

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

ADDRESS (number and street) 409 12TH STREET, SW WASHINGTON DC 20024

2. FEC IDENTIFICATION NUMBER C00364158 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report (b) Monthly Report Due On: Feb 20, May 20, Aug 20, Nov 20, Mar 20, Jun 20, Sep 20, Dec 20, Apr 20, Jul 20, Oct 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 04 01 2012 through 04 30 2012

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer STACIE MONROE

Signature of Treasurer STACIE MONROE [Electronically Filed] Date 05 12 2012

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

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

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>		311166.38
(b) Cash on Hand at Beginning of Reporting Period.....	407878.71	
(c) Total Receipts (from Line 19) .....	36253.66	268763.64
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	444132.37	579930.02
7. Total Disbursements (from Line 31).....	41053.62	176851.27
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	403078.75	403078.75
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
  
Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

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

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	27455.66	191478.32
(ii) Unitemized .....	8798.00	72285.32
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	36253.66	263763.64
(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) .....	36253.66	263763.64
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	5000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	36253.66	268763.64
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	36253.66	268763.64

**DETAILED SUMMARY PAGE**  
of Disbursements

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 .....	2953.62	6151.27
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	2953.62	6151.27
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	32000.00	162000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	100.00	200.00
(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)).....	100.00	200.00
29. Other Disbursements .....	6000.00	8500.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	41053.62	176851.27
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	41053.62	176851.27

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	36253.66	263763.64
34. Total Contribution Refunds (from Line 28(d)) .....	100.00	200.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	36153.66	263563.64
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	2953.62	6151.27
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	2953.62	6151.27

**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 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) <b>A. RALPH J. ANDERSON</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 21 / 2012 <b>Transaction ID : SA11AI.26061</b>
Mailing Address 4100 COACHMAN LANE		Amount of Each Receipt this Period 100.00
City COLLEYVILLE	State TX	Zip Code 76034
FEC ID number of contributing federal political committee. C		
Name of Employer UNIVERSITY OF NORTH TEXAS	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) <b>B. THOMAS F. ARNOLD</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 25 / 2012 <b>Transaction ID : SA11AI.26082</b>
Mailing Address 1145 14TH AVENUE WEST		Amount of Each Receipt this Period 300.00
City DICKINSON	State ND	Zip Code 58601
FEC ID number of contributing federal political committee. C		
Name of Employer CATHOLIC HEALTH INITIATIVES	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00	

Full Name (Last, First, Middle Initial) <b>C. EMAD S. BAKY</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 10 / 2012 <b>Transaction ID : SA11AI.25873</b>
Mailing Address 6636 COVINGTON COVE		Amount of Each Receipt this Period 500.00
City CANFIELD	State OH	Zip Code 44406
FEC ID number of contributing federal political committee. C		
Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	900.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. RODOLFO S. BEER**  
Full Name (Last, First, Middle Initial)

Mailing Address 120B WINDMILL COVE

City GRENADA State MS Zip Code 38901

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

Name of Employer GRENADA LAKE MEDICAL CENTER Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 19 / 2012  
**Transaction ID : SA11AI.26037**

Amount of Each Receipt this Period  
 250.00

**B. GUY I. BENRUBI**  
Full Name (Last, First, Middle Initial)

Mailing Address 655 WEST 8TH STREET

City JACKSONVILLE State FL Zip Code 32209

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

Name of Employer UNIVERSITY OF FLORIDA Occupation 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  
 04 / 17 / 2012  
**Transaction ID : SA11AI.25859**

Amount of Each Receipt this Period  
 300.00

**C. DAVID J. BOES**  
Full Name (Last, First, Middle Initial)

Mailing Address 3926 CROOKED CREEK DRIVE

City OKEMOS State MI Zip Code 48864

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

Name of Employer INGHAM REGIONAL MEDICAL CENTER Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 08 / 2012  
**Transaction ID : SA11AI.25905**

Amount of Each Receipt this Period  
 65.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	615.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 45
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. KEITH R. BRILL</b>		Date of Receipt
Mailing Address 179 BORTIZAN DRIVE		<input type="text" value="04"/> / <input type="text" value="16"/> / <input type="text" value="2012"/>
City	State	Zip Code
LAS VEGAS	NV	89138
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.25986
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="60.00"/>
Name of Employer	Occupation	
WOMEN'S SPECIALTY CARE	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="210.00"/>	

Full Name (Last, First, Middle Initial) <b>B. HAYWOOD L. BROWN</b>		Date of Receipt
Mailing Address 4 WINDROW PLACE		<input type="text" value="04"/> / <input type="text" value="25"/> / <input type="text" value="2012"/>
City	State	Zip Code
DURHAM	NC	27705
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.26089
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="500.00"/>
Name of Employer	Occupation	
DUKE UNIVERSITY	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="500.00"/>	

Full Name (Last, First, Middle Initial) <b>C. RANDALL L. BROWN</b>		Date of Receipt
Mailing Address 9000 AIRLINE HIGHWAY		<input type="text" value="04"/> / <input type="text" value="27"/> / <input type="text" value="2012"/>
City	State	Zip Code
BATON ROUGE	LA	70815
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.26021
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="500.00"/>
Name of Employer	Occupation	
LOUISIANA WOMEN'S HEALTHCARE	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="500.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="1060.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>



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

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

FOR LINE NUMBER: PAGE 9 OF 45  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. CATRINA C. BUBIER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 338 WEST ROSE FINCH CIRCLE  
 City State Zip Code  
 HIGHLANDS RANCH CO 80129  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 WOMEN'S HEALTHCARE ASSOCIATES 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  
 04 / 03 / 2012  
**Transaction ID : SA11AI.25778**  
 Amount of Each Receipt this Period  
 300.00

**B. JUDITH T. BURGIS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2 MEDICAL PARK  
 City State Zip Code  
 COLUMBIA SC 29203  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 UNIVERSITY SPECIALTY CLINICS PHYSICIAN  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 02 / 2012  
**Transaction ID : SA11AI.25806**  
 Amount of Each Receipt this Period  
 300.00

**C. CHARLENE V. CASE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 UNION STREET  
 City State Zip Code  
 WEST SPRINGFIELD MA 01089  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 BAYSTATE OB/GYN 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  
 04 / 03 / 2012  
**Transaction ID : SA11AI.25779**  
 Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1100.00  
**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 10 OF 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. SUSAN H. CHAPMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 642 ULUKAHIKI STREET  
 City KAILUA State HI Zip Code 96734  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer PALI WOMEN'S HEALTH CENTER Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 03 / 2012  
**Transaction ID : SA11AI.25780**  
 Amount of Each Receipt this Period  
 300.00

**B. BENJAMIN H. CHEEK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1626 SUMMIT DRIVE  
 City COLUMBUS State GA Zip Code 31906  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer OB/GYN ASSOCIATES OF COLUMBUS Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 333.32

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 26 / 2012  
**Transaction ID : SA11AI.26118**  
 Amount of Each Receipt this Period  
 83.33

**C. JANET M. CHOI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 200 WEST END AVENUE  
 City NEW YORK State NY Zip Code 10023  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer COLUMBIA UNIVERSITY Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 20 / 2012  
**Transaction ID : SA11AI.25959**  
 Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 633.33  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. JEANNE A. CONRY</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 01 / 2012 <b>Transaction ID : SA11AI.25774</b>
Mailing Address 8204 CANTERSHIRE WAY		Amount of Each Receipt this Period 100.00
City GRANITE BAY	State CA	Zip Code 95746
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer PERMANENTE MEDICAL GROUP	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00	

Full Name (Last, First, Middle Initial) <b>B. JEANNE A. CONRY</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 02 / 2012 <b>Transaction ID : SA11AI.25809</b>
Mailing Address 8204 CANTERSHIRE WAY		Amount of Each Receipt this Period 300.00
City GRANITE BAY	State CA	Zip Code 95746
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer PERMANENTE MEDICAL GROUP	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1600.00	

Full Name (Last, First, Middle Initial) <b>C. NANCY H. COOK</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 20 / 2012 <b>Transaction ID : SA11AI.25961</b>
Mailing Address 5845 RIVERSIDE DRIVE		Amount of Each Receipt this Period 300.00
City ATLANTA	State GA	Zip Code 30327
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	700.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. MARLENE M. CORTON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3258 THROCKMORTON STREET  
 City DALLAS State TX Zip Code 75219  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer UNIVERSITY OF TEXAS Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 11 / 2012  
**Transaction ID : SA11AI.25893**  
 Amount of Each Receipt this Period  
 250.00

**B. THOMAS S. DARDARIAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 108 CETON COURT  
 City BROOMAIL State PA Zip Code 19008  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MAIN LINE WOMEN'S HEALTH CARE Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 14 / 2012  
**Transaction ID : SA11AI.25981**  
 Amount of Each Receipt this Period  
 100.00

**C. ROBERT H. DEBBS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2 SASSAFRAS COURT  
 City VOORHEES State NJ Zip Code 08043  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer UNIVERSITY OF PENNSYLVANIA Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 10 / 2012  
**Transaction ID : SA11AI.25875**  
 Amount of Each Receipt this Period  
 100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	450.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 45
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. CARL A. DUNN**  
Full Name (Last, First, Middle Initial)

Mailing Address 1010 CHAPMAN ROAD

City CRAWFORD State TX Zip Code 76638

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

Name of Employer SCOTT & WHITE CLINIC Occupation 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  
 04 / 02 / 2012  
**Transaction ID : SA11AI.25812**

Amount of Each Receipt this Period  
**500.00**

**B. JONATHAN S. ELIAS**  
Full Name (Last, First, Middle Initial)

Mailing Address 9000 MISTWOOD DRIVE

City POTOMAC State MD Zip Code 20854

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

Name of Employer CAPITAL WOMEN'S CARE Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 02 / 2012  
**Transaction ID : SA11AI.25815**

Amount of Each Receipt this Period  
**250.00**

**C. GARY H. EMERSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 901 EAST CHEVES STREET

City FLORENCE State SC Zip Code 29506

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

Name of Employer MCLEOD OB/GYN ASSOCIATES Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 10 / 2012  
**Transaction ID : SA11AI.25876**

Amount of Each Receipt this Period  
**250.00**

**SUBTOTAL** of Receipts This Page (optional)..... **1000.00**

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

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

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

FOR LINE NUMBER: PAGE 14 OF 45  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. LEONARD C. EZENAGU**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4214 WOODRIDGE DRIE  
 City EAU CLAIRE State WI Zip Code 54701  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MAYO CLINIC Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 05 / 2012  
**Transaction ID : SA11AI.25922**  
 Amount of Each Receipt this Period  
 250.00

**B. DOUGLAS K. FENTON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 332 SANTA FE DRIVE  
 City ENCINITAS State CA Zip Code 92024  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NORTH COAST WOMEN'S CARE Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 01 / 2012  
**Transaction ID : SA11AI.25775**  
 Amount of Each Receipt this Period  
 100.00

**C. DAVID A. FORSTEIN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 117 RAMSFORD LANE  
 City SIMPSONVILLE State SC Zip Code 29681  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer GREENVILLE HOSPITAL SYSTEM Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 13 / 2012  
**Transaction ID : SA11AI.25976**  
 Amount of Each Receipt this Period  
 100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 450.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 45
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. SARAH D. FOX**  
Full Name (Last, First, Middle Initial)

Mailing Address 106 ALBERT AVENUE

City CRANSTON State RI Zip Code 02905

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

Name of Employer WOMEN & INFANTS HOSPITAL Occupation 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  
 04 / 02 / 2012  
**Transaction ID : SA11AI.25816**

Amount of Each Receipt this Period  
 300.00

**B. PAMELA G. GALLUP**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 2805

City TYBEE ISLAND State GA Zip Code 31328

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

Name of Employer MEMORIAL HEALTH MEDICAL CENTER Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 26 / 2012  
**Transaction ID : SA11AI.26121**

Amount of Each Receipt this Period  
 250.00

**C. D. JAY GLOEB**  
Full Name (Last, First, Middle Initial)

Mailing Address 439 KEONIANA STREET

City HONOLULU State HI Zip Code 96815

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

Name of Employer SELF-EMPLOYED Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 05 / 2012  
**Transaction ID : SA11AI.25924**

Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 800.00

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

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

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

FOR LINE NUMBER: PAGE 16 OF 45  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. ANDREW T. GOLDSTEIN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 989 STONINGTON DRIVE  
 City ARNOLD State MD Zip Code 21012  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SEXUAL WELLNESS CENTER Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 16 / 2012  
**Transaction ID : SA11AI.25987**  
 Amount of Each Receipt this Period  
 250.00

**B. DANA M. GONZALEZ**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 106 CREEKSIDE DRIVE  
 City VICTORIA State TX Zip Code 77904  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer VICTORIA WOMEN'S CLINIC Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 16 / 2012  
**Transaction ID : SA11AI.25989**  
 Amount of Each Receipt this Period  
 300.00

**C. EDWIN R. GUZMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1125 MAXWELL LANE  
 City HOBOKEN State NJ Zip Code 07030  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NEW YORK UNIVERSITY Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 19 / 2012  
**Transaction ID : SA11AI.26042**  
 Amount of Each Receipt this Period  
 500.00

**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: PAGE 17 OF 45  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. NEIL A. HAMILL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3882 SOUTH 177TH AVENUE  
 City OMAHA State NE Zip Code 68130  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer METHODIST HOSPITAL Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 07 / 2012  
**Transaction ID : SA11AI.25907**  
 Amount of Each Receipt this Period 100.00

**B. GREGORY D. HIRSCH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15 MILL LANE  
 City BRANCBURG State NJ Zip Code 08876  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF-EMPLOYED Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 17 / 2012  
**Transaction ID : SA11AI.25863**  
 Amount of Each Receipt this Period 250.00

**C. ROGER W. HOAG**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2845 GARBER STREET  
 City BERKELEY State CA Zip Code 94705  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 27 / 2012  
**Transaction ID : SA11AI.26024**  
 Amount of Each Receipt this Period 200.00

**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 18 OF 45  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)**

**A. ANN L. HONEBRINK**  
Full Name (Last, First, Middle Initial)

Mailing Address 130 VALLEY ROAD

City ARDMORE State PA Zip Code 19003

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

Name of Employer UNIVERSITY OF PENNSYLVANIA Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 26 / 2012  
**Transaction ID : SA11AI.26132**

Amount of Each Receipt this Period  
 200.00

**B. PASCAL M. JARJOURA**  
Full Name (Last, First, Middle Initial)

Mailing Address 1242 EMERALD CREEK DRIVE

City BROADVIEW HEIGHTS State OH Zip Code 44147

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

Name of Employer CLEVELAND CLINIC Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 12 / 2012  
**Transaction ID : SA11AI.26016**

Amount of Each Receipt this Period  
 250.00

**C. LYDIA M. JEFFRIES**  
Full Name (Last, First, Middle Initial)

Mailing Address 21 WILSON LANE

City FAIRVIEW State NC Zip Code 28730

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

Name of Employer ASHEVILLE WOMEN'S CENTER Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 05 / 2012  
**Transaction ID : SA11AI.25930**

Amount of Each Receipt this Period  
 100.00

**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 19 OF 45  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. ERIKA L. JOHNSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2089 WHISPERING OAKS DRIVE  
 City ALEXANDRIA State MN Zip Code 56308  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer ALEXANDRIA CLINIC Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 11 / 2012  
**Transaction ID : SA11AI.25895**  
 Amount of Each Receipt this Period  
 250.00

**B. DONALD R. JONES**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 225 PHYSICIANS PARK  
 City POPLAR BLUFF State MO Zip Code 63901  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF-EMPLOYED Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 12 / 2012  
**Transaction ID : SA11AI.25970**  
 Amount of Each Receipt this Period  
 250.00

**C. GERALD F. JOSEPH JR.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1600 SOUTH EADS STREET  
 City ARLINGTON State VA Zip Code 22202  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AMERICAN CONGRESS OF OB/GYNS Occupation VICE PRESIDENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 02 / 2012  
**Transaction ID : SA11AI.25820**  
 Amount of Each Receipt this Period  
 300.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 800.00  
**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 20 OF 45
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. GERALD F. JOSEPH JR.</b>		Date of Receipt
Mailing Address 1600 SOUTH EADS STREET		<input type="text" value="04"/> / <input type="text" value="17"/> / <input type="text" value="2012"/>
City	State	Zip Code
ARLINGTON	VA	22202
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
AMERICAN CONGRESS OF OB/GYNS	VICE PRESIDENT	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1500.00"/>	
		Transaction ID : SA11AI.25999
		Amount of Each Receipt this Period
		<input type="text" value="100.00"/>

Full Name (Last, First, Middle Initial) <b>B. LEAH A. KAUFMAN</b>		Date of Receipt
Mailing Address 331 FAIRWAY DRIVE		<input type="text" value="04"/> / <input type="text" value="20"/> / <input type="text" value="2012"/>
City	State	Zip Code
FARMINGDALE	NY	11735
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
LONG ISLAND JEWISH MEDICAL	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="250.00"/>	
		Transaction ID : SA11AI.26057
		Amount of Each Receipt this Period
		<input type="text" value="75.00"/>

Full Name (Last, First, Middle Initial) <b>C. RICHARD A. KESSELRING</b>		Date of Receipt
Mailing Address 950 SOUTH MAIN STREET		<input type="text" value="04"/> / <input type="text" value="25"/> / <input type="text" value="2012"/>
City	State	Zip Code
CELINA	OH	45822
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
MERCER COUNTY HOSPITAL	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="250.00"/>	
		Transaction ID : SA11AI.26096
		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="425.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. MARTIN A. KOSCHNITZKE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 555 PROSPECT AVENUE  
 City ESTES PARK State CO Zip Code 80517  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer ESTES PARK MEDICAL CENTER Occupation 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  
 04 / 02 / 2012  
**Transaction ID : SA11AI.25821**  
 Amount of Each Receipt this Period  
**300.00**

**B. RAMNEET K. MANGAT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 33013 BROOKSIDE COURT  
 City LIVONIA State MI Zip Code 48152  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer ST. MARY MERCY Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 25 / 2012  
**Transaction ID : SA11AI.26098**  
 Amount of Each Receipt this Period  
**250.00**

**C. JUSTO MAQUEIRA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2202 STATE AVENUE  
 City PANAMA CITY State FL Zip Code 32405  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer GULF COAST WOMEN'S SERVICES Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 25 / 2012  
**Transaction ID : SA11AI.26100**  
 Amount of Each Receipt this Period  
**250.00**

**SUBTOTAL** of Receipts This Page (optional)..... **800.00**  
**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 22 OF 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. G. SEALY MASSINGILL**  
Full Name (Last, First, Middle Initial)

Mailing Address 3887 SOUTH HILLS CIRCLE

City FORT WORTH	State TX	Zip Code 76109
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FEC ID number of contributing federal political committee. **C**

Name of Employer UNIVERSITY OF NORTH TEXAS	Occupation PHYSICIAN
---	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
04	/	20	/	2012

**Transaction ID : SA11AI.25965**

Amount of Each Receipt this Period  
500.00

**B. LISA R. MATTSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 12920 32ND AVENUE NORTH

City PLYMOUTH	State MN	Zip Code 55441
------------------	-------------	-------------------

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

Name of Employer ALLINA MEDICAL CLINIC	Occupation PHYSICIAN
---	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
04	/	11	/	2012

**Transaction ID : SA11AI.25898**

Amount of Each Receipt this Period  
250.00

**C. MICHELLE R. MONTVILLE**  
Full Name (Last, First, Middle Initial)

Mailing Address 1020 MOON VALLEY ROAD

City BILLINGS	State MT	Zip Code 59105
------------------	-------------	-------------------

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

Name of Employer BILLINGS CLINIC	Occupation PHYSICIAN
-------------------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
04	/	02	/	2012

**Transaction ID : SA11AI.25827**

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 23 OF 45  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

Full Name (Last, First, Middle Initial)  
**A. ROBERT M. MOORE**

Mailing Address 1400 PELHAM PARKWAY SOUTH

City State Zip Code  
BRONX NY 10461

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

Name of Employer Occupation  
JACOBI MEDICAL CENTER 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  
04 / 05 / 2012

**Transaction ID : SA11AI.25931**

Amount of Each Receipt this Period  
500.00

Full Name (Last, First, Middle Initial)  
**B. ROGER B. NEWMAN**

Mailing Address 737 CREEKSIDE DRIVE

City State Zip Code  
MT. PLEASANT SC 29464

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

Name of Employer Occupation  
MEDICAL UNIVERSITY PHYSICIAN

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 26 / 2012

**Transaction ID : SA11AI.26134**

Amount of Each Receipt this Period  
125.00

Full Name (Last, First, Middle Initial)  
**C. PATRICIA M. NGUYEN**

Mailing Address 106 WEST SECOND AVENUE

City State Zip Code  
JOHNSTOWN NY 12095

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

Name of Employer Occupation  
NATHAN LITTAUER HOSPITAL 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  
04 / 25 / 2012

**Transaction ID : SA11AI.26102**

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 875.00

**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 24 OF 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. MICHAEL L. NIX</b>		Date of Receipt MM / DD / YYYY 04 / 02 / 2012 <b>Transaction ID : SA11AI.25829</b>
Mailing Address 820 TERRACE MOUNTAIN DRIVE		Amount of Each Receipt this Period 1000.00
City AUSTIN	State TX	Zip Code 78746
FEC ID number of contributing federal political committee. C	Name of Employer UNIVERSITY OF TEXAS PHYSICIANS	Occupation PHYSICIAN
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. MICHIEL R. NOE</b>		Date of Receipt MM / DD / YYYY 04 / 05 / 2012 <b>Transaction ID : SA11AI.25933</b>
Mailing Address 1950 PASEO ARENA		Amount of Each Receipt this Period 100.00
City EL PASO	State TX	Zip Code 79936
FEC ID number of contributing federal political committee. C	Name of Employer SUN CITY WOMEN'S HEALTH	Occupation PHYSICIAN
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) <b>C. HOLLY L. OLSON</b>		Date of Receipt MM / DD / YYYY 04 / 04 / 2012 <b>Transaction ID : SA11AI.25795</b>
Mailing Address 1067 ALAOKI STREET		Amount of Each Receipt this Period 300.00
City MILILANI	State HI	Zip Code 96789
FEC ID number of contributing federal political committee. C	Name of Employer U.S. ARMY	Occupation PHYSICIAN
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1400.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

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

FOR LINE NUMBER: PAGE 25 OF 45  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. MELISSA B. PHILADELPHIA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 312 EAST 35TH STREET  
 City State Zip Code  
 BROOKLYN NY 11203  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 KINGS COUNTY HOSPITAL CENTER 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  
 04 / 10 / 2012  
**Transaction ID : SA11AI.25881**  
 Amount of Each Receipt this Period  
 500.00

**B. MAUREEN G. PHIPPS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5 SUMMER STREET  
 City State Zip Code  
 WRENTHAM MA 02093  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 WOMEN & INFANTS HOSPITAL 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  
 04 / 27 / 2012  
**Transaction ID : SA11AI.26028**  
 Amount of Each Receipt this Period  
 250.00

**C. T. FLINT PORTER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5121 COTTONWOOD STREET  
 City State Zip Code  
 SALT LAKE CITY UT 84147  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INTERMOUNTAIN MEDICAL CENTER 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  
 04 / 10 / 2012  
**Transaction ID : SA11AI.25883**  
 Amount of Each Receipt this Period  
 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. DOUGLAS M. PORTZ**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14650 EAST OLD HIGHWAY U.S. 12  
 City CHELSEA State MI Zip Code 48118  
 FEC ID number of contributing federal political committee. C  
 Name of Employer WOMEN'S HEALTH CENTER Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 18 / 2012  
**Transaction ID : SA11AI.26003**  
 Amount of Each Receipt this Period  
 250.00

**B. HOLLY S. PURITZ**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 880 KEMPSVILLE ROAD  
 City NORFOLK State VA Zip Code 23502  
 FEC ID number of contributing federal political committee. C  
 Name of Employer THE GROUP FOR WOMEN Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 26 / 2012  
**Transaction ID : SA11AI.26135**  
 Amount of Each Receipt this Period  
 250.00

**C. ALAN T. RAPPLEYE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7351 SOUTH 3085 EAST  
 City SALT LAKE CITY State UT Zip Code 84121  
 FEC ID number of contributing federal political committee. C  
 Name of Employer SELF-EMPLOYED Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 10 / 2012  
**Transaction ID : SA11AI.25885**  
 Amount of Each Receipt this Period  
 2000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 27 OF 45
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. MEERA A. RAWTANI</b>		Date of Receipt
Mailing Address 120 SISTER PIERRE DRIVE		<input type="text" value="04"/> / <input type="text" value="02"/> / <input type="text" value="2012"/>
City	State	Zip Code
TOWSON	MD	21204
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.25830</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
Name of Employer	Occupation	
SELF-EMPLOYED	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. JONATHAN H. REINSTINE</b>		Date of Receipt
Mailing Address 4121 DUTCHMAN'S LANE		<input type="text" value="04"/> / <input type="text" value="26"/> / <input type="text" value="2012"/>
City	State	Zip Code
LOUISVILLE	KY	40207
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.26136</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="100.00"/>
Name of Employer	Occupation	
ASSOCIATES IN OB/GYN	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="400.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. JEFFREY E. RODZAK</b>		Date of Receipt
Mailing Address 420 EAST LARKSPUR LANE		<input type="text" value="04"/> / <input type="text" value="06"/> / <input type="text" value="2012"/>
City	State	Zip Code
ONALASKA	WI	54650
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.25913</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="500.00"/>
Name of Employer	Occupation	
GUNDERSEN LUTHERAN	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="850.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. THOMAS J. RUTHERFORD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 333 CEDAR STREET  
 City NEW HAVEN State CT Zip Code 06510  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer YALE UNIVERSITY Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 05 / 2012  
**Transaction ID : SA11AI.25934**  
 Amount of Each Receipt this Period  
 500.00

**B. MICHAEL J. SAMMARCO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2521 RICHVIEW ROAD  
 City MOUNT VERNON State IL Zip Code 62864  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CROSSROADS COMMUNITY HOSPITAL Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 19 / 2012  
**Transaction ID : SA11AI.26051**  
 Amount of Each Receipt this Period  
 500.00

**C. KATHRYN E. SAWCHAK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2600 HAWTHORNE LANE  
 City HUTCHINSON State KS Zip Code 67502  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF-EMPLOYED Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 20 / 2012  
**Transaction ID : SA11AI.25968**  
 Amount of Each Receipt this Period  
 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. JOSEPH F. SCLAFANI</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 05 / 2012 <b>Transaction ID : SA11AI.25936</b>
Mailing Address 466 THIRD STREET		Amount of Each Receipt this Period 1000.00
City BROOKLYN	State NY	Zip Code 11215
FEC ID number of contributing federal political committee. C		
Name of Employer NEW YORK METHODIST HOSPITAL	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. RICHARD E. SEDWICK</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 06 / 2012 <b>Transaction ID : SA11AI.25914</b>
Mailing Address 2922 PORT REPUBLIC ROAD		Amount of Each Receipt this Period 250.00
City HARRISONBURG	State VA	Zip Code 22801
FEC ID number of contributing federal political committee. C		
Name of Employer BLUE RIDGE WOMEN'S HEALTH	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. HOWARD A. SHAW</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 02 / 2012 <b>Transaction ID : SA11AI.25832</b>
Mailing Address 65 OLANDER LANE		Amount of Each Receipt this Period 300.00
City MIDDLETOWN	State CT	Zip Code 06457
FEC ID number of contributing federal political committee. C		
Name of Employer ST. RAPHAEL HOSPITAL	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1550.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 30 OF 45  
(check only one)

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

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

**A. HOWARD A. SHAW**  
Full Name (Last, First, Middle Initial)

Mailing Address 65 OLANDER LANE

City MIDDLETOWN State CT Zip Code 06457

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

Name of Employer ST. RAPHAEL HOSPITAL Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 20 / 2012  
**Transaction ID : SA11AI.26058**

Amount of Each Receipt this Period  
 500.00

**B. YUKIO SONODA**  
Full Name (Last, First, Middle Initial)

Mailing Address 400 EAST 67TH STREET

City NEW YORK State NY Zip Code 10065

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

Name of Employer MEMORIAL SLOAN-KETTERING Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 06 / 2012  
**Transaction ID : SA11AI.25915**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address 1730 HUNTINGTON AVENUE

City OKLAHOMA CITY State OK Zip Code 73116

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

Name of Employer SELF-EMPLOYED Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 06 / 2012  
**Transaction ID : SA11AI.25919**

Amount of Each Receipt this Period  
 130.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 430.00

**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 31 OF 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. HOWARD T. STRASSNER JR.</b>		Date of Receipt
Mailing Address 2432 NEWPORT ROAD		M M M / D D D / Y Y Y Y Y Y 04 / 02 / 2012
City	State	Zip Code
NORTHBROOK	IL	60062
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.25835
C		Amount of Each Receipt this Period
		300.00
Name of Employer	Occupation	
RUSH UNIVERSITY MEDICAL CENTER	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	900.00	

Full Name (Last, First, Middle Initial) <b>B. RAMON A. SUAREZ</b>		Date of Receipt
Mailing Address 725 NORTH ISLAND DRIVE		M M M / D D D / Y Y Y Y Y Y 04 / 03 / 2012
City	State	Zip Code
ATLANTA	GA	30327
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.25785
C		Amount of Each Receipt this Period
		300.00
Name of Employer	Occupation	
SELF-EMPLOYED	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	1300.00	

Full Name (Last, First, Middle Initial) <b>C. KAREN G. SWENSON</b>		Date of Receipt
Mailing Address 1305 WEST 34TH STREET		M M M / D D D / Y Y Y Y Y Y 04 / 11 / 2012
City	State	Zip Code
AUSTIN	TX	78705
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.25900
C		Amount of Each Receipt this Period
		84.00
Name of Employer	Occupation	
WOMEN PARTNERS IN HEALTH	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	336.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	684.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. DENNIS SZURKUS**  
Full Name (Last, First, Middle Initial)

Mailing Address 5398 ARDSDALE LANE

City ORLANDO State FL Zip Code 32814

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

Name of Employer ORLANDO HEALTH Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 20 / 2012  
**Transaction ID : SA11AI.25836**

Amount of Each Receipt this Period  
 300.00

**B. JANICE E. TILDON-BURTON**  
Full Name (Last, First, Middle Initial)

Mailing Address 1700 TALLEY ROAD

City WILMINGTON State DE Zip Code 19803

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

Name of Employer SELF-EMPLOYED Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 333.32

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 13 / 2012  
**Transaction ID : SA11AI.25979**

Amount of Each Receipt this Period  
 83.33

**C. ANDREW A. TOLEDO**  
Full Name (Last, First, Middle Initial)

Mailing Address 1100 JOHNSON FERRY ROAD

City SANDY SPRINGS State GA Zip Code 30342

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

Name of Employer SELF-EMPLOYED Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 04 / 2012  
**Transaction ID : SA11AI.25800**

Amount of Each Receipt this Period  
 600.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	983.33
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. BRIAN H. TOOLE</b>		Date of Receipt
Mailing Address 8 GLENDALE WOODS DRIVE		<input type="text" value="04"/> / <input type="text" value="12"/> / <input type="text" value="2012"/>
City	State	Zip Code
SOUTHAMPTON	MA	01073
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.25974</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="500.00"/>
Name of Employer	Occupation	
RIVER BEND MEDICAL GROUP	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. FRANCISCO G. TUDELA JR.</b>		Date of Receipt
Mailing Address 9370 BALADA STREET		<input type="text" value="04"/> / <input type="text" value="16"/> / <input type="text" value="2012"/>
City	State	Zip Code
CORAL GABLES	FL	33156
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.25993</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="500.00"/>
Name of Employer	Occupation	
SELF-EMPLOYED	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. CARLA A. TURNER</b>		Date of Receipt
Mailing Address 2821 WEST HORIZON RIDGE		<input type="text" value="04"/> / <input type="text" value="10"/> / <input type="text" value="2012"/>
City	State	Zip Code
HENDERSON	NV	89052
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.25889</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="500.00"/>
Name of Employer	Occupation	
SELF-EMPLOYED	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="1500.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 45  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. SAMUEL A. TYULUMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9301 NORTH CENTRAL EXPRESSWAY  
 City DALLAS State TX Zip Code 75231  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF-EMPLOYED Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 25 / 2012  
**Transaction ID : SA11AI.26108**  
 Amount of Each Receipt this Period  
 500.00

**B. RONALD V. UVA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 108 LAKESHORE ROAD  
 City OSWEGO State NY Zip Code 13126  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer OSWEGO COUNTY OB/GYN Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 03 / 2012  
**Transaction ID : SA11AI.25786**  
 Amount of Each Receipt this Period  
 300.00

**C. MAUREEN YABLONSKI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 194 BRYN DU DRIVE  
 City GRANVILLE State OH Zip Code 43023  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MOUNDVIEW OB/GYN Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 27 / 2012  
**Transaction ID : SA11AI.26032**  
 Amount of Each Receipt this Period  
 250.00

**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: PAGE 35 OF 45  
(check only one)

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

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

**A. MARY C. YANKASKAS**  
Full Name (Last, First, Middle Initial)

Mailing Address 866 HATCHEE VISTA DRIVE

City FORT MYERS State FL Zip Code 33919

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

Name of Employer PHYSICIANS PRIMARY CARE Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 27 / 2012

**Transaction ID : SA11AI.26033**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

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

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	27455.66

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. AMERICAN EXPRESS**

Mailing Address P.O. BOX 53852

City PHOENIX State AZ Zip Code 85072

Purpose of Disbursement  
CREDIT CARD TRANSACTION FEES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		05		2012

**Transaction ID : SB21B.25772**

Amount of Each Disbursement this Period

947.57
--------

Full Name (Last, First, Middle Initial)

**B. FIRST NATIONAL MERCHANT SOLUTIONS**

Mailing Address 1620 DODGE STREET

City OMAHA State NE Zip Code 68197

Purpose of Disbursement  
CREDIT CARD TRANSACTION FEES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		03		2012

**Transaction ID : SB21B.25771**

Amount of Each Disbursement this Period

1991.05
---------

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

--

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

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

2938.62
---------

2938.62
---------

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. BERA FOR CONGRESS**

Mailing Address P.O. BOX 582496

City ELK GROVE State CA Zip Code 95758

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
**AMERISH BERA**

Office Sought:  House  
 Senate  
 President  
State: CA District: 03

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

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

Transaction ID : **SB23.25941**

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. CHARLIE DENT FOR CONGRESS**

Mailing Address P.O. BOX 442

City ALLENTOWN State PA Zip Code 18105

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
**CHARLES W. DENT**

Office Sought:  House  
 Senate  
 President  
State: PA District: 15

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

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

Transaction ID : **SB23.25942**

Amount of Each Disbursement this Period

1	0	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. COURTNEY FOR CONGRESS**

Mailing Address 38 RISLEY ROAD

City VERNON State CT Zip Code 06066

Purpose of Disbursement  
Redesignate: CONTRIBUTION

Candidate Name  
**JOSEPH D. COURTNEY**

Office Sought:  House  
 Senate  
 President  
State: CT District: 02

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

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

Transaction ID : **SB23.26014**

Amount of Each Disbursement this Period

-	1	0	0	.	0	0
---	---	---	---	---	---	---

**[MEMO ITEM]**

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

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

3	5	0	0	.	0	0
---	---	---	---	---	---	---

3	5	0	0	.	0	0
---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. COURTNEY FOR CONGRESS**

Mailing Address 38 RISLEY ROAD

City VERNON State CT Zip Code 06066

Purpose of Disbursement  
REDESIGNATE 03/12/2012 CONTRIBUTION

Candidate Name  
**JOSEPH D. COURTNEY**

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify) ▼  
State: CT District: 02

Date of Disbursement

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

Transaction ID : **SB23.26015**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. DOC PAC**

Mailing Address 2470 DANIELL'S BRIDGE ROAD

City ATHENS State GA Zip Code 30606

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

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

Date of Disbursement

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

Transaction ID : **SB23.25957**

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF JOE HECK**

Mailing Address P.O. BOX 750114

City LAS VEGAS State NV Zip Code 89136

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
**JOE HECK**

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify) ▼  
State: NV District: 03

Date of Disbursement

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

Transaction ID : **SB23.25946**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0

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

7	5	0	0	0	0	0	0	0	0

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

7	5	0	0	0	0	0	0	0	0

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF JOE PITTS**

Mailing Address P.O. BOX 775

City UNIONVILLE State PA Zip Code 19375

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
**JOSEPH R. PITTS**

Office Sought:  House  
 Senate  
 President  
State: PA District: 16

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 19 / 2012

**Transaction ID : SB23.25953**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. HATCH ELECTION COMMITTEE**

Mailing Address 175 SOUTH WEST TEMPLE

City SALT LAKE CITY State UT Zip Code 84101

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
**ORRIN G. HATCH**

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

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼  
Convention

Date of Disbursement

MM / DD / YYYY  
04 / 17 / 2012

**Transaction ID : SB23.25839**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. KATHY HOCHUL FOR CONGRESS**

Mailing Address P.O. BOX 64

City BUFFALO State NY Zip Code 14231

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
**KATHLEEN C. HOCHUL**

Office Sought:  House  
 Senate  
 President  
State: NY District: 26

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 17 / 2012

**Transaction ID : SB23.25840**

Amount of Each Disbursement this Period

2500.00

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

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

7500.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. KREITLOW FOR CONGRESS**

Mailing Address 333 EAST PRAIRIE VIEW ROAD

City State Zip Code  
CHIPPEWA FALLS WI 54729

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
**PATRICK KREITLOW**

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify) ▼  
State: WI District: 07

Date of Disbursement

/  /   
04 / 19 / 2012

Transaction ID : **SB23.25947**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. MCGOFF FOR CONGRESS**

Mailing Address P.O. BOX 44188

City State Zip Code  
INDIANAPOLIS IN 46244

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
**JOHN P. MCGOFF**

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify) ▼  
State: IN District: 05

Date of Disbursement

/  /   
04 / 19 / 2012

Transaction ID : **SB23.25948**

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**C. MONTANANS FOR TESTER**

Mailing Address P.O. BOX 3171

City State Zip Code  
BILLINGS MT 59103

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
**JON TESTER**

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify) ▼  
State: MT District: 00

Date of Disbursement

/  /   
04 / 16 / 2012

Transaction ID : **SB23.25846**

Amount of Each Disbursement this Period

1000.00

**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 Page

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. MOORE FOR CONGRESS**

Mailing Address P.O. BOX 16646

City MILWAUKEE State WI Zip Code 53216

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
**GWENDOLYNNE MOORE**

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify) ▼  
State: WI District: 04

Date of Disbursement

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

Transaction ID : **SB23.25951**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**B. RENEE ELLMERS FOR CONGRESS COMMITTEE**

Mailing Address P.O. BOX 904

City DUNN State NC Zip Code 28335

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
**RENEE J. ELLMERS**

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify) ▼  
State: NC District: 02

Date of Disbursement

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

Transaction ID : **SB23.25943**

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**C. RICHARD E. NEAL FOR CONGRESS**

Mailing Address 76 MAGNOLIA TERRACE

City SPRINGFIELD State MA Zip Code 01108

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
**RICHARD E. NEAL**

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify) ▼  
State: MA District: 02

Date of Disbursement

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

Transaction ID : **SB23.25952**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

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

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

4	5	0	0	0	0	0	0	0	0

4	5	0	0	0	0	0	0	0	0

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. ROSKAM FOR CONGRESS COMMITTEE**

Mailing Address P.O. BOX 713

City WHEATON State IL Zip Code 60187

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
**PETER ROSKAM**

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

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 19 / 2012

Transaction ID : **SB23.25956**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. SEARCHLIGHT LEADERSHIP FUND**

Mailing Address 700 13TH STREET, NW

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 19 / 2012

Transaction ID : **SB23.25958**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. TIBERI FOR CONGRESS**

Mailing Address 2931 EAST DUBLIN GRANVILLE ROAD

City COLUMBUS State OH Zip Code 43231

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
**PATRICK J. TIBERI**

Office Sought:  House  
 Senate  
 President  
State: OH District: 12

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 17 / 2012

Transaction ID : **SB23.25843**

Amount of Each Disbursement this Period

2500.00

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

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

6000.00

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. VERN BUCHANAN FOR CONGRESS**

Mailing Address P. O. BOX 48928

City SARASOTA State FL Zip Code 34230

Purpose of Disbursement  
VOID 03/20/2012 CONTRIBUTION

Candidate Name  
**VERNON BUCHANAN**

Office Sought:  House  
 Senate  
 President  
State: FL District: 13

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		09		2012

**Transaction ID : SB23.25773**

Amount of Each Disbursement this Period

-1000.00
----------

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

--

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

-1000.00
----------

32000.00
----------

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. CAROL ALVARADO CAMPAIGN**

Mailing Address P.O. BOX 230842

City HOUSTON State TX Zip Code 77223

Purpose 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	/	D	D	/	Y	Y	Y	Y
0	4		1	7		2	0	1	2

Transaction ID : **SB29.25849**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**B. COMMITTEE TO RE-ELECT GARNET COLEMAN**

Mailing Address P.O. BOX 88140

City HOUSTON State TX Zip Code 77288

Purpose 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	/	D	D	/	Y	Y	Y	Y
0	4		1	7		2	0	1	2

Transaction ID : **SB29.25851**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**C. JESSICA FARRAR CAMPAIGN**

Mailing Address P.O. BOX 30099

City HOUSTON State TX Zip Code 77249

Purpose 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	/	D	D	/	Y	Y	Y	Y
0	4		1	7		2	0	1	2

Transaction ID : **SB29.25853**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

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

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

3	0	0	0	0	0	0	0	0	0

1	0	0	0	0	0	0	0	0	0

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. JUAN HINOJOSA CAMPAIGN**

Mailing Address P.O. BOX 1421

City State Zip Code  
AUSTIN TX 78767

Purpose of Disbursement  
NON-FEDERAL CONTRIBUTION

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : **SB29.25855**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. LETICIA VAN DE PUTTE CAMPAIGN**

Mailing Address 1616 WEST MULBERRY

City State Zip Code  
SAN ANTONIO TX 78201

Purpose of Disbursement  
NON-FEDERAL CONTRIBUTION

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : **SB29.25857**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. VOTERS FOR VANCE**

Mailing Address P.O. BOX 652

City State Zip Code  
CAMP HILL PA 17011

Purpose of Disbursement  
NON-FEDERAL CONTRIBUTION

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : **SB29.25847**

Amount of Each Disbursement this Period

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

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