

**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 & 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 M / D D D / Y Y Y Y Y Y

in the
State of(d) 30-Day
POST-Election
Report for the:

- ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on

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

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
05 01 2017

through

M M M / D D D / Y Y Y Y Y Y
05 31 2017

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

Schilling, Mary, , ,

Type or Print Name of Treasurer

Signature of Treasurer

Schilling, Mary, , ,

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
06 20 2017

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

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

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

American Congress of Obstetricians & Gynecologists PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
05 / 01 / 2017 To: M M / D D / Y Y Y Y Y Y
05 / 31 / 2017

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2017		272752.40
(b) Cash on Hand at Beginning of Reporting Period.....	382192.86	
(c) Total Receipts (from Line 19)	55344.79	291796.12
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	437537.65	564548.52
7. Total Disbursements (from Line 31).....	82478.27	209489.14
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	355059.38	355059.38
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	



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

For further information contact:

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

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

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

American Congress of Obstetricians & Gynecologists PAC

Report Covering the Period:

From:

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

To:

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	5		3	1		2	0	1	7		

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	41119.27	183352.03
(ii) Unitemized	14225.52	108444.09
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	55344.79	291796.12
(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)	55344.79	291796.12
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))	55344.79	291796.12
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	55344.79	291796.12

DETAILED SUMMARY PAGE

of Disbursements

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Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	978.27	5989.14
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	978.27	5989.14
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	81500.00	202500.00
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	0.00	0.00
(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)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	1000.00
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)) ..	82478.27	209489.14
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	82478.27	209489.14

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)	55344.79	291796.12
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	55344.79	291796.12
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	978.27	5989.14
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	978.27	5989.14

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

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

FOR LINE NUMBER: PAGE 6 OF 44
(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. 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 ▼

916.65

Date of Receipt

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

Transaction ID : VPF9SN2XZ30

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

B. Dardarian, Thomas, S., , DO

Mailing Address 108 Ceton Ct

City
Broomall

State
PA

Zip Code
19008-2524

FEC ID number of contributing
federal political committee.

C

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

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2125.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 18 / 2017

Transaction ID : VPF9SN4KHA0

Amount of Each Receipt this Period

425.00

☐ Memo Item

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

C. Swift, Sara, Helena, , MD

Mailing Address 2893 Creekwood Cir

City
Green Bay

State
WI

Zip Code
54311-4617

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 ▼

365.00

Date of Receipt

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

Transaction ID : VPF9SN382F0

Amount of Each Receipt this Period

325.00

☐ Memo Item

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

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

833.33

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

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

FOR LINE NUMBER: PAGE 7 OF 44

(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. 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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 16 / 2017

Transaction ID : VPF9SN4D3N0

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. DeFrancesco, Mark, S., , MD, MBA

Mailing Address 35 Terrell Farm PI

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 ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 30 / 2017

Transaction ID : VPF9SN6X5R0

Amount of Each Receipt this Period

625.00

☐ Memo Item

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

C. Rosenbaum, Alan, J., , MD

Mailing Address 178 S Cudlow St

City
Columbus

State
OH

Zip Code
43215

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Ohio State University

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
05 / 09 / 2017

Transaction ID : VPF9SN37YS0

Amount of Each Receipt this Period

650.00

☐ Memo Item

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

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

1325.00

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

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

FOR LINE NUMBER: PAGE 8 OF 44

(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. Cannon, Octavia, , DO

Mailing Address 3643 Canfield Hill Ct

City
CharlotteState
NCZip Code
28270-1111FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Arboretum Ob-GynOccupation (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
05 / 20 / 2017

Transaction ID : VPF9SN4WZX0

Amount of Each Receipt this Period

50.00

☐ 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
BrookfieldState
WIZip Code
53045-4143FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Medical College of WisconsinOccupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 08 / 2017

Transaction ID : VPF9SNA5GX0

Amount of Each Receipt this Period

390.00

☐ 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 ▼

375.00

Date of Receipt

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

Transaction ID : VPF9SN382X0

Amount of Each Receipt this Period

325.00

☐ Memo Item

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

765.00

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 9 OF 44

(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. 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 ▼

1035.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 08 / 2017

Transaction ID : VPF9SNA5H61

Amount of Each Receipt this Period

190.00

☐ 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
Bloomington

State
IN

Zip Code
47401-6305

FEC ID number of contributing
federal political committee.

C

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

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

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

Transaction ID : VPF9SN2TW71

Amount of Each Receipt this Period

325.00

☐ Memo Item

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

C. Bacon, Janice, L., , MD

Mailing Address 3401 Heatherwood Rd

City
Columbia

State
SC

Zip Code
29205-1952

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Lexington Medical Center

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 30 / 2017

Transaction ID : VPF9SN6WVJ1

Amount of Each Receipt this Period

290.00

☐ Memo Item

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

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

805.00

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

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

FOR LINE NUMBER: PAGE 10 OF 44

(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. 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 ▼

515.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 11 / 2017

Transaction ID : VPF9SN3JBJ1

Amount of Each Receipt this Period

84.00

☐ Memo Item

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

B. Phipps, Maureen, Glennon, , MD

Mailing Address 5 Summer St

City

Wrentham

State

MA

Zip Code

02093-1841

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Women & Infants Hospital

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

955.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 06 / 2017

Transaction ID : VPF9SNA5GR1

Amount of Each Receipt this Period

955.00

☐ Memo Item

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

c. Hampton, R., Moss, , MD

Mailing Address 3930 Edgebrook Ct

City

Midland

State

TX

Zip Code

79707-1434

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Texas Tech University

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

890.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 06 / 2017

Transaction ID : VPF9SNA5HS1

Amount of Each Receipt this Period

390.00

☐ Memo Item

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

1429.00

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 11 OF 44

(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. Preus, Eve, M., , MD

Mailing Address 688 N 29th St

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

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

232.50

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 07 / 2017

Transaction ID : VPF9SN2VJX1

Amount of Each Receipt this Period

12.50

☐ Memo Item

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

B. Song, Sam, , ,

Mailing Address 2216 39th St SE

City
PuyallupState
WAZip Code
98372-5221FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MulticareOccupation (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
05 / 30 / 2017

Transaction ID : VPF9SN6WW02

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. Diemert, Monica, , ,

Mailing Address 2900 Wilcrest Dr
Ste 300City
HoustonState
TXZip Code
77042-6033FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Transformation Enzyme CorpOccupation (for Individual)
Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 08 / 2017

Transaction ID : VPF9SNA5H12

Amount of Each Receipt this Period

390.00

☐ Memo Item

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

652.50

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: PAGE 12 OF 44

(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. Schipper, Erica, , ,

Mailing Address 2400 Carriage Ct

City
Sioux FallsState
SDZip Code
57108-5203FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Sanford HealthOccupation (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
05 / 05 / 2017

Transaction ID : VPF9SN2GJF2

Amount of Each Receipt this Period

650.00

☐ Memo Item

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

B. Evans, Megan, L., , MD, MPH

Mailing Address 190 Dudley St

City
BrooklineState
MAZip Code
02445-5908FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Tufts Medical CenterOccupation (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
05 / 06 / 2017

Transaction ID : VPF9SNA5HM2

Amount of Each Receipt this Period

95.00

☐ Memo Item

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

C. Warshaw, Eric, F., , MD

Mailing Address 806 NW Albemarle Ter

City
PortlandState
ORZip Code
97210-3117FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WWPOccupation (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
05 / 05 / 2017

Transaction ID : VPF9SN2TWN2

Amount of Each Receipt this Period

325.00

☐ Memo Item

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

1070.00

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

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

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

American Congress of Obstetricians & Gynecologists PAC

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

A. 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 ▼

416.65

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 23 / 2017

Transaction ID : VPF9SN4YHP2

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

B. Hirata, Greigh, , ,

Mailing Address 2112 Hakanu St

City

Honolulu

State

HI

Zip Code

96821-2602

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 ▼

2500.00

Date of Receipt

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

Transaction ID : VPF9SN385P2

Amount of Each Receipt this Period

2500.00

☐ 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 ▼

1045.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 07 / 2017

Transaction ID : VPF9SN2VGZ2

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)..... ►

2792.33

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

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

American Congress of Obstetricians & Gynecologists PAC

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

A. Herde, Christine, Marie, , MD

Mailing Address 2507 South Rd

Mount Kisco Medical Group

City

Poughkeepsie

State

NY

Zip Code

12601-5458

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 ▼

875.00

Date of Receipt

MM / DD / YYYY
05 / 04 / 2017

Transaction ID : VPF9SN1WG03

Amount of Each Receipt this Period

175.00

☐ 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 ▼

1035.00

Date of Receipt

MM / DD / YYYY
05 / 06 / 2017

Transaction ID : VPF9SNA5G43

Amount of Each Receipt this Period

195.00

☐ Memo Item

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

C. 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)

Resident

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

1395.00

Date of Receipt

MM / DD / YYYY
05 / 05 / 2017

Transaction ID : VPF9SN2TY83

Amount of Each Receipt this Period

1200.00

☐ Memo Item

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

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

1570.00

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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. 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
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID : VPF9SN2GZ93

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. Hilliard, Allyson, M, ,

Mailing Address 724 River Mist Dr

City

Oxon Hill

State

MD

Zip Code

20745-3475

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Mid-Atlantic Permanente Medical Group

Occupation (for Individual)

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 30 / 2017

Transaction ID : VPF9SN6WXE3

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. Mercer, Laura, Terese, , MD

Mailing Address 1952 E Luke Ave

City

Phoenix

State

AZ

Zip Code

85016-3014

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Arizona Ob-Gyn Affiliates

Occupation (for Individual)

Physician

Receipt For:

☐ Primary
☐ Other (specify)

General

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

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

Transaction ID : VPF9SN2GZE3

Amount of Each Receipt this Period

2500.00

☐ Memo Item

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

3250.00

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

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

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Detailed Summary Page

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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. Prager, Sarah, Ward, , MD

Mailing Address 7531 30th Ave NE

City
Seattle

State
WA

Zip Code
98115-4719

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of Washington

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
05 / 05 / 2017

Transaction ID : VPF9SN2GMV3

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. 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 ▼

232.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 08 / 2017

Transaction ID : VPF9SNA5H04

Amount of Each Receipt this Period

20.00

☐ 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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 30 / 2017

Transaction ID : VPF9SN6X644

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)..... ►

820.00

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

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NAME OF COMMITTEE (In Full)

American Congress of Obstetricians & Gynecologists PAC

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

A. 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 ▼

465.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 22 / 2017

Transaction ID : VPF9SN9T584

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

B. Smith, Patricia, Amanda, , MD

Mailing Address 738 Fontaine St

City
Alexandria

State
VA

Zip Code
22302-3607

FEC ID number of contributing
federal political committee.

C

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

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

825.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 16 / 2017

Transaction ID : VPF9SN497C4

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

C. Addis, Ilana, Beth, , MD, MPH

Mailing Address 629 N Wilson Ave

City
Tucson

State
AZ

Zip Code
85719-5145

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of Arizona

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
05 / 05 / 2017

Transaction ID : VPF9SN2GZJ4

Amount of Each Receipt this Period

650.00

☐ Memo Item

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

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

740.00

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

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NAME OF COMMITTEE (In Full)

American Congress of Obstetricians & Gynecologists PAC

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

A. Ogburn, Joseph, A., MD

Mailing Address 709 S G St

City
McAllen

State
TX

Zip Code
78501-8806

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of Texas

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

580.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 30 / 2017

Transaction ID : VPF9SN6X3K4

Amount of Each Receipt this Period

580.00

☐ Memo Item

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

B. Tildon-Burton, Janice, E., MD

Mailing Address 1700 Talley Rd

City
Wilmington

State
DE

Zip Code
19803-3916

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 ▼

836.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 08 / 2017

Transaction ID : VPF9SN2VQQ4

Amount of Each Receipt this Period

209.00

☐ Memo Item

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

c. Stauble, Mary, Elaine, MD

Mailing Address 2539 Dell Rd

City
Louisville

State
KY

Zip Code
40205-2309

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of Louisville

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
05 / 06 / 2017

Transaction ID : VPF9SNA5HR4

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)..... ►

1039.00

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

Use separate schedule(s)
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Detailed Summary Page

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

American Congress of Obstetricians & Gynecologists PAC

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

A. Garrard, Jacqueline, M., , MD

Mailing Address 50 Bristlecone Way

City
BoulderState
COZip Code
80304-0469FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
San Luis Valley HealthOccupation (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
05 / 09 / 2017

Transaction ID : VPF9SN381T4

Amount of Each Receipt this Period

650.00

☐ Memo Item

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

B. French, Valerie, Anne, , MD

Mailing Address 6200 Brassie Ln

City
ParkvilleState
MOZip Code
64152-4974FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 07 / 2017

Transaction ID : VPF9SNA5GV4

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

C. Fewell, Victoria, , ,

Mailing Address 3481 E Via Colonia Del Sol

City
TucsonState
AZZip Code
85718-6065FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 10 / 2017

Transaction ID : VPF9SN3CNW4

Amount of Each Receipt this Period

1200.00

☐ Memo Item

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

1900.00

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

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

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NAME OF COMMITTEE (In Full)

American Congress of Obstetricians & Gynecologists PAC

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

A. 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 ▼

1195.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 08 / 2017

Transaction ID : VPF9SNA5J15

Amount of Each Receipt this Period

195.00

☐ Memo Item

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

B. Palmer, James, Marshall, , MD

Mailing Address 2807 W Sitios St

City
Tampa

State
FL

Zip Code
33629-6137

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of South Florida

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
05 / 05 / 2017

Transaction ID : VPF9SN2TW55

Amount of Each Receipt this Period

325.00

☐ Memo Item

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

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

Mailing Address 2821 W Fountain Blvd

City
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 ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 16 / 2017

Transaction ID : VPF9SN4D455

Amount of Each Receipt this Period

70.00

☐ Memo Item

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

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

590.00

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

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NAME OF COMMITTEE (In Full)

American Congress of Obstetricians & Gynecologists PAC

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

A. 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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 08 / 2017

Transaction ID : VPF9SNA5H95

Amount of Each Receipt this Period

200.00

☐ Memo Item

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

B. Brousseau, Erin, Christine, , MD

Mailing Address 85 Strathmore Rd

City
Cranston

State
RI

Zip Code
02905-3722

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Women & Infants Hospital

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
05 / 09 / 2017

Transaction ID : VPF9SN381G5

Amount of Each Receipt this Period

325.00

☐ Memo Item

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

C. Scales, Kasandra, Lynne, , MD

Mailing Address 625 E Monroe Ave

City
Alexandria

State
VA

Zip Code
22301-3019

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Upstate Medical University

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
05 / 07 / 2017

Transaction ID : VPF9SNA5GH5

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)..... ►

625.00

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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. Anderson, Ted, L., MD, PhD

Mailing Address 516 Leanne Way

City
FranklinState
TNZip Code
37069-8719FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Vanderbilt UniversityOccupation (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
05 / 30 / 2017

Transaction ID : VPF9SN6X4M5

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Gandell, Ryan, , ,

Mailing Address 2521 Crest Dr

City
CarlsbadState
CAZip Code
92008-1503FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Meridian Capital GroupOccupation (for Individual)
Real Estate Broker

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
05 / 06 / 2017

Transaction ID : VPF9SNA5GP5

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. Jennings, John, Christopher, , MD

Mailing Address 2405 Spoonbill Dr

City
League CityState
TXZip Code
77573-3076FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Texas Tech University Health SciencesOccupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 30 / 2017

Transaction ID : VPF9SN6WWV5

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

1500.00

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

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

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NAME OF COMMITTEE (In Full)

American Congress of Obstetricians & Gynecologists PAC

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

A. 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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 24 / 2017

Transaction ID : VPF9SN5J2W5

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

B. Rowan, Shon, Patrick, , MD

Mailing Address 15 Berkshire Dr

City
Morgantown

State
WV

Zip Code
26508-4501

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WVU Medicine

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
05 / 10 / 2017

Transaction ID : VPF9SN3CP06

Amount of Each Receipt this Period

325.00

☐ Memo Item

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

C. Granai, Cornelius, O., , MD

Mailing Address 18 Halsey St

City
Providence

State
RI

Zip Code
02906-1415

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Women & Infants Hospital

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 30 / 2017

Transaction ID : VPF9SN6WX36

Amount of Each Receipt this Period

380.00

☐ Memo Item

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

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

805.00

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

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NAME OF COMMITTEE (In Full)

American Congress of Obstetricians & Gynecologists PAC

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

A. Forstein, David, A., , DO

Mailing Address 14 Hollingsworth Dr

City
Greenville

State
SC

Zip Code
29607-3923

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Greenville Health System

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
05 / 28 / 2017

Transaction ID : VPF9SN6H836

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. Fleischman, Steven, Jay, , MD

Mailing Address 148 Rimmon Rd
Unit 6

City
Woodbridge

State
CT

Zip Code
06525-1916

FEC ID number of contributing
federal political committee.

C

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

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3070.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 06 / 2017

Transaction ID : VPF9SNA5G76

Amount of Each Receipt this Period

570.00

☐ Memo Item

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

C. Kennebeck, Caroline, H., , MD

Mailing Address 5701 Far Hills Ave

City
Dayton

State
OH

Zip Code
45429-2207

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Fair Hills OB-GYN Inc

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 30 / 2017

Transaction ID : VPF9SN6WVB6

Amount of Each Receipt this Period

390.00

☐ Memo Item

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

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

1010.00

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

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

American Congress of Obstetricians & Gynecologists PAC

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

A. Giles, Dobie, Lee, , MD

Mailing Address 4302 Goldfinch Cir

City
MiddletonState
WIZip Code
53562-5210FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

836.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 14 / 2017

Transaction ID : VPF9SN3WYB6

Amount of Each Receipt this Period

209.00

☐ Memo Item

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

B. Levy, Barbara, S., , MD

Mailing Address PO Box 70620

City
WashingtonState
DCZip Code
20024-0620FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ACOGOccupation (for Individual)
Vice President of Advocacy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1650.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 07 / 2017

Transaction ID : VPF9SNA5GC6

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

C. Allen, Neil, H., ,

Mailing Address 7217 W Melbourne St

City
GreeleyState
COZip Code
80634-8807FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Banner HealthOccupation (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
05 / 30 / 2017

Transaction ID : VPF9SN6X5G6

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

1709.00

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

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NAME OF COMMITTEE (In Full)

American Congress of Obstetricians & Gynecologists PAC

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

A. 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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 06 / 2017

Transaction ID : VPF9SN2VAQ6

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

B. Dehasse, Carol, , ,

Mailing Address 110 N Camino Miramonte

City
Tucson

State
AZ

Zip Code
85716-4948

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CHS Northwest Medical Center

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 10 / 2017

Transaction ID : VPF9SN3CNV6

Amount of Each Receipt this Period

1200.00

☐ Memo Item

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

C. Boyer, Laura, , ,

Mailing Address 1300 N Frontage Rd W
1250

City
Vail

State
CO

Zip Code
81657-9944

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SCL Physicians

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
05 / 09 / 2017

Transaction ID : VPF9SN37ZW6

Amount of Each Receipt this Period

325.00

☐ Memo Item

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

1625.00

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

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NAME OF COMMITTEE (In Full)

American Congress of Obstetricians & Gynecologists PAC

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

A. 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)
Resident

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1395.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 08 / 2017

Transaction ID : VPF9SNA5GZ6

Amount of Each Receipt this Period

195.00

☐ Memo Item

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

B. Wrightson, Jeffrey, A., , MD

Mailing Address 1109 Pine Island Ct

City
Las Vegas

State
NV

Zip Code
89134-6330

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Well Health Quality Care

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

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

Transaction ID : VPF9SN382Z6

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

C. Elkin, Aaron, , , MD

Mailing Address 1309 N Federal Hwy

City
Hollywood

State
FL

Zip Code
33020-3631

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 ▼

1435.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 08 / 2017

Transaction ID : VPF9SNA5J07

Amount of Each Receipt this Period

195.00

☐ Memo Item

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440.00

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

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NAME OF COMMITTEE (In Full)

American Congress of Obstetricians & Gynecologists PAC

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

A. Phelan, Timothy, Michael, , MD

Mailing Address 2525 Riverside Ave

City
Jacksonville

State
FL

Zip Code
32204-4710

FEC ID number of contributing
federal political committee.

C

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

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 16 / 2017

Transaction ID : VPF9SN4D117

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. 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 ▼

1045.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 07 / 2017

Transaction ID : VPF9SN2VH17

Amount of Each Receipt this Period

209.00

☐ Memo Item

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

C. 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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 16 / 2017

Transaction ID : VPF9SN4D447

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)..... ►

559.00

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

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NAME OF COMMITTEE (In Full)

American Congress of Obstetricians & Gynecologists PAC

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

A. Brown, Haywood, L., , MD

Mailing Address 10113 Barnhart Way

City
Raleigh

State
NC

Zip Code
27617-8220

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Pyke

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2050.00

Date of Receipt

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

Transaction ID : VPF9SN2GZC7

Amount of Each Receipt this Period

650.00

☐ 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

Bloomington

State

IN

Zip Code

47401-6305

FEC ID number of contributing
federal political committee.

C

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

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 20 / 2017

Transaction ID : VPF9SN4X1D7

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

C. Brown, Haywood, L., , MD

Mailing Address 10113 Barnhart Way

City

Raleigh

State

NC

Zip Code

27617-8220

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Pyke

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2050.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 07 / 2017

Transaction ID : VPF9SNA5HD7

Amount of Each Receipt this Period

700.00

☐ Memo Item

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

1375.00

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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 ▼

505.00

Date of Receipt

05 / 12 / 2017

Transaction ID : VPF9SN3TRM7

Amount of Each Receipt this Period

100.00

☐ 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 and Central F

Occupation (for Individual)

Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 16 / 2017

Transaction ID : VPF9SN497M7

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

c. 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 ▼

515.00

Date of Receipt

05 / 06 / 2017

Transaction ID : VPF9SNA5GT7

Amount of Each Receipt this Period

95.00

☐ Memo Item

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

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245.00

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

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NAME OF COMMITTEE (In Full)

American Congress of Obstetricians & Gynecologists PAC

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

A. Logan, Deirdre, Dene, , MD

Mailing Address PO Box 45059

City
Los Angeles

State
CA

Zip Code
90045-0059

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Watts Healthcare Corporation

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 06 / 2017

Transaction ID : VPF9SN9T6V7

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

B. Smith, Heather, Ann, , MD

Mailing Address 175 E 96th St
Apt PHF

City
New York

State
NY

Zip Code
10128-6200

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Montefiore Medical Center

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1040.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 06 / 2017

Transaction ID : VPF9SNA5HV7

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

C. Mehta, Aasta, Dinesh, , MD

Mailing Address 1001 Towamencin Ave
Apt A210

City
Lansdale

State
PA

Zip Code
19446-5734

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Lehigh Valley Physician Group

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 12 / 2017

Transaction ID : VPF9SN3QM08

Amount of Each Receipt this Period

210.00

☐ Memo Item

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

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

1220.00

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

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

American Congress of Obstetricians & Gynecologists PAC

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

A. Evans, Megan, L., , MD, MPH

Mailing Address 190 Dudley St

City
Brookline

State
MA

Zip Code
02445-5908

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Tufts Medical Center

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 Y
05 / 08 / 2017

Transaction ID : VPF9SNA5H38

Amount of Each Receipt this Period

205.00

☐ Memo Item

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

B. Allbert, John, R., , MD

Mailing Address 2619 Sherwood Ave

City
Charlotte

State
NC

Zip Code
28207-2548

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Novant Health

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

530.00

Date of Receipt

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

Transaction ID : VPF9SN38158

Amount of Each Receipt this Period

100.00

☐ 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 ▼

1045.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 18 / 2017

Transaction ID : VPF9SN4HD98

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)..... ►

514.00

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

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NAME OF COMMITTEE (In Full)

American Congress of Obstetricians & Gynecologists PAC

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

A. Sinofsky, Francine, E., MD

Mailing Address 64 Cedar Ave

City

Highland Park

State

NJ

Zip Code

08904-2102

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Jewish Renaissance

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 30 / 2017

Transaction ID : VPF9SN6X5F8

Amount of Each Receipt this Period

195.00

☐ Memo Item

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

B. Feuille, Jr., Edmond, G.,

Mailing Address 551 N Hillside St
Ste 510

City

Wichita

State

KS

Zip Code

67214-4928

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Wichita OB-GYN Associates

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 30 / 2017

Transaction ID : VPF9SN6WWN8

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. Burkman, Ronald, T., Jr, MD

Mailing Address 284 Ardsley Rd

City

Longmeadow

State

MA

Zip Code

01106-2506

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Baystate Health

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 06 / 2017

Transaction ID : VPF9SNA5HP8

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

695.00

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

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

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NAME OF COMMITTEE (In Full)

American Congress of Obstetricians & Gynecologists PAC

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

A. 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 ▼

1150.00

Date of Receipt

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

Transaction ID : VPF9SN2XZQ8

Amount of Each Receipt this Period

210.00

☐ 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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 16 / 2017

Transaction ID : VPF9SN4D4V8

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

C. Divenere, Lucia, , ,

Mailing Address 156 12th St SE

The American College of Ob-Gyn

City
Washington

State
DC

Zip Code
20003-1413

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ACOG

Occupation (for Individual)
Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 10 / 2017

Transaction ID : VPF9SN3CP39

Amount of Each Receipt this Period

1200.00

☐ Memo Item

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

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

1510.00

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

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NAME OF COMMITTEE (In Full)

American Congress of Obstetricians & Gynecologists PAC

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

A. 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 ▼

825.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 16 / 2017

Transaction ID : VPF9SN4D439

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

B. Myers, Deborah, Lee, , MD

Mailing Address 82 Capt John Wightman Ln

City

North Kingstown

State

RI

Zip Code

02852-1100

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Women & Infants Hospital of RI

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 30 / 2017

Transaction ID : VPF9SN6X449

Amount of Each Receipt this Period

390.00

☐ Memo Item

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

c. Creedon, Douglas, James, , MD

Mailing Address 1119 Buckridge Dr NE

City

Rochester

State

MN

Zip Code

55906-8526

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
North Memorial Med Center

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

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

Transaction ID : VPF9SN26269

Amount of Each Receipt this Period

1200.00

☐ Memo Item

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

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

1690.00

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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. Henke, Clyde, Alex, , MD

Mailing Address 3501 Knickerbocker Rd

City
San Angelo

State
TX

Zip Code
76904-7610

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Community Medical Assoc

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
05 / 06 / 2017

Transaction ID : VPF9SNA5G69

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Suarez, Ramon, A., , MD

Mailing Address 725 N Island Dr

City
Atlanta

State
GA

Zip Code
30327-4619

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Atlanta Women's Health Care Specialist

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
05 / 08 / 2017

Transaction ID : VPF9SNA5H79

Amount of Each Receipt this Period

2500.00

☐ Memo Item

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

C. Brown, Haywood, L., , MD

Mailing Address 10113 Barnhart Way

City
Raleigh

State
NC

Zip Code
27617-8220

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Pyke

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2050.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 07 / 2017

Transaction ID : VPF9SNA5HC9

Amount of Each Receipt this Period

700.00

☐ Memo Item

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

3450.00

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

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

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NAME OF COMMITTEE (In Full)

American Congress of Obstetricians & Gynecologists PAC

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

A. 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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 18 / 2017

Transaction ID : VPF9SN4HDJ9

Amount of Each Receipt this Period

65.00

☐ Memo Item

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

B. Hepfer, Thomas, Willard, , MD

Mailing Address 2810 Lillington Dr

City
Sumter

State
SC

Zip Code
29150-2213

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Palmetto Health

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2890.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 06 / 2017

Transaction ID : VPF9SNA5GM9

Amount of Each Receipt this Period

390.00

☐ 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 ▼

1955.55

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 01 / 2017

Transaction ID : VPF9SN11RQ9

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)..... ►

846.11

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

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NAME OF COMMITTEE (In Full)

American Congress of Obstetricians & Gynecologists PAC

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

A. Aeby, Tod, C., , MD

Mailing Address 44-138 Kahinani Way

City
KaneoheState
HIZip Code
96744-2570FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Univeristy of HawaiiOccupation (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
05 / 11 / 2017

Transaction ID : VPF9SN3K6Q9

Amount of Each Receipt this Period

325.00

☐ 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
AlbuquerqueState
NMZip Code
87111-3032FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of New Mexico School of MedOccupation (for Individual)
MD - faculty

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 06 / 2017

Transaction ID : VPF9SNA5GS9

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

C. Allbert, John, R., , MD

Mailing Address 2619 Sherwood Ave

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

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

530.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 06 / 2017

Transaction ID : VPF9SNA5HT9

Amount of Each Receipt this Period

390.00

☐ Memo Item

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

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

1715.00

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

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NAME OF COMMITTEE (In Full)

American Congress of Obstetricians & Gynecologists PAC

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

A. 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 ▼

505.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 08 / 2017

Transaction ID : VPF9SNA5HZ9

Amount of Each Receipt this Period

5.00

☐ Memo Item

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

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

☐ Memo Item

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

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

☐ Memo Item

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

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

5.00

41119.27

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

Use separate schedule(s)
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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 2000

City
Atlanta

State
GA

Zip Code
30342-1651

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
05 / 08 / 2017

FEC Identification Number

C

Transaction ID : VPEAHA5F6c

Amount of Each Disbursement this Period

4.95

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Sage Payment Solutions

Mailing Address 1750 Old Meadow Rd

City
McLean

State
VA

Zip Code
22102-4304

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
05 / 23 / 2017

FEC Identification Number

C

Transaction ID : VPEAHA5F6N

Amount of Each Disbursement this Period

325.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. First Data

Mailing Address 5565 Glenridge Connector NE
Ste 2000

City
Atlanta

State
GA

Zip Code
30342-1651

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
05 / 10 / 2017

FEC Identification Number

C

Transaction ID : VPEAHA5F8i

Amount of Each Disbursement this Period

217.38

☐ Memo Item

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

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

547.33

**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 41 OF 44

<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 DataMailing 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
05		03		2017

FEC Identification Number

C**Transaction ID : VPEAHA5F6f**

Amount of Each Disbursement this Period

21.10

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. 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
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		01		2017

FEC Identification Number

C**Transaction ID : VPEAHA5F6f**

Amount of Each Disbursement this Period

234.92

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. First DataMailing 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
05		15		2017

FEC Identification Number

C**Transaction ID : VPEAHA5F6f**

Amount of Each Disbursement this Period

1.64

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

257.66

**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 42 OF 44

<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 DataMailing 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	5			1	2			2	0	1	7		

FEC Identification Number

C**Transaction ID : VPEAHA5F6**

Amount of Each Disbursement this Period

146.69

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. First DataMailing 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	5			1	1			2	0	1	7		

FEC Identification Number

C**Transaction ID : VPEAHA5F6**

Amount of Each Disbursement this Period

26.59

☐ 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).....▶

173.28

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

978.27

**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 43 OF 44

<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. Republican Governors AssociationMailing Address 1747 Pennsylvania Ave NW
Ste 250City
WashingtonState
DCZip Code
20006-4643Purpose of Disbursement
Non-Federal Contribution

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C **Transaction ID : VPEAHA57Z6**

Amount of Each Disbursement this Period

 25000.00☐ Memo Item

Full Name (Last, First, Middle Initial)

B. DSCC

Mailing Address 120 Maryland Ave NE

City
WashingtonState
DCZip Code
20002-5610Purpose of Disbursement
Federal Contribution

Candidate Name

DSCC

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	5			0	2			2	0	1	7		

FEC Identification Number

C C00042366**Transaction ID : VPEAHA57Z5**

Amount of Each Disbursement this Period

 15000.00☐ Memo Item

Full Name (Last, First, Middle Initial)

C. NRSC

Mailing Address 425 2nd St NE

City
WashingtonState
DCZip Code
20002-4914Purpose of Disbursement
Federal Contribution

Candidate Name

NRSC

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	5			0	2			2	0	1	7		

FEC Identification Number

C C00027466**Transaction ID : VPEAHA5F6I**

Amount of Each Disbursement this Period

 15000.00☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶ 55000.00**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 44 OF 44

<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. Jenkins For Congress

Mailing Address PO Box 727

City
HuntingtonState
WVZip Code
25711-0727Purpose of Disbursement
Federal Contribution

Candidate Name

JENKINS, EVAN H, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: WV

District: 03

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			0	3			2	0	1	7		

FEC Identification Number

C C00548271**Transaction ID : VPEAHA57Zt**

Amount of Each Disbursement this Period

1500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Democratic Governors AssociationMailing Address 1401 K St NW
Ste 200City
WashingtonState
DCZip Code
20005-3497Purpose of Disbursement
Non-Federal Contribution

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C**Transaction ID : VPEAHA57Zt**

Amount of Each Disbursement this Period

25000.00

☐ 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)..... ►

26500.00

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

81500.00