress of Obstetricians &amp; Gynecologists PAC

ADDRESS (number and street)

409 12th Street SW



Check if different  
than previously  
reported. (ACC)

Washington

DC

20024

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00364158

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)

☐ July 15  
Quarterly Report (Q2)

☐ October 15  
Quarterly Report (Q3)

☐ January 31  
Year-End Report (YE)

☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)

☐ Termination Report  
(TER)
(b) Monthly  
Report  
Due On:
☐ Feb 20 (M2)

☐ May 20 (M5)

☐ Aug 20 (M8)

☐ Nov 20 (M11)  
(Non-Election  
Year Only)

☐ Mar 20 (M3)

☐ Jun 20 (M6)

☐ Sep 20 (M9)

☐ Dec 20 (M12)  
(Non-Election  
Year Only)

☐ Apr 20 (M4)

☐ Jul 20 (M7)

☒ Oct 20 (M10)

☐ Jan 31 (YE)
(c) 12-Day  
PRE-Election  
Report for the:
☐ Primary (12P)

☐ General (12G)

☐ Runoff (12R)

☐ Convention (12C)

☐ Special (12S)

Election on

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

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

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

in the  
State of

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

(d) 30-Day  
POST-Election  
Report for the:
☐ General (30G)

☐ Runoff (30R)

☐ Special (30S)

Election on

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

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

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

in the  
State of

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

5. Covering Period

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

09

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

01

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

2017

through

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

09

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

30

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

2017

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

Schilling, Mary, , ,

Type or Print Name of Treasurer

Signature of Treasurer

Schilling, Mary, , ,

[Electronically Filed]

Date

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

10

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

20

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

2017

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

Office  
Use  
Only

### FEC FORM 3X

Rev. 05/2016

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

American Congress of Obstetricians &amp; Gynecologists PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
09 / 01 / 2017 To: M M / D D / Y Y Y Y Y Y  
09 / 30 / 2017

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2017</span>		<span style="border: 1px solid black; padding: 2px;">272752.40</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">373881.92</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">59772.29</span>	<span style="border: 1px solid black; padding: 2px;">422785.22</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">433654.21</span>	<span style="border: 1px solid black; padding: 2px;">695537.62</span>
7. Total Disbursements (from Line 31).....	<span style="border: 1px solid black; padding: 2px;">31049.12</span>	<span style="border: 1px solid black; padding: 2px;">292932.53</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<span style="border: 1px solid black; padding: 2px;">402605.09</span>	<span style="border: 1px solid black; padding: 2px;">402605.09</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	



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

## For further information contact:

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

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

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

American Congress of Obstetricians &amp; Gynecologists PAC

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9		0	1		2	0	1	7		

To:

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9		3	0		2	0	1	7		

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	50288.28	285037.12
(ii) Unitemized .....	9484.01	137748.10
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	59772.29	422785.22
(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) .....	59772.29	422785.22
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)) .....	59772.29	422785.22
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	59772.29	422785.22

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

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 .....	1159.12	10642.53
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	1159.12	10642.53
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	27500.00	274000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	390.00	5290.00
(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)).....	390.00	5290.00
29. Other Disbursements (Including Non-Federal Donations).....	2000.00	3000.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	31049.12	292932.53
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	31049.12	292932.53

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 05/2016)

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) .....	59772.29	422785.22
34. Total Contribution Refunds (from Line 28(d)) .....	390.00	5290.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	59382.29	417495.22
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....▶	1159.12	10642.53
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....▶	1159.12	10642.53

# **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 6 OF 64

☒ 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)

**American Congress of Obstetricians & Gynecologists PAC**

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

**A. Watabe, Minako, , MD**

Mailing Address 448 Court Ave

City  
Ventura

State  
CA

Zip Code  
93003-1717

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Venture County Medical Center

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 08 / 2017

**Transaction ID : VPF9SNT1510**

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

**B. Stone, Dana, Gail, , MD**

Mailing Address 1730 Huntington Ave

City

Nichols Hills

State  
OK

Zip Code  
73116-5511

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Self Employed

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2100.00

Date of Receipt

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

**Transaction ID : VPF9SNNXX20**

Amount of Each Receipt this Period

210.00

☐ Memo Item

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

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

Mailing Address 8204 Cantershire Way

City

Granite Bay

State  
CA

Zip Code  
95746-9476

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Kaiser Permanente

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

3826.99

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 01 / 2017

**Transaction ID : VPF9SNMSQ30**

Amount of Each Receipt this Period

391.11

☐ Memo Item

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

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

851.11

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 7 OF 64

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

**American Congress of Obstetricians & Gynecologists PAC**

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

**A. Wachtel, John, Steven, , MD**

Mailing Address 811 La Mesa Dr

City  
Portola Valley

State  
CA

Zip Code  
94028-7420

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Stanford University

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

09 / 07 / 2017

**Transaction ID : VPF9SNT1560**

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

Mailing Address 4248 Linden Hills Blvd

City  
Minneapolis

State  
MN

Zip Code  
55410-1606

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Park Nicollet Clinic

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1485.00

Date of Receipt

09 / 20 / 2017

**Transaction ID : VPF9SNQBQB0**

Amount of Each Receipt this Period

450.00

☐ Memo Item

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

**C. Smith, Patricia, Amanda, , MD**

Mailing Address 738 Fontaine St

City  
Alexandria

State  
VA

Zip Code  
22302-3607

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1525.00

Date of Receipt

09 / 16 / 2017

**Transaction ID : VPF9SNPXAB0**

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

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

750.00

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

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 8 OF 64

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Congress of Obstetricians &amp; Gynecologists PAC

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

A. White, Connie, Gayle, , MD, MS

Mailing Address 203 Wilkinson St

City  
FrankfortState  
KYZip Code  
40601-1825FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Kentucky Department for Public HealthOccupation (for Individual)  
Deputy Commissioner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

465.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 07 / 2017

Transaction ID : VPF9SNT14E0

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

B. Morgan, Alethia, Ellen, , MD

Mailing Address 3075 S Birch St

City  
DenverState  
COZip Code  
80222-6712FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 16 / 2017

Transaction ID : VPF9SNPXAG0

Amount of Each Receipt this Period

1200.00

☐ Memo Item

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

C. Allswede, Matthew, T., , MD

Mailing Address 640 Oakwood Dr

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

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID : VPF9SNNY7H0

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

1400.00



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

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PAGE 9 OF 64

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

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NAME OF COMMITTEE (In Full)

**American Congress of Obstetricians & Gynecologists PAC**

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

**A. Lyerly, Kristin, M., , MD**

Mailing Address 3500 Meadow Sound Dr

City  
De Pere

State  
WI

Zip Code  
54115-7994

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Bellin Health

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

445.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 15 / 2017

**Transaction ID : VPF9SNT4BJ0**

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

**B. Koutrouvelis, Gayle, Olson, , MD**

Mailing Address 11924 Sportsman Rd

City  
Galveston

State  
TX

Zip Code  
77554-9365

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 15 / 2017

**Transaction ID : VPF9SNQN3K0**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

**C. Wen, Tony, Soo-Tung, , MD**

Mailing Address 15510 Turtle Oak Ct

City  
Houston

State  
TX

Zip Code  
77059-3132

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 16 / 2017

**Transaction ID : VPF9SNT4AT0**

Amount of Each Receipt this Period

800.00

☐ Memo Item

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

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

2050.00

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

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FOR LINE NUMBER:  
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PAGE 10 OF 64

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

**American Congress of Obstetricians & Gynecologists PAC**

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

**A. Brabson, Leonard, Allison, , MD**

Mailing Address 939 E Emerald Ave  
Ste 806A

City  
Knoxville

State  
TN

Zip Code  
37917-4577

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Tennova Healthcare

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2375.00

Date of Receipt

MM / DD / YYYY  
09 / 12 / 2017

**Transaction ID : VPF9SNP94Y0**

Amount of Each Receipt this Period

625.00

☐ Memo Item

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

**B. Farrell, Maureen, E, , MD**

Mailing Address 4344 Santa Monica Ave

City

San Diego

State

CA

Zip Code

92107-2931

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
US Navy

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY  
09 / 01 / 2017

**Transaction ID : VPF9SNMZEZ0**

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

**C. Calkins, John, William, , MD**

Mailing Address 6010 W 69th St

City

Overland Park

State

KS

Zip Code

66204-1515

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Kansas University School of Medicine

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY  
09 / 15 / 2017

**Transaction ID : VPF9SNT4C01**

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

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

1175.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 11 OF 64

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

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NAME OF COMMITTEE (In Full)

**American Congress of Obstetricians & Gynecologists PAC**

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

**A. Keyser, Erin, A., , MD**

Mailing Address 1005 E Baltimore Dr

City  
El Paso

State  
TX

Zip Code  
79902-2424

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

690.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 16 / 2017

**Transaction ID : VPF9SNT4B31**

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

**B. McHugh, John, Paul, , MD**

Mailing Address PO Box 157

City

Corona Del Mar

State

CA

Zip Code

92625-0157

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

OB Hospitalist Group

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 14 / 2017

**Transaction ID : VPF9SNPQH61**

Amount of Each Receipt this Period

150.00

☐ Memo Item

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

**C. Ramsey, Patrick, Shannon, , MD, MSPH**

Mailing Address 1826 Fawn Blf

City

San Antonio

State

TX

Zip Code

78248-1579

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

University of Texas Health Science Cen

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 15 / 2017

**Transaction ID : VPF9SNT4B81**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

550.00

# **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 64

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Congress of Obstetricians &amp; Gynecologists PAC

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

A. Goldstein, Leonard, Harry, ,

Mailing Address 7409 Wimbledon Ct

City  
University ParkState  
FLZip Code  
34201-2032FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 22 / 2017

Transaction ID : VPF9SNQMVA1

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Macer, James, A., , MD

Mailing Address 10 Congress St  
Ste 400City  
PasadenaState  
CAZip Code  
91105-3020FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 08 / 2017

Transaction ID : VPF9SNT15A1

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

c. Herrell, Howard, Ernest, , MD

Mailing Address 315 N Main St

City  
GreenevilleState  
TNZip Code  
37745-3817FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Takoma Regional HospitalOccupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 20 / 2017

Transaction ID : VPF9SNQ8RE1

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

1050.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 13 OF 64

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

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NAME OF COMMITTEE (In Full)

**American Congress of Obstetricians & Gynecologists PAC**

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

**A. Schipper, Erica, L., , MD**

Mailing Address 2400 Carriage Ct

City  
Sioux Falls

State  
SD

Zip Code  
57108-5203

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Sanford Women's Health

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1150.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 15 / 2017

**Transaction ID : VPF9SNQN3E1**

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

**B. Schaffir, Jonathan, , ,**

Mailing Address 5928 Evelyn Rd

City  
New Albany

State  
OH

Zip Code  
43054-8956

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Ohio State University Physicians

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 24 / 2017

**Transaction ID : VPF9SNQNF1**

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

**C. Elson, Marygrace, , , MD**

Mailing Address 4944 Rapid Creek Rd NE

City  
Iowa City

State  
IA

Zip Code  
52240-7713

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of Iowa Health Care

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

845.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 14 / 2017

**Transaction ID : VPF9SNT4CK1**

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

1000.00

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

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

FOR LINE NUMBER: PAGE 14 OF 64

(check only one)

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

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NAME OF COMMITTEE (In Full)

**American Congress of Obstetricians & Gynecologists PAC**

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

**A. Lutich, Ann, E., , MD**

Mailing Address 9505 Hill View Dr

City  
Dallas

State  
TX

Zip Code  
75231-1524

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Women's Association for Ob-Gyn

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

301.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 15 / 2017

**Transaction ID : VPF9SNT4AN1**

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

**B. Lorenz, Robert, P., , MD**

Mailing Address 3226 Wellington Ct

City

West Bloomfield

State

MI

Zip Code

48324-2162

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Beaumont Health

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

640.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 15 / 2017

**Transaction ID : VPF9SNQN3W1**

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

**C. Gregory, Kimberly, D., , MD**

Mailing Address 500 S Helberta Ave

City

Redondo Beach

State

CA

Zip Code

90277-4353

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Cedars-Sinai Medical Center

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

445.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 08 / 2017

**Transaction ID : VPF9SNT14W1**

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

800.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 15 OF 64

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

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NAME OF COMMITTEE (In Full)

**American Congress of Obstetricians & Gynecologists PAC**

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

**A. Packard, Lisa, Kay, , MD**

Mailing Address 903 Camille Ln

City

Mountain View

State

CA

Zip Code

94040-2668

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Palo Alto Medical Foundation

Occupation (for Individual)

Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

905.00

Date of Receipt

09 / 12 / 2017

Transaction ID : VPF9SNP9522

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**B. Wolfe, Cheryl, D., , MD**

Mailing Address 5000 S East End Ave  
17C

City

Chicago

State

IL

Zip Code

60615-3176

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Rush University

Occupation (for Individual)

Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

09 / 02 / 2017

Transaction ID : VPF9SNMZ42

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**C. Weyhrich, Darin, Lee, , MD**

Mailing Address 124 W Curling Dr

City

Boise

State

ID

Zip Code

83702-1625

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 08 / 2017

Transaction ID : VPF9SNT1552

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

450.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 16 OF 64

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

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NAME OF COMMITTEE (In Full)

**American Congress of Obstetricians & Gynecologists PAC**

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

**A. Ramsey, Patrick, Shannon, , MD, MSPH**

Mailing Address 1826 Fawn Blf

City  
San Antonio

State  
TX

Zip Code  
78248-1579

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of Texas Health Science Cen

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

09 / 15 / 2017

Transaction ID : VPF9SNT4C92

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

**B. Hess, Shannon, Lee, , MD**

Mailing Address 1475 Medical Pkwy

City  
Carson City

State  
NV

Zip Code  
89703-4635

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Carson Medical Group

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1040.00

Date of Receipt

09 / 06 / 2017

Transaction ID : VPF9SNT14D2

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

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

Mailing Address 1030 E Lancaster Ave

City  
Bryn Mawr

State  
PA

Zip Code  
19010-1451

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

3825.00

Date of Receipt

09 / 17 / 2017

Transaction ID : VPF9SNPXDJ2

Amount of Each Receipt this Period

425.00

☐ Memo Item

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

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

1925.00



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 17 OF 64

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

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NAME OF COMMITTEE (In Full)

**American Congress of Obstetricians & Gynecologists PAC**

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

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

Mailing Address 8204 Cantershire Way

City

Granite Bay

State

CA

Zip Code

95746-9476

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Kaiser Permanente

Occupation (for Individual)

Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3826.99

Date of Receipt

09 / 09 / 2017

**Transaction ID : VPF9SNQN3J2**

Amount of Each Receipt this Period

307.00

☐ Memo Item

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

**B. Ward, Kristy, Kay, , MD**

Mailing Address 3131 Isser Ln

City

Jacksonville

State

FL

Zip Code

32257-5627

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

University of Florida Health

Occupation (for Individual)

Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

09 / 16 / 2017

**Transaction ID : VPF9SNT4AS2**

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

**C. Hawkins, Michael, Murphy, , MD**

Mailing Address 4008 Sunflower Ln

City

Tempe

State

TX

Zip Code

76502-4822

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Scott & White Health

Occupation (for Individual)

Interim Chief Medical Officer

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

09 / 14 / 2017

**Transaction ID : VPF9SNT4AY2**

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

807.00

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

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

FOR LINE NUMBER: PAGE 18 OF 64  
 (check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Congress of Obstetricians & Gynecologists PAC**

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

**A. Hicks, Verda, Josephine, , MD**

Mailing Address 14110 Pembroke St

City

Overland Park

State

KS

Zip Code

66224-4552

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Midwest Cancer Care

Occupation (for Individual)

Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2240.00

Date of Receipt

09 / 22 / 2017

**Transaction ID : VPF9SNQN383**

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

**B. Hogenson, Ellie, Anne, , MD**

Mailing Address 1919 Lathrop St  
Ste 217

City

Fairbanks

State

AK

Zip Code

99701-5943

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Chena Ob-Gyn

Occupation (for Individual)

Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

09 / 07 / 2017

**Transaction ID : VPF9SNT1483**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

**C. DeFrancesco, Mark, S, , MD, MBA**

Mailing Address 35 Terrell Farm Pl

City

Cheshire

State

CT

Zip Code

06410-2910

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Women's Health Connecticut

Occupation (for Individual)

Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

3125.00

Date of Receipt

09 / 30 / 2017

**Transaction ID : VPF9SNRT2C3**

Amount of Each Receipt this Period

625.00

☐ Memo Item

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

1665.00

**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 19 OF 64

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

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NAME OF COMMITTEE (In Full)

**American Congress of Obstetricians & Gynecologists PAC**

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

**A. Shepherd, Sarah, , DO**

Mailing Address 1706 E 45th PI

City  
Tulsa

State  
OK

Zip Code  
74105-4215

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
OBGYN Specialty of Tulsa

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 20 / 2017

**Transaction ID : VPF9SNQ8RD3**

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

**B. Stone, Dana, Gail, , MD**

Mailing Address 1730 Huntington Ave

City

Nichols Hills

State

OK

Zip Code

73116-5511

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Self Employed

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 16 / 2017

**Transaction ID : VPF9SNT4CD3**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**c. Doty, David, Wesley, , DO**

Mailing Address 13004 Shamus Ct

City

Louisville

State

KY

Zip Code

40299-5183

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Anthem

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 08 / 2017

**Transaction ID : VPF9SNT15E3**

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

900.00

# **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 64

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Congress of Obstetricians &amp; Gynecologists PAC

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

A. Fujimoto, Chrystie, Kimie, , MD

Mailing Address 2750 Lowrey Ave

City  
Honolulu

State  
HI

Zip Code  
96822-1679

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 14 / 2017

Transaction ID : VPF9SNPQHJ3

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Elson, Marygrace, , , MD

Mailing Address 4944 Rapid Creek Rd NE

City  
Iowa City

State  
IA

Zip Code  
52240-7713

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of Iowa Health Care

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

845.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 14 / 2017

Transaction ID : VPF9SNT4CJ3

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. Preus, Eve, M., , MD

Mailing Address 688 N 29th St

City  
Boise

State  
ID

Zip Code  
83702-3809

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of Utah

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

322.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 07 / 2017

Transaction ID : VPF9SNNHAP3

Amount of Each Receipt this Period

12.50

☐ Memo Item

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

512.50

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 64

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

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NAME OF COMMITTEE (In Full)

**American Congress of Obstetricians & Gynecologists PAC**

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

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

Mailing Address 688 N 29th St

City  
Boise

State  
ID

Zip Code  
83702-3809

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of Utah

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

322.50

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 08 / 2017

**Transaction ID : VPF9SNT14P3**

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

**B. DeNicola, Nathaniel, G., , MD**

Mailing Address 1412 27th St NW

City  
Washington

State  
DC

Zip Code  
20007-3143

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
GW Hospital

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.67

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 20 / 2017

**Transaction ID : VPF9SNQBVV3**

Amount of Each Receipt this Period

416.67

☐ Memo Item

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

**c. Hayes, Cynthia, Robison, , MD**

Mailing Address 1821 N 19th St

City  
Boise

State  
ID

Zip Code  
83702-0708

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St. Luke's Regional Medical Center

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

745.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 08 / 2017

**Transaction ID : VPF9SNT14V3**

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

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

506.67

# **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 22 OF 64

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

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NAME OF COMMITTEE (In Full)

**American Congress of Obstetricians & Gynecologists PAC**

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

**A. Fenton, Douglas, K., , MD**

Mailing Address 2921 Managua Pl

City  
Carlsbad

State  
CA

Zip Code  
92009-7106

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Scripps Coastal Medical Group

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1881.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 07 / 2017

**Transaction ID : VPF9SNNKF14**

Amount of Each Receipt this Period

209.00

☐ Memo Item

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

**B. Gilliam, Lynda, Crawford, , MD**

Mailing Address PO Box 1216

City  
Huntsville

State  
AL

Zip Code  
35807

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Women & Children Huntsville Hospital

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 17 / 2017

**Transaction ID : VPF9SNT4C34**

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

**C. Flora, Robert, Francis, , MD MBA MPH**

Mailing Address 22668 Beckenham Ct

City  
Novi

State  
MI

Zip Code  
48374-3526

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Self Employed

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 12 / 2017

**Transaction ID : VPF9SNP9564**

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

709.00

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

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

FOR LINE NUMBER: PAGE 23 OF 64

(check only one)

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

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NAME OF COMMITTEE (In Full)

**American Congress of Obstetricians & Gynecologists PAC**

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

**A. Lipinski, Susan, Wing, , MD**

Mailing Address 2004 Park Dr

City  
Cedar Falls

State  
IA

Zip Code  
50613-4538

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Partners in Ob/Gyn

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 15 / 2017

**Transaction ID : VPF9SNT4C84**

Amount of Each Receipt this Period

150.00

☐ Memo Item

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

**B. Ring, Brandi, Nicole, , MD**

Mailing Address 3755 S Emporia Way  
Unit L-204

City  
Aurora

State  
CO

Zip Code  
80014-8227

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Mile High Ob-Gyn

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

901.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 11 / 2017

**Transaction ID : VPF9SNNYX94**

Amount of Each Receipt this Period

84.00

☐ Memo Item

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

**c. Remmenga, Steven, W., , MD**

Mailing Address 16995 Princeton Rd

City  
Adams

State  
NE

Zip Code  
68301-7785

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

University of Nebraska

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2181.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 17 / 2017

**Transaction ID : VPF9SNPXDC4**

Amount of Each Receipt this Period

209.00

☐ Memo Item

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

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

443.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 24 OF 64

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

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NAME OF COMMITTEE (In Full)

**American Congress of Obstetricians & Gynecologists PAC**

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

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

Mailing Address 2821 W Fountain Blvd

City  
Tampa

State  
FL

Zip Code  
33609-4011

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 16 / 2017

**Transaction ID : VPF9SNPXAE4**

Amount of Each Receipt this Period

70.00

☐ Memo Item

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

**B. Hartke, Kathy, D., , MD**

Mailing Address 19655 Birmingham Ct

City

Brookfield

State

WI

Zip Code

53045-4143

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Medical College of Wisconsin

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

690.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 15 / 2017

**Transaction ID : VPF9SNT4AG4**

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

**C. Brill, Keith, Robert, , MD**

Mailing Address 258 Whitewater Village Ct

City

Henderson

State

NV

Zip Code

89012-3299

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Women's Specialty Care

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

585.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 18 / 2017

**Transaction ID : VPF9SNPXRK4**

Amount of Each Receipt this Period

65.00

☐ Memo Item

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

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

435.00



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

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

FOR LINE NUMBER: PAGE 25 OF 64

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Congress of Obstetricians &amp; Gynecologists PAC

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

A. Cohen, Marguerite, Patricia, , MD

Mailing Address 620 SE 55th Ave

City  
PortlandState  
ORZip Code  
97215-1818FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 06 / 2017

Transaction ID : VPF9SNQN3P4

Amount of Each Receipt this Period

1300.00

☐ Memo Item

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

B. Brabson, Leonard, Allison, , MD

Mailing Address 939 E Emerald Ave  
Ste 806ACity  
KnoxvilleState  
TNZip Code  
37917-4577FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Tennova Healthcare

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 17 / 2017

Transaction ID : VPF9SNT4CP4

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

C. Nulsen, John, C., ,

Mailing Address 70 Cheltenham Way

City  
AvonState  
CTZip Code  
06001-2402FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Center for Advanced Reproductive Serv

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 22 / 2017

Transaction ID : VPF9SNQGXR4

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

2050.00

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

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

FOR LINE NUMBER: PAGE 26 OF 64

(check only one)

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

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NAME OF COMMITTEE (In Full)

**American Congress of Obstetricians & Gynecologists PAC**

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

**A. Maeder, Margie, , ,**

Mailing Address 2686 Dahlia St

City  
Denver

State  
CO

Zip Code  
80207-3048

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

09 / 16 / 2017

**Transaction ID : VPF9SNPXAW4**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**B. Massingill, G Sealy, , , MD**

Mailing Address 3887 S Hills Cir

City  
Ft Worth

State  
TX

Zip Code  
76109-2758

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Planned Parenthood of Greater Texas

Occupation (for Individual)  
Chief Medical Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

09 / 14 / 2017

**Transaction ID : VPF9SNT4AX4**

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

**C. Myer, Eilean, L., , MD**

Mailing Address 40 Crestview Dr

City  
Florence

State  
MA

Zip Code  
01062-2614

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Baystate Medical Center

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

690.00

Date of Receipt

09 / 13 / 2017

**Transaction ID : VPF9SNPDXZ4**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

700.00

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

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

FOR LINE NUMBER: PAGE 27 OF 64

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Congress of Obstetricians &amp; Gynecologists PAC

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

**A. Bullock, Holly, Noelle, , MD**

Mailing Address 424 E 4th Ave  
Apt 2

City  
Salt Lake City

State  
UT

Zip Code  
84103-3268

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

University of Utah

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 27 / 2017

Transaction ID : VPF9SNRA5Z4

Amount of Each Receipt this Period

150.00

☐ Memo Item

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

**B. Phelan, Sharon, Theresa, , MD**

Mailing Address 13429 Desert Hills PI NE

City

Albuquerque

State

NM

Zip Code

87111-3032

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

University of New Mexico School of Med

Occupation (for Individual)

Physician

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  
09 / 07 / 2017

Transaction ID : VPF9SNT14Z4

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

**C. Blanchard, May, Hsieh, , MD**

Mailing Address 1316 Belt St

City

Baltimore

State

MD

Zip Code

21230-4760

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

University of Maryland School of Med

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 01 / 2017

Transaction ID : VPF9SNNH805

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

675.00

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 28 OF 64

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Congress of Obstetricians &amp; Gynecologists PAC

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

A. Akright, Bruce, D, ,

Mailing Address 322 Bluffcrest

City  
San Antonio

State  
TX

Zip Code  
78216-1911

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Northeast Ob/Gyn Associates PLLC

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 24 / 2017

Transaction ID : VPF9SNQN935

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. McHugh, Katherine, W, , MD

Mailing Address 4030 N Pennsylvania St

City  
Indianapolis

State  
IN

Zip Code  
46205-2609

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
IU Health

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 14 / 2017

Transaction ID : VPF9SNPQH45

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

c. Henry, Joel, Bradley, , MD

Mailing Address 14 Madeline Is

City  
Madison

State  
WI

Zip Code  
53719-3241

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of Wisconsin Health OBGYN

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 16 / 2017

Transaction ID : VPF9SNT4B65

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

590.00

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 29 OF 64  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Congress of Obstetricians & Gynecologists PAC**

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

**A. Cavallaro, Grace, Ann, , MD**

Mailing Address 1552 Saint Helena Dr

City  
Danville

State  
CA

Zip Code  
94526-5543

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Contra Costa Medical Center

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 07 / 2017

**Transaction ID : VPF9SNT1585**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**B. Haygood, Christy, , ,**

Mailing Address 248 Honours Dr

City  
Madison

State  
MS

Zip Code  
39110-6514

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
St Dominic Jackson Memorial Hospital

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 20 / 2017

**Transaction ID : VPF9SNQ8RC5**

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

**C. Brockmeier, Catherine, , ,**

Mailing Address 1117 W Goldthread Cir

City  
Sioux Falls

State  
SD

Zip Code  
57108-2824

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Avera McKernan

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 15 / 2017

**Transaction ID : VPF9SNQN3C5**

Amount of Each Receipt this Period

150.00

☐ Memo Item

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

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

550.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 30 OF 64

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

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NAME OF COMMITTEE (In Full)

**American Congress of Obstetricians & Gynecologists PAC**

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

**A. White, Emily, Maureen, , MD**

Mailing Address 60 E Manning St

City  
Providence

State  
RI

Zip Code  
02906-4048

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Providence Community Health Center

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 06 / 2017

**Transaction ID : VPF9SNNANM5**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**B. Dantas, Stella, Marie, , MD**

Mailing Address 6906 SW Windemere Loop

City  
Portland

State  
OR

Zip Code  
97225-6163

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Northwest Permanente

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 08 / 2017

**Transaction ID : VPF9SNT14N5**

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

**C. Remmenga, Steven, W., , MD**

Mailing Address 16995 Princeton Rd

City  
Adams

State  
NE

Zip Code  
68301-7785

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of Nebraska

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2181.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 15 / 2017

**Transaction ID : VPF9SNT4AR5**

Amount of Each Receipt this Period

150.00

☐ Memo Item

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

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

500.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 31 OF 64

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

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NAME OF COMMITTEE (In Full)

**American Congress of Obstetricians & Gynecologists PAC**

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

**A. Hutchens, Thomas, P., , MD**

Mailing Address 2424 Timberlane Pl

City  
Bismarck

State  
ND

Zip Code  
58504-8918

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mid Dakota Clinic

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 15 / 2017

**Transaction ID : VPF9SNQN3T5**

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

Mailing Address 4432 8th St SW

City

Vero Beach

State

FL

Zip Code

32968-4153

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Indian River Medical Center

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 16 / 2017

**Transaction ID : VPF9SNPX9Z5**

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

**C. Goudge Walker, Christine, Suzanne, , MD**

Mailing Address 15015 Frederick Rd

City

Rogers

State

MN

Zip Code

55374-9457

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Park Nicollet Clinic

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

09 / 16 / 2017

**Transaction ID : VPF9SNT4B16**

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

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

600.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 32 OF 64

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

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NAME OF COMMITTEE (In Full)

**American Congress of Obstetricians & Gynecologists PAC**

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

**A. Carter, Kimberly, , MD**

Mailing Address 9601 Rainlilly Ln

City  
Austin

State  
TX

Zip Code  
78759-7702

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
UT Physicians

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

MM / DD / YYYY  
09 / 17 / 2017

**Transaction ID : VPF9SNT4C26**

Amount of Each Receipt this Period

200.00

☐ Memo Item

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

**B. Matsuda, George, T., MD**

Mailing Address 670 S Euclid Ave

City

Pasadena

State

CA

Zip Code

91106-3733

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Self Employed

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY  
09 / 08 / 2017

**Transaction ID : VPF9SNT1536**

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

**C. Brincat, Cynthia, Ann, MD**

Mailing Address 308 N Kenilworth Ave

City

Oak Park

State

IL

Zip Code

60302-2004

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Loyola University Medical Center

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1875.00

Date of Receipt

MM / DD / YYYY  
09 / 15 / 2017

**Transaction ID : VPF9SNT4C76**

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

1200.00



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

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

FOR LINE NUMBER: PAGE 33 OF 64

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Congress of Obstetricians &amp; Gynecologists PAC

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

**A. Gellhaus, Thomas, Martin, , MD**

Mailing Address 906 Tamarack Trl

City  
Iowa CityState  
IAZip Code  
52245-3555FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 20 / 2017

Transaction ID : VPF9SNQ8S86

Amount of Each Receipt this Period

4150.00

☐ Memo Item

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

**B. Perry, Tashera, E., , MD**

Mailing Address 1110 E Cobblefield Ct

City  
BloomingtonState  
INZip Code  
47401-6305FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 20 / 2017

Transaction ID : VPF9SNQ8QF6

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

**c. Vineyard, David, D., , MD**

Mailing Address 324 Burrows St

City  
NacogdochesState  
TXZip Code  
75965-1973FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 17 / 2017

Transaction ID : VPF9SNQN3G6

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

4425.00

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 34 OF 64

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Congress of Obstetricians &amp; Gynecologists PAC

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

A. Schneider, Emily, Nicole, , MD

Mailing Address 5454 Uinta St

City  
DenverState  
COZip Code  
80238-3824FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Rocky Mountain Ob-GynOccupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 08 / 2017

Transaction ID : VPF9SNT14G6

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Hampton, R., Moss, , MD

Mailing Address 3930 Edgebrook Ct

City  
MidlandState  
TXZip Code  
79707-1434FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Texas Tech UniversityOccupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1140.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 14 / 2017

Transaction ID : VPF9SNT4BM6

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. Wrightson, Jeffrey, A., , MD

Mailing Address 1109 Pine Island Ct

City  
Las VegasState  
NVZip Code  
89134-6330FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Well Health Quality CareOccupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

575.00

Date of Receipt

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

Transaction ID : VPF9SNNXTM6

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

550.00

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 35 OF 64

(check only one)

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

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**American Congress of Obstetricians & Gynecologists PAC**

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

**A. Munoz-Sievert, Natalie, , MD**

Mailing Address 2673 Runyon Cir

City  
Orlando

State  
FL

Zip Code  
32837-5221

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Orlando Health Physician Associates

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 11 / 2017

**Transaction ID : VPF9SNPX4N6**

Amount of Each Receipt this Period

225.00

☐ Memo Item

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

**B. Anderson, Ted, L, , MD, PhD**

Mailing Address 516 Leanne Way

City  
Franklin

State  
TN

Zip Code  
37069-8719

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Vanderbilt University

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4740.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 14 / 2017

**Transaction ID : VPF9SNT4AW6**

Amount of Each Receipt this Period

600.00

☐ Memo Item

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

**C. Anderson, Ted, L, , MD, PhD**

Mailing Address 516 Leanne Way

City  
Franklin

State  
TN

Zip Code  
37069-8719

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Vanderbilt University

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

4740.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 07 / 2017

**Transaction ID : VPF9SNT14Y6**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

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

1825.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 36 OF 64

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

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NAME OF COMMITTEE (In Full)

**American Congress of Obstetricians & Gynecologists PAC**

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

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

Mailing Address 139 Jeffrey Ln

City  
Hurley

State  
NY

Zip Code  
12443-5408

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CareMount Medical Group

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1575.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 04 / 2017

**Transaction ID : VPF9SNMZZZ6**

Amount of Each Receipt this Period

175.00

☐ Memo Item

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

**B. Corwin, Jeanne, , ,**

Mailing Address 6331 Grand Vista Ave

City  
Cincinnati

State  
OH

Zip Code  
45213-1115

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
For Women

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 14 / 2017

**Transaction ID : VPF9SNPQHZ6**

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

**c. McHugh, Katherine, W, , MD**

Mailing Address 4030 N Pennsylvania St

City  
Indianapolis

State  
IN

Zip Code  
46205-2609

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
IU Health

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 27 / 2017

**Transaction ID : VPF9SNRCS07**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

525.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 37 OF 64

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

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NAME OF COMMITTEE (In Full)

**American Congress of Obstetricians & Gynecologists PAC**

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

**A. Ogunyemi, Dotun, Adeboye, , MD**

Mailing Address 2007 Hazel St

City  
Birmingham

State  
MI

Zip Code  
48009-6825

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
William Beaumont Hospital

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

965.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 18 / 2017

**Transaction ID : VPF9SNPXS07**

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

**B. Asaad, Radwan, , , MD**

Mailing Address 37261 Fox Gln

City  
Farmington Hills

State  
MI

Zip Code  
48331-1809

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

749.97

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 23 / 2017

**Transaction ID : VPF9SNQN537**

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

**c. Stanley, John, Robert, , MD**

Mailing Address 6022 Newport Dr

City  
Edmond

State  
OK

Zip Code  
73013-8539

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Perinatal Center of Oklahoma

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 16 / 2017

**Transaction ID : VPF9SNT4B57**

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

583.33

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

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

FOR LINE NUMBER: PAGE 38 OF 64

(check only one)

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

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NAME OF COMMITTEE (In Full)

**American Congress of Obstetricians & Gynecologists PAC**

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

**A. French, Valerie, Anne, , MD**

Mailing Address 6200 Brassie Ln

City  
Parkville

State  
MO

Zip Code  
64152-4974

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of Kansas

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 20 / 2017

**Transaction ID : VPF9SNQ8R67**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**B. McCracken, Clayton, H, , III MD**

Mailing Address 2914 Glenwood Ln

City  
Billings

State  
MT

Zip Code  
59102-0913

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Billings Clinic

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 08 / 2017

**Transaction ID : VPF9SNT1467**

Amount of Each Receipt this Period

1250.00

☐ Memo Item

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

**C. Cavallaro, Grace, Ann, , MD**

Mailing Address 1552 Saint Helena Dr

City  
Danville

State  
CA

Zip Code  
94526-5543

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Contra Costa Medical Center

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 08 / 2017

**Transaction ID : VPF9SNT1577**

Amount of Each Receipt this Period

150.00

☐ Memo Item

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

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

1500.00

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

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

FOR LINE NUMBER: PAGE 39 OF 64

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Congress of Obstetricians &amp; Gynecologists PAC

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

A. Cyka, Ronette, , ,

Mailing Address 313 Windfair Ct

City  
Las Vegas

State  
NV

Zip Code  
89145-8682

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Michael P Verni MD Ltd

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 22 / 2017

Transaction ID : VPF9SNQMYA7

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

B. Anderson, Thaddeus, L., , MD

Mailing Address 2350 Simpson St

City  
Dubuque

State  
IA

Zip Code  
52003-7719

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Dubuque OB/GYN

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1895.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 20 / 2017

Transaction ID : VPF9SNQ8RB7

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

C. Arnold, Thomas, Francis, , MD

Mailing Address 1145 14th Ave W

City  
Dickinson

State  
ND

Zip Code  
58601-3669

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Catholic Health Initiatives

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2425.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 15 / 2017

Transaction ID : VPF9SNT4CB7

Amount of Each Receipt this Period

550.00

☐ Memo Item

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

2050.00

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 40 OF 64

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

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NAME OF COMMITTEE (In Full)

**American Congress of Obstetricians & Gynecologists PAC**

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

**A. Ring, Brandi, Nicole, , MD**

Mailing Address 3755 S Emporia Way  
Unit L-204

City  
Aurora

State  
CO

Zip Code  
80014-8227

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Mile High Ob-Gyn

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

901.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 08 / 2017

**Transaction ID : VPF9SNT15C7**

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

**B. Prabhakaran, Sujatha, , , MD**

Mailing Address 736 Central Ave

City

Sarasota

State

FL

Zip Code

34236-4042

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Planned Parenthood of SW & Central FL

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 16 / 2017

**Transaction ID : VPF9SNPXA7**

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

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

Mailing Address 3643 Canfield Hill Ct

City

Charlotte

State

NC

Zip Code

28270-1111

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Arboretum Ob-Gyn

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 20 / 2017

**Transaction ID : VPF9SNQ8QK7**

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

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

150.00



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 41 OF 64

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

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NAME OF COMMITTEE (In Full)

**American Congress of Obstetricians & Gynecologists PAC**

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

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

Mailing Address 608 Pressler St

City  
Austin

State  
TX

Zip Code  
78703-5126

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Austin Regional Clinic

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

573.34

Date of Receipt

09 / 20 / 2017

Transaction ID : VPF9SNQBSK7

Amount of Each Receipt this Period

208.34

☐ Memo Item

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

**B. Tomich, Paul, G., , MD**

Mailing Address 3537 Quince Ct

City

Downers Grove

State

IL

Zip Code

60515

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of Nebraska

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

09 / 20 / 2017

Transaction ID : VPF9SNQBTM7

Amount of Each Receipt this Period

1300.00

☐ Memo Item

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

**C. Cruz, Wendy, Sue, , MD**

Mailing Address 17200 Golden View Dr

City

Anchorage

State

AK

Zip Code

99516-5701

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Women's Care of Alaska

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 07 / 2017

Transaction ID : VPF9SNT14M7

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

2008.34

# **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 42 OF 64

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

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NAME OF COMMITTEE (In Full)

**American Congress of Obstetricians & Gynecologists PAC**

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

**A. Jarvis Lavin, Megan, Z., , MD**

Mailing Address 320 Lennon Ln  
Lassen Bldg

City  
Walnut Creek

State  
CA

Zip Code  
94598-2419

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Kaiser Permanente

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 09 / 2017

**Transaction ID : VPF9SNT14S7**

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

**B. Combs, Shanna, Marie, , MD**

Mailing Address 849 Springbrook Dr

City

Fort Worth

State

TX

Zip Code

76107-1069

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of North Texas

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1700.00

Date of Receipt

09 / 16 / 2017

**Transaction ID : VPF9SNT4BX7**

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

**c. Fountain, Cheryl, Gibson, , MD**

Mailing Address 1219 Lakepointe St

City

Grosse Pointe Park

State

MI

Zip Code

48230-1011

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Beaumont Health System

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 07 / 2017

**Transaction ID : VPF9SNQN3Y7**

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

1000.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 43 OF 64

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

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NAME OF COMMITTEE (In Full)

**American Congress of Obstetricians & Gynecologists PAC**

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

**A. Remmenga, Steven, W., , MD**

Mailing Address 16995 Princeton Rd

City  
Adams

State  
NE

Zip Code  
68301-7785

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of Nebraska

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2181.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 16 / 2017

**Transaction ID : VPF9SNT4B08**

Amount of Each Receipt this Period

150.00

☐ Memo Item

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

**B. McCoy, Michael, Jerry, , MD**

Mailing Address 5020 Ferres Ln

City  
Burlington

State  
IA

Zip Code  
52601-9033

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Great River Medical Center

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1595.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 15 / 2017

**Transaction ID : VPF9SNT4C18**

Amount of Each Receipt this Period

400.00

☐ Memo Item

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

**C. Hollier, Larry, , ,**

Mailing Address 6612 Mercer St

City  
Houston

State  
TX

Zip Code  
77005-3738

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Baylor College of Medicine

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

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

**Transaction ID : VPF9SNT1528**

Amount of Each Receipt this Period

2500.00

☐ Memo Item

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

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

3050.00

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

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

FOR LINE NUMBER: PAGE 44 OF 64  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**American Congress of Obstetricians & Gynecologists PAC**

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

**A. Jennings, John, Christopher, , MD**

Mailing Address 2405 Spoonbill Dr

City  
League City

State  
TX

Zip Code  
77573-3076

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Texas Tech University Health Sciences

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 15 / 2017

**Transaction ID : VPF9SNT4C68**

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

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

Mailing Address 39 Flat Rock Rd

City  
Waynesville

State  
NC

Zip Code  
28786-7937

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Duke Lifepoint Hospital

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

770.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 27 / 2017

**Transaction ID : VPF9SNRCV78**

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

**c. Alderson, Thomas, L., , DO**

Mailing Address 3664 Edinborough Dr

City  
Rochester Hills

State  
MI

Zip Code  
48306-3632

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
McLaren Women's Health

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 24 / 2017

**Transaction ID : VPF9SNQN8A8**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

650.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 45 OF 64

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

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NAME OF COMMITTEE (In Full)

**American Congress of Obstetricians & Gynecologists PAC**

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

**A. Sirott, Laura, L., , MD**

Mailing Address 249 S Berkeley Ave

City  
Pasadena

State  
CA

Zip Code  
91107-4734

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3135.00

Date of Receipt

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

**Transaction ID : VPF9SNT14A8**

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

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

Mailing Address 2800 NW 29th St

City  
Gainesville

State  
FL

Zip Code  
32605-2708

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

North Florida Women's Physicians

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2615.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 16 / 2017

**Transaction ID : VPF9SNPXAC8**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

Mailing Address 4023 Betsy Ln

City  
Houston

State  
TX

Zip Code  
77027-5105

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Baylor College of Medicine

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 20 / 2017

**Transaction ID : VPF9SNQ8RF8**

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

360.00

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

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

FOR LINE NUMBER: PAGE 46 OF 64  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Congress of Obstetricians & Gynecologists PAC**

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

**A. Gregg, Laurie, Cullen, , MD**

Mailing Address 1846 Rockwood Dr

City  
Sacramento

State  
CA

Zip Code  
95864-1651

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

09 / 08 / 2017

**Transaction ID : VPF9SNT14F8**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

**B. Ellington, David, Rich, , MD**

Mailing Address 1507 Grove Pl

City  
Birmingham

State  
AL

Zip Code  
35209-3915

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University of Alabama at Birmingham

Occupation (for Individual)

Professor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

09 / 15 / 2017

**Transaction ID : VPF9SNT4BK8**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**C. Cheek, Ben, H., , MD**

Mailing Address 231 Cascade Rd

City  
Columbus

State  
GA

Zip Code  
31904-2873

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

St. Francis Hospital

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1249.97

Date of Receipt

09 / 09 / 2017

**Transaction ID : VPF9SNNXTK8**

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

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

1183.33

# **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 47 OF 64

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

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NAME OF COMMITTEE (In Full)

**American Congress of Obstetricians & Gynecologists PAC**

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

**A. Brock, Elyse, , ,**

Mailing Address 617 Kansas Ave SE

City  
Huron

State  
SD

Zip Code  
57350-2823

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

HRMC/WWC

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 20 / 2017

**Transaction ID : VPF9SNQBVM8**

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

**B. Koutrouvelis, Gayle, Olson, , MD**

Mailing Address 11924 Sportsman Rd

City  
Galveston

State  
TX

Zip Code  
77554-9365

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 15 / 2017

**Transaction ID : VPF9SNQN3M8**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

**C. Brock, Elyse, , ,**

Mailing Address 617 Kansas Ave SE

City  
Huron

State  
SD

Zip Code  
57350-2823

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

HRMC/WWC

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 20 / 2017

**Transaction ID : VPF9SNQBVS8**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

1150.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 48 OF 64

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

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NAME OF COMMITTEE (In Full)

**American Congress of Obstetricians & Gynecologists PAC**

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

**A. Baskin, Harold, F., MD**

Mailing Address 1021 Los Arboles Ave NW

City  
Albuquerque

State  
NM

Zip Code  
87107-1141

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Presbyterian Healthcare Services

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
09 / 22 / 2017

**Transaction ID : VPF9SNQG XV8**

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

**B. Starr, Katherine, A., MD**

Mailing Address 30231 Pondsview Dr

City  
Franklin

State  
MI

Zip Code  
48025

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Self Employed

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY  
09 / 09 / 2017

**Transaction ID : VPF9SNT14X8**

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

**C. Puritz, Holly, Suzanne, MD**

Mailing Address 7940 N Shore Rd

City  
Norfolk

State  
VA

Zip Code  
23505-1737

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Group for Women

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1881.00

Date of Receipt

MM / DD / YYYY  
09 / 07 / 2017

**Transaction ID : VPF9SNNHB69**

Amount of Each Receipt this Period

209.00

☐ Memo Item

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

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

959.00



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

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

FOR LINE NUMBER: PAGE 49 OF 64

(check only one)

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

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NAME OF COMMITTEE (In Full)

**American Congress of Obstetricians & Gynecologists PAC**

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

**A. Elfstrand, Elizabeth, Palma, , MD**

Mailing Address 4254 Linden Hills Blvd

City  
Minneapolis

State  
MN

Zip Code  
55410-1606

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

John A. Haugen Associates, PA

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

09 / 16 / 2017

Transaction ID : VPF9SNT4B99

Amount of Each Receipt this Period

150.00

☐ Memo Item

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

**B. Tracy, Erin, Elizabeth, , MD**

Mailing Address 5 High St

City  
Stoneham

State  
MA

Zip Code  
02180-1120

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mass General Physician Organization

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 05 / 2017

Transaction ID : VPF9SNNAMC9

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**C. Smith, Patricia, Amanda, , MD**

Mailing Address 738 Fontaine St

City  
Alexandria

State  
VA

Zip Code  
22302-3607

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1525.00

Date of Receipt

09 / 12 / 2017

Transaction ID : VPF9SNP95D9

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

500.00

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

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

FOR LINE NUMBER: PAGE 50 OF 64

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Congress of Obstetricians &amp; Gynecologists PAC

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

A. Brown, Charles, Edward Lee, , MD

Mailing Address 1313 Red River St  
 Ste A1

City  
 Austin

State  
 TX

Zip Code  
 78701-1907

FEC ID number of contributing  
 federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 09 / 14 / 2017

Transaction ID : VPF9SNT4CM9

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Koutrouvelis, Gayle, Olson, , MD

Mailing Address 11924 Sportsman Rd

City

Galveston

State

TX

Zip Code

77554-9365

FEC ID number of contributing  
 federal political committee.

C

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

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2900.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 09 / 16 / 2017

Transaction ID : VPF9SNPXAN9

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

C. Helfer, Tamara, Gammill, , MD

Mailing Address 4412 Trostshire Cir

City

Champaign

State

IL

Zip Code

61822-8312

FEC ID number of contributing  
 federal political committee.

C

Name of Employer (for Individual)

Christie Clinic

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 09 / 15 / 2017

Transaction ID : VPF9SNT4AP9

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

850.00

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

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

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

FOR LINE NUMBER: PAGE 51 OF 64

(check only one)

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

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NAME OF COMMITTEE (In Full)

**American Congress of Obstetricians & Gynecologists PAC**

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

**A. Sirott, Laura, L., MD**

Mailing Address 249 S Berkeley Ave

City  
Pasadena

State  
CA

Zip Code  
91107-4734

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3135.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 16 / 2017

**Transaction ID : VPF9SNPXAT9**

Amount of Each Receipt this Period

625.00

☐ Memo Item

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

**B. Rayburn, William, Lowell, MD**

Mailing Address 800 Scott And White Dr

City  
College Station

State  
TX

Zip Code  
77845-6440

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Scott and White Healthcare

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 16 / 2017

**Transaction ID : VPF9SNT4BW9**

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

**C. Burwinkel, Thomas, Henry, MD**

Mailing Address 3805 Edwards Rd  
Ste 450

City  
Cincinnati

State  
OH

Zip Code  
45209-1948

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Kettering Reproductive Medicine

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1040.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 08 / 2017

**Transaction ID : VPF9SNQN3X9**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

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

1925.00

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

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

FOR LINE NUMBER: PAGE 52 OF 64  
 (check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Congress of Obstetricians & Gynecologists PAC**

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

**A. Auguste, Tamika, C., , MD**

Mailing Address 1150 K St NW  
Apt 402

City  
Washington

State  
DC

Zip Code  
20005-6803

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

MedStar Health

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

09 / 18 / 2017

Transaction ID : VPF9SNPXRZ9

Amount of Each Receipt this Period

200.00

☐ Memo Item

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

**B.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

☐ Memo Item

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

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

☐ Memo Item

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

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

200.00

50288.28

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

PAGE 53 OF 64

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

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NAME OF COMMITTEE (In Full)

**American Congress of Obstetricians & Gynecologists PAC**

Full Name (Last, First, Middle Initial)

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

Candidate Name

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

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		05		2017

FEC Identification Number

**C****Transaction ID : VPEAHA6RY:**

Amount of Each Disbursement this Period

19.95

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Square, Inc.**

Mailing Address 901 Mission St

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

Candidate Name

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

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		08		2017

FEC Identification Number

**C****Transaction ID : VPEAHA6S06**

Amount of Each Disbursement this Period

27.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

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

Candidate Name

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

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		18		2017

FEC Identification Number

**C****Transaction ID : VPEAHA6S2**

Amount of Each Disbursement this Period

64.77

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

112.22

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

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

PAGE 54 OF 64

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

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NAME OF COMMITTEE (In Full)

**American Congress of Obstetricians & Gynecologists PAC**

Full Name (Last, First, Middle Initial)

**A. Sage Payment Solutions**

Mailing Address 1750 Old Meadow Rd

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

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
09		05		2017

FEC Identification Number

**C** Transaction ID : VPEAHA6RY

Amount of Each Disbursement this Period

368.91

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Square, Inc.**

Mailing Address 901 Mission St

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

Candidate Name

 Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		11		2017

FEC Identification Number

**C** Transaction ID : VPEAHA6S09

Amount of Each Disbursement this Period

99.17

☐ Memo Item

Full Name (Last, First, Middle Initial)

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

Candidate Name

 Office Sought: ☐ House  
☐ Senate  
☐ President

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

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		21		2017

FEC Identification Number

**C** Transaction ID : VPEAHA6RY

Amount of Each Disbursement this Period

32.44

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

500.52
--------

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

PAGE 55 OF 64

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

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NAME OF COMMITTEE (In Full)

**American Congress of Obstetricians & Gynecologists PAC**

Full Name (Last, First, Middle Initial)

**A. Square, Inc.**

Mailing Address 901 Mission St

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

Candidate Name

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

State: District:

Date of Disbursement

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

FEC Identification Number

**C****Transaction ID : VPEAHA6S0f**

Amount of Each Disbursement this Period

192.02

☐ Memo Item

Full Name (Last, First, Middle Initial)

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

Candidate Name

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

State: District:

Date of Disbursement

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

FEC Identification Number

**C****Transaction ID : VPEAHA6RY!**

Amount of Each Disbursement this Period

129.17

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Square, Inc.**

Mailing Address 901 Mission St

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

Candidate Name

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

State: District:

Date of Disbursement

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

FEC Identification Number

**C****Transaction ID : VPEAHA6S0f**

Amount of Each Disbursement this Period

70.14

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

391.33

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

PAGE 56 OF 64

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

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NAME OF COMMITTEE (In Full)

**American Congress of Obstetricians & Gynecologists PAC**

Full Name (Last, First, Middle Initial)

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

Candidate Name

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

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		19		2017

FEC Identification Number

**C****Transaction ID : VPEAHA6S2**

Amount of Each Disbursement this Period

122.53

☐ Memo Item

Full Name (Last, First, Middle Initial)

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

Candidate Name

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

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		06		2017

FEC Identification Number

**C****Transaction ID : VPEAHA6RY4**

Amount of Each Disbursement this Period

4.95

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

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

State: District:

Date of Disbursement

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

FEC Identification Number

**C**

Amount of Each Disbursement this Period

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

127.48

1131.55



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

PAGE 57 OF 64

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

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NAME OF COMMITTEE (In Full)

**American Congress of Obstetricians & Gynecologists PAC**

Full Name (Last, First, Middle Initial)

**A. Lou Correa for Congress**

Mailing Address PO Box 2229

City  
San MarcosState  
CAZip Code  
92079-2229Purpose of Disbursement  
Federal Contribution

Candidate Name

**CORREA, JOSE LUIS (LOU) MR., , ,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2018

☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA

District: 46

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	2			2	0	1	7		

FEC Identification Number

**C** C00578302**Transaction ID : VPEAHA6RX**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Ryan Costello for Congress**

Mailing Address PO Box 3154

City  
West ChesterState  
PAZip Code  
19381-3154Purpose of Disbursement  
Federal Contribution

Candidate Name

**Costello, Ryan, A, ,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

State: PA

District: 06

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	4			2	0	1	7		

FEC Identification Number

**C** C00554899**Transaction ID : VPEAHA6RX**

Amount of Each Disbursement this Period

3000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Katko for Congress**Mailing Address 228 S Washington St  
Ste 115City  
AlexandriaState  
VAZip Code  
22314-5404Purpose of Disbursement  
Federal Contribution

Candidate Name

**KATKO, JOHN M, , ,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2018

☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY

District: 24

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	2			2	0	1	7		

FEC Identification Number

**C** C00556365**Transaction ID : VPEAHA6RX**

Amount of Each Disbursement this Period

1000.00

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

5000.00

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

PAGE 58 OF 64

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

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NAME OF COMMITTEE (In Full)

**American Congress of Obstetricians & Gynecologists PAC**

Full Name (Last, First, Middle Initial)

**A. Lisa Murkowski for US Senate**

Mailing Address PO Box 100847

City  
AnchorageState  
AKZip Code  
99510-0847Purpose of Disbursement  
Federal Contribution

Candidate Name

**MURKOWSKI, LISA, , ,**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2022

☐ Primary ☒ General  
☐ Other (specify) ▼

State: AK

District: 00

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	8			2	0	1	7		

FEC Identification Number

**C** C00384529**Transaction ID : VPEAHA6RX**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Progressive Choices PAC**

Mailing Address PO Box 58

City  
EvanstonState  
ILZip Code  
60204-0058Purpose of Disbursement  
Federal Contribution

Candidate Name

**Progressive Choices PAC**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	5			2	0	1	7		

FEC Identification Number

**C** C00381806**Transaction ID : VPEAHA6RX**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Katherine Clark for Congress**

Mailing Address PO Box 361

City  
MaldenState  
MAZip Code  
02148-0004Purpose of Disbursement  
Federal Contribution

Candidate Name

**CLARK, KATHERINE, , ,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2018

☒ Primary ☐ General  
☐ Other (specify) ▼

State: MA

District: 05

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	2			2	0	1	7		

FEC Identification Number

**C** C00541888**Transaction ID : VPEAHA6RX**

Amount of Each Disbursement this Period

1000.00

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

3000.00

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

PAGE 59 OF 64

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

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NAME OF COMMITTEE (In Full)

**American Congress of Obstetricians & Gynecologists PAC**

Full Name (Last, First, Middle Initial)

**A. Lisa Murkowski for US Senate**

Mailing Address PO Box 100847

City  
AnchorageState  
AKZip Code  
99510-0847Purpose of Disbursement  
Federal Contribution

Candidate Name

**MURKOWSKI, LISA, , ,**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2022

☒ Primary ☐ General  
☐ Other (specify) ▼

State: AK

District: 00

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	0			2	0	1	7		

FEC Identification Number

**C** C00384529**Transaction ID : VPEAHA6RX**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Nutmeg PAC**Mailing Address 777 Summer St  
c/o Cacace Tusch & SantagataCity  
StamfordState  
CTZip Code  
06901-1022Purpose of Disbursement  
Federal Contribution

Candidate Name

**Nutmeg PAC**

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
0	9			0	5			2	0	1	7		

FEC Identification Number

**C** C00492983**Transaction ID : VPEAHA6RX**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Susan Davis For Congress**

Mailing Address PO Box 84049

City  
San DiegoState  
CAZip Code  
92138-4049Purpose of Disbursement  
Federal Contribution

Candidate Name

**DAVIS, SUSAN, , ,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2018

☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA

District: 53

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	8			2	0	1	7		

FEC Identification Number

**C** C00344671**Transaction ID : VPEAHA6RY**

Amount of Each Disbursement this Period

1000.00

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

8	5	0	0	.	0	0
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 60 OF 64

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

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NAME OF COMMITTEE (In Full)

**American Congress of Obstetricians & Gynecologists PAC**

Full Name (Last, First, Middle Initial)

**A. Friends Of Chris Murphy**

Mailing Address PO Box 127

City  
CheshireState  
CTZip Code  
06410-0127Purpose of Disbursement  
Federal Contribution

Candidate Name

**Murphy, Christopher, , ,**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2018

☐ Primary ☐ General  
☒ Other (specify) ☐ Convention

State: CT

District: 00

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	0			2	0	1	7		

FEC Identification Number

**C** C00492645**Transaction ID : VPEAHA6RXI**

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Friends Of Chris Murphy**

Mailing Address PO Box 127

City  
CheshireState  
CTZip Code  
06410-0127Purpose of Disbursement  
Federal Contribution

Candidate Name

**Murphy, Christopher, , ,**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2018

☐ Primary ☒ General  
☐ Other (specify)

State: CT

District: 00

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	0			2	0	1	7		

FEC Identification Number

**C** C00492645**Transaction ID : VPEAHA6T2F**

Amount of Each Disbursement this Period

2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Leslie Cockburn for Congress**

Mailing Address PO Box 186

City  
SperryvilleState  
VAZip Code  
22740-0186Purpose of Disbursement  
Federal Contribution

Candidate Name

**COCKBURN, LESLIE, , ,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2018

☒ Primary ☐ General  
☐ Other (specify)

State: VA

District: 05

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	8			2	0	1	7		

FEC Identification Number

**C** C00650366**Transaction ID : VPEAHA6RX**

Amount of Each Disbursement this Period

1000.00

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

3500.00

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

PAGE 61 OF 64

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

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NAME OF COMMITTEE (In Full)

**American Congress of Obstetricians & Gynecologists PAC**

Full Name (Last, First, Middle Initial)

**A. McCaskill for Missouri**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	8			2	0	1	7		

Mailing Address PO Box 300077

FEC Identification Number

**C** C00431304**Transaction ID : VPEAHA6RX'**

Amount of Each Disbursement this Period

1000.00

☐ Memo ItemCity  
Saint LouisState  
MOZip Code  
63130-0338Purpose of Disbursement  
Federal Contribution

Candidate Name

**MCCASKILL, CLAIRE, , ,**Category/  
Type

Office Sought:

☐ House☒ Senate☐ President

Disbursement For: 2018

☒ Primary☐ General☐ Other (specify) ▼

State: MO

District: 00

Full Name (Last, First, Middle Initial)

**B. Curbelo/Costello Leadership Committee**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	5			2	0	1	7		

Mailing Address 824 S Milledge Ave  
Ste 101

FEC Identification Number

**C** C00631416**Transaction ID : VPEAHA6RXI**

Amount of Each Disbursement this Period

2000.00

☐ Memo ItemCity  
AthensState  
GAZip Code  
30605-1332Purpose of Disbursement  
Federal Contribution

Candidate Name

**Curbelo/Costello Leadership Committee**Category/  
Type

Office Sought:

☐ House☐ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

**C. Stivers For Congress**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	2			2	0	1	7		

Mailing Address 4679 Winterset Dr

FEC Identification Number

**C** C00441352**Transaction ID : VPEAHA6RY**

Amount of Each Disbursement this Period

1000.00

☐ Memo ItemCity  
ColumbusState  
OHZip Code  
43220-8113Purpose of Disbursement  
Federal Contribution

Candidate Name

**STIVERS, STEVE MR., , ,**Category/  
Type

Office Sought:

☒ House☐ Senate☐ President

Disbursement For: 2018

☐ Primary☒ General☐ Other (specify) ▼

State: OH

District: 15

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

4000.00

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

PAGE 62 OF 64

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

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NAME OF COMMITTEE (In Full)

**American Congress of Obstetricians & Gynecologists PAC**

Full Name (Last, First, Middle Initial)

**A. Lance for Congress**

Mailing Address PO Box 999

City  
EdisonState  
NJZip Code  
08818-0999Purpose of Disbursement  
Federal Contribution

Candidate Name

**LANCE, LEONARD, , ,**Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2018

☒ Primary ☐ General  
☐ Other (specify) ▼

State: NJ District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		05		2017

FEC Identification Number

**C** C00444224**Transaction ID : VPEAHA6RX**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Collins For Senator**

Mailing Address PO Box 1096

City  
BangorState  
MEZip Code  
04402-1096Purpose of Disbursement  
Federal Contribution

Candidate Name

**Collins, Susan, , ,**Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2018

☒ Primary ☐ General  
☐ Other (specify)

State: ME District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		20		2017

FEC Identification Number

**C** C00314575**Transaction ID : VPEAHA6RX**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

**C**

Amount of Each Disbursement this Period

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

3500.00

27500.00

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

PAGE 63 OF 64

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

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NAME OF COMMITTEE (In Full)

**American Congress of Obstetricians & Gynecologists PAC**

Full Name (Last, First, Middle Initial)

**A. Carson, George, Douglas, , MD**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		18		2017

Mailing Address 1440 14th Ave

City  
Regina SK S4P 0W5 CanadaState  
ZZZip Code  
00000Purpose of Disbursement  
Contribution Refund

Candidate Name

Category/  
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

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

State: District:

FEC Identification Number

**C****Transaction ID : VPEAHA6NS'**

Amount of Each Disbursement this Period

390.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Date of Disbursement

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

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

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

State: District:

FEC Identification Number

**C**

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

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

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

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

State: District:

FEC Identification Number

**C**

Amount of Each Disbursement this Period

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

390.00

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

390.00

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

PAGE 64 OF 64

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

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NAME OF COMMITTEE (In Full)

**American Congress of Obstetricians & Gynecologists PAC**

Full Name (Last, First, Middle Initial)

**A. Elect Manka**

Mailing Address PO Box 2467

City  
RedmondState  
WAZip Code  
98073-2467Purpose of Disbursement  
Non-Federal Contribution

Candidate Name

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

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	8			2	0	1	7		

FEC Identification Number

**C****Transaction ID : VPEAHA6RY!**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Elisabeth Baker for Senate**Mailing Address PO Box 59  
PO Box 59City  
LehmanState  
PAZip Code  
18627-0059Purpose of Disbursement  
Non-Federal Contribution

Candidate Name

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

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	5			2	0	1	7		

FEC Identification Number

**C****Transaction ID : VPEAHA6RY!**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

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

State: District:

Date of Disbursement

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

FEC Identification Number

**C**

Amount of Each Disbursement this Period

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

2000.00

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

2000.00