

**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)..... ▶

4	5	0	0	0	0	0	0	0	0

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

4	5	0	0	0	0	0	0	0	0