

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

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

12FE4M5

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

ADDRESS (number and street) ▼

409 12TH STREET, SW

☐ Check if different than previously reported. (ACC)

WASHINGTON

DC

20024

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00364158

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☒ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

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

Election on

M M M /

D D D /

Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y

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

M M M /

D D D /

Y Y Y Y Y Y

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

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

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

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
10 / 01 / 2013 To: M M / D D / Y Y Y Y Y Y
10 / 31 / 2013

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2013		95382.62
(b) Cash on Hand at Beginning of Reporting Period.....	274224.35	
(c) Total Receipts (from Line 19)	50960.34	508243.99
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	325184.69	603626.61
7. Total Disbursements (from Line 31)	22976.46	301418.38
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	302208.23	302208.23
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	



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

For further information contact:

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

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

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

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

Report Covering the Period:

From:

M M / D D / Y Y Y Y Y
10 01 2013

To:

M M / D D / Y Y Y Y Y
10 31 2013

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).....

28383.33

372770.63

(ii) Unitemized

22577.01

127426.33

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

50960.34

500196.96

(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) ▶

50960.34

500196.96

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

47.03

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

8000.00

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))..... ▶

50960.34

508243.99

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ▶

50960.34

508243.99

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	576.46	12018.38
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	576.46	12018.38
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	13500.00	278500.00
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	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	8900.00	10900.00
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)) ..	22976.46	301418.38
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	22976.46	301418.38

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)	50960.34	500196.96
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	50960.34	500196.96
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	576.46	12018.38
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	47.03
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	576.46	11971.35

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

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

FOR LINE NUMBER: PAGE 6 OF 60
(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. ILANA B. ADDIS

Mailing Address 629 NORTH WILSON AVENUE

City State Zip Code
TUCSON AZ 85719

FEC ID number of contributing
federal political committee.

C

Name of Employer
UNIVERSITY OF ARIZONA

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 04 / 2013

Transaction ID : SA11AI.8475

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

B. RUBY ALONZO

Mailing Address 120 HOSPITAL ROAD

City State Zip Code
PRINCE FREDERICK MD 20678

FEC ID number of contributing
federal political committee.

C

Name of Employer
CALVERT 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
10 / 22 / 2013

Transaction ID : SA11AI.8825

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. JOSEPH J. APPUZIO

Mailing Address 185 SOUTH ORANGE AVENUE

City State Zip Code
NEWARK NJ 07103

FEC ID number of contributing
federal political committee.

C

Name of Employer
NEW JERSEY MEDICAL SCHOOL

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 25 / 2013

Transaction ID : SA11AI.8764

Amount of Each Receipt this Period

250.00

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

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

650.00

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

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

FOR LINE NUMBER: PAGE 7 OF 60
(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. JANICE BACON

Mailing Address 3401 HEATHERWOOD ROAD

City State Zip Code
 COLUMBIA SC 29205

FEC ID number of contributing
federal political committee.

C

Name of Employer
 LEXINGTON MEDICAL CENTER

Occupation
 PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 18 / 2013

Transaction ID : SA11AI.8778

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

B. DENISE M. BAYUSZIK

Mailing Address P.O. BOX 131

City State Zip Code
 PESHASTIN WA 98847

FEC ID number of contributing
federal political committee.

C

Name of Employer
 PLANNED PARENTHOOD

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
 10 / 08 / 2013

Transaction ID : SA11AI.8579

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. MIBHALI M. BHALALA

Mailing Address 806 CAPE COD DRIVE

City State Zip Code
 REDWOOD CITY CA 94065

FEC ID number of contributing
federal political committee.

C

Name of Employer
 PERMANENTE MEDICAL GROUP

Occupation
 PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 04 / 2013

Transaction ID : SA11AI.8478

Amount of Each Receipt this Period

150.00

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

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

600.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 8 OF 60

☒ 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. DAVID BILLINGS

Mailing Address 831 SOUTH BROADWAY

City
MINOT

State Zip Code
ND 58701

FEC ID number of contributing
federal political committee.

C

Name of Employer

TRINITY HEALTH

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 04 / 2013

Transaction ID : SA11AI.8479

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. DAVID BILLINGS

Mailing Address 831 SOUTH BROADWAY

City
MINOT

State Zip Code
ND 58701

FEC ID number of contributing
federal political committee.

C

Name of Employer

TRINITY HEALTH

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 16 / 2013

Transaction ID : SA11AI.8707

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. MAY H. BLANCHARD

Mailing Address 1316 BELT STREET

City
BALTIMORE

State Zip Code
MD 21230

FEC ID number of contributing
federal political committee.

C

Name of Employer

UNIVERSITY OF MARYLAND

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
10 / 25 / 2013

Transaction ID : SA11AI.9383

Amount of Each Receipt this Period

25.00

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

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

1125.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 60
(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. ELIZABETH A. BONNEY

Mailing Address 60 WINOOSKI FALLS WAY

City State Zip Code
 WINOOSKI VT 05404

FEC ID number of contributing
federal political committee.

C

Name of Employer
 UNIVERSITY OF VERMONT

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
 10 31 2013

Transaction ID : SA11AI.9369

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. BRENT W. BOST

Mailing Address 755 NORTH 11TH STREET

City State Zip Code
 BEAUMONT TX 77702

FEC ID number of contributing
federal political committee.

C

Name of Employer
 SOUTHEAST TEXAS OB/GYN

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
 10 10 2013

Transaction ID : SA11AI.8648

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. NABAL BRACERO

Mailing Address 576 CESAR GONZALEZ AVENUE

City State Zip Code
 SAN JUAN PR 00918

FEC ID number of contributing
federal political committee.

C

Name of Employer
 GENES FERTILITY INSTITUTE

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
 10 22 2013

Transaction ID : SA11AI.8829

Amount of Each Receipt this Period

100.00

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

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

850.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 10 OF 60

☒ 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. KEITH R. BRILL

Mailing Address 5502 SOUTH FORT APACHE ROAD

City State Zip Code
 LAS VEGAS NV 89148

FEC ID number of contributing
federal political committee.

C

Name of Employer

WOMEN'S SPECIALTY CARE

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 16 / 2013

Transaction ID : SA11AI.8680

Amount of Each Receipt this Period

650.00

Full Name (Last, First, Middle Initial)

B. CHARLES E. BROWN

Mailing Address 3410 TIMBERWOOD CIRCLE

City State Zip Code
 AUSTIN TX 78703

FEC ID number of contributing
federal political committee.

C

Name of Employer

SETON HEALTHCARE

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
 10 / 07 / 2013

Transaction ID : SA11AI.8350

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. HAYWOOD BROWN

Mailing Address 10113 BARNHART WAY

City State Zip Code
 RALEIGH NC 27617

FEC ID number of contributing
federal political committee.

C

Name of Employer

DUKE UNIVERSITY

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 18 / 2013

Transaction ID : SA11AI.8781

Amount of Each Receipt this Period

250.00

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

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

565.00

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 11 OF 60
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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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. KRISTIN BROZENA

Mailing Address 114 TALAVERIA PARKWAY

City State Zip Code
SAN ANTONIO TX 78232

FEC ID number of contributing
federal political committee.

C

Name of Employer
WOMEN PARTNERS IN OB/GYN

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 03 / 2013

Transaction ID : SA11AI.8402

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. DONALD K. BRYAN

Mailing Address 4361 SAWMILL ROAD

City State Zip Code
COLUMBUS OH 43220

FEC ID number of contributing
federal political committee.

C

Name of Employer
KINGSDALE GYNECOLOGICAL

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 04 / 2013

Transaction ID : SA11AI.8481

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. RONALD T. BURKMAN

Mailing Address 289 ARDSLEY ROAD

City State Zip Code
LONGMEADOW MA 01106

FEC ID number of contributing
federal political committee.

C

Name of Employer
BAYSTATE HEALTH

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

825.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 11 / 2013

Transaction ID : SA11AI.8665

Amount of Each Receipt this Period

125.00

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

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

275.00

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

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

FOR LINE NUMBER: PAGE 12 OF 60
(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. BEN H. CHEEK

Mailing Address 1626 SUMMIT DRIVE

City State Zip Code
 COLUMBUS GA 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 ▼

2599.97

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 16 / 2013

Transaction ID : SA11AI.8681

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

B. DONALD D. CHERVENAK

Mailing Address 90 WESCOTT ROAD

City State Zip Code
 BEDMINSTER NJ 07921

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 ▼

1425.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 25 / 2013

Transaction ID : SA11AI.8769

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. JEANNE A. CONRY

Mailing Address 8204 CANTERSHIRE WAY

City State Zip Code
 GRANITE BAY CA 95746

FEC ID number of contributing
federal political committee.

C

Name of Employer
 PERMANENTE MEDICAL GROUP

Occupation
 PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3760.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 03 / 2013

Transaction ID : SA11AI.8405

Amount of Each Receipt this Period

250.00

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

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

583.33

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 13 OF 60

☒ 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. JEANNE A. CONRY

Mailing Address 8204 CANTERSHIRE WAY

City State Zip Code
 GRANITE BAY CA 95746

FEC ID number of contributing
federal political committee.

C

Name of Employer
 PERMANENTE MEDICAL GROUP

Occupation
 PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4760.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 11 / 2013

Transaction ID : SA11AI.8456

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. MARLENE M. CORTON

Mailing Address 5010 WEST HANOVER AVENUE

City State Zip Code
 DALLAS TX 75209

FEC ID number of contributing
federal political committee.

C

Name of Employer
 UT SOUTHWESTERN MEDICAL 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
 10 / 03 / 2013

Transaction ID : SA11AI.8406

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. GEORGE F. CRAFT

Mailing Address 1870 AMHERST STREET

City State Zip Code
 WINCHESTER VA 22601

FEC ID number of contributing
federal political committee.

C

Name of Employer
 WINCHESTER WOMEN'S SPECIALISTS

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
 10 / 22 / 2013

Transaction ID : SA11AI.8831

Amount of Each Receipt this Period

250.00

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

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

1500.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 14 OF 60

☒ 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. DOUGLAS J. CREEDON

Mailing Address 1119 BUCKRIDGE DRIVE

City
ROCHESTER

State Zip Code
MN 55906

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
10 / 04 / 2013

Transaction ID : SA11AI.8485

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. HOLLY CUMMINGS

Mailing Address 603 MONTROSE STREET

City
PHILADELPHIA

State Zip Code
PA 19147

FEC ID number of contributing
federal political committee.

C

Name of Employer

PENNSYLVANIA HOSPITAL

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 02 / 2013

Transaction ID : SA11AI.8395

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. GEORGE T. DANAKAS

Mailing Address 44 SOUTH WOODSIDE LANE

City
WILLIAMSVILLE

State Zip Code
NY 14221

FEC ID number of contributing
federal political committee.

C

Name of Employer

AURORA CARE

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2013

Transaction ID : SA11AI.9386

Amount of Each Receipt this Period

50.00

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

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

325.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 15 OF 60

☒ 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. STELLA DANTAS

Mailing Address 6906 SOUTHWEST WINDEMERE LOOP

City State Zip Code
 PORTLAND OR 97225

FEC ID number of contributing
federal political committee.

C

Name of Employer
 NORTHWEST KAISER PERMANENTE

Occupation
 PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

615.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 16 / 2013

Transaction ID : SA11AI.8732

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. THOMAS S. DARDARIAN

Mailing Address 108 CETON COURT

City State Zip Code
 BROOMAIL PA 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 ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 15 / 2013

Transaction ID : SA11AI.8678

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

C. ROBERT H. DEBBS

Mailing Address 2 SASSAFRAS COURT

City State Zip Code
 VOORHEES NJ 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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 10 / 2013

Transaction ID : SA11AI.8652

Amount of Each Receipt this Period

100.00

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

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

265.00

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 60
(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. MARK S. DEFRANCESCO

Mailing Address 35 TERRELL FARM PLACE

City State Zip Code
 CHESHIRE CT 06410

FEC ID number of contributing
federal political committee.

C

Name of Employer
 WOMEN'S HEALTH CONNECTICUT

Occupation
 PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2625.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 03 / 2013

Transaction ID : SA11AI.8410

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. MARK S. DEFRANCESCO

Mailing Address 35 TERRELL FARM PLACE

City State Zip Code
 CHESHIRE CT 06410

FEC ID number of contributing
federal political committee.

C

Name of Employer
 WOMEN'S HEALTH CONNECTICUT

Occupation
 PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2675.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 04 / 2013

Transaction ID : SA11AI.8487

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. MARK S. DEFRANCESCO

Mailing Address 35 TERRELL FARM PLACE

City State Zip Code
 CHESHIRE CT 06410

FEC ID number of contributing
federal political committee.

C

Name of Employer
 WOMEN'S HEALTH CONNECTICUT

Occupation
 PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2715.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 16 / 2013

Transaction ID : SA11AI.8733

Amount of Each Receipt this Period

40.00

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

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

290.00

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 60
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☒ 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. SONA I. DEGANN

Mailing Address 408 EAST 76TH STREET

City State Zip Code
NEW YORK NY 10021

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
10 18 2013

Transaction ID : SA11AI.8784

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. NATHANIEL DENICOLA

Mailing Address 2121 PINE STREET

City State Zip Code
PHILADELPHIA PA 19103

FEC ID number of contributing
federal political committee.

C

Name of Employer

UNIVERSITY OF PENNSYLVANIA

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1922.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 23 2013

Transaction ID : SA11AI.8862

Amount of Each Receipt this Period

209.00

Full Name (Last, First, Middle Initial)

C. MAURO E. DIEZ

Mailing Address 22 WEST LAKE BEAUTY DRIVE

City State Zip Code
ORLANDO FL 32806

FEC ID number of contributing
federal political committee.

C

Name of Employer

FLORIDA HOSPITAL

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
10 18 2013

Transaction ID : SA11AI.8786

Amount of Each Receipt this Period

300.00

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

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

759.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
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 Detailed Summary Page

 FOR LINE NUMBER:
 (check only one)

PAGE 18 OF 60

<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)

A. ANNE M. DOBRZYNSKI

Mailing Address 3023 HAMAKER COURT

 City
 FAIRFAX

 State
 VA

 Zip Code
 22031

 FEC ID number of contributing
 federal political committee.

C

Name of Employer

NORTHERN VIRGINIA OB/GYN

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
 10 / 07 / 2013

Transaction ID : SA11AI.8542

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. MARYGRACE ELSON

Mailing Address 3661 FOXANA DRIVE

 City
 IOWA CITY

 State
 IA

 Zip Code
 52246

 FEC ID number of contributing
 federal political committee.

C

Name of Employer

UNIVERSITY OF IOWA HOSPITALS

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2275.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y
 10 / 11 / 2013

Transaction ID : SA11AI.8459

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. GARY H. EMERSON

Mailing Address 901 EAST CHEVES STREET

 City
 FLORENCE

 State
 NC

 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 M / D D D / Y Y Y Y Y Y
 10 / 24 / 2013

Transaction ID : SA11AI.9389

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)..... ►

250.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 19 OF 60

☒ 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. MEGAN L. EVANS

Mailing Address 1723 WASHINGTON STREET

City
BOSTON

State
MA

Zip Code
02118

FEC ID number of contributing
federal political committee.

C

Name of Employer
TUFTS MEDICAL CENTER

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 12 / 2013

Transaction ID : SA11AI.8669

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. NANCY FAN

Mailing Address 1806 NORTH VAN BUREN STREET

City

WILMINGTON

State

DE

Zip Code

19802

FEC ID number of contributing
federal political committee.

C

Name of Employer
WOMEN TO WOMEN

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
10 / 22 / 2013

Transaction ID : SA11AI.8837

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. MAUREEN E. FARRELL

Mailing Address 4344 SANTA MONICA AVENUE

City

SAN DIEGO

State

CA

Zip Code

92107

FEC ID number of contributing
federal political committee.

C

Name of Employer

U.S. NAVY

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 19 / 2013

Transaction ID : SA11AI.8815

Amount of Each Receipt this Period

25.00

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

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

100.00

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

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

FOR LINE NUMBER: PAGE 20 OF 60
(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. DOUGLAS K. FENTON

Mailing Address 2921 MANAGUA PLACE

City State Zip Code
CARLSBAD CA 92009

FEC ID number of contributing
federal political committee.

C

Name of Employer
SCRIPPS COASTAL MEDICAL GROUP

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1672.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 12 / 2013

Transaction ID : SA11AI.8670

Amount of Each Receipt this Period

209.00

Full Name (Last, First, Middle Initial)

B. THOMAS A. FERRARA

Mailing Address 7910 EAST WASHINGTON STREET

City State Zip Code
INDIANAPOLIS IN 46219

FEC ID number of contributing
federal political committee.

C

Name of Employer
COMMUNITY HEALTH NETWORK

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 20 / 2013

Transaction ID : SA11AI.9121

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. PAMELA GALLUP GAUDRY

Mailing Address P.O. BOX 2805

City State Zip Code
TYBEE ISLAND GA 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 ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 26 / 2013

Transaction ID : SA11AI.9381

Amount of Each Receipt this Period

250.00

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

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

499.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 21 OF 60

☒ 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. JOSEPH GAUTA

Mailing Address 1890 SOUTHWEST HEALTHPARKWAY

City State Zip Code
 NAPLES FL 34109

FEC ID number of contributing
federal political committee.

C

Name of Employer
 FLORIDA WOMAN CARE

Occupation
 PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 18 / 2013

Transaction ID : SA11AI.8790

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. JOSEPH GAUTA

Mailing Address 1890 SOUTHWEST HEALTHPARKWAY

City State Zip Code
 NAPLES FL 34109

FEC ID number of contributing
federal political committee.

C

Name of Employer
 FLORIDA WOMAN CARE

Occupation
 PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

10 / 18 / 2013

Transaction ID : SA11AI.9074

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. LAURIE C. GREGG

Mailing Address 1846 ROCKWOOD DRIVE

City State Zip Code
 SACRAMENTO CA 95864

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 ▼

1850.00

Date of Receipt

10 / 11 / 2013

Transaction ID : SA11AI.8462

Amount of Each Receipt this Period

200.00

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

490.00

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 60

☒ 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. KIMBERLY GREGORY

Mailing Address 500 SOUTH HELBERTA AVENUE

City State Zip Code
 REDONDO BEACH CA 90277

FEC ID number of contributing
federal political committee.

C

Name of Employer
 CEDARS-SINAI HOSPITAL

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
 10 / 11 / 2013

Transaction ID : SA11AI.8463

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. NEIL A. HAMILL

Mailing Address 3882 SOUTH 177TH AVENUE

City State Zip Code
 OMAHA NE 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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 09 / 2013

Transaction ID : SA11AI.8615

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. KAREN E. HARRIS

Mailing Address 2800 29TH STREET

City State Zip Code
 GAINESVILLE FL 32605

FEC ID number of contributing
federal political committee.

C

Name of Employer
 FLORIDA WOMEN'S PHYSICIANS

Occupation
 PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 22 / 2013

Transaction ID : SA11AI.8838

Amount of Each Receipt this Period

150.00

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

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

500.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

 FOR LINE NUMBER: PAGE 23 OF 60
 (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)

Full Name (Last, First, Middle Initial)

A. MICHAEL M. HAWKINS

Mailing Address 3018 ARROWHEAD DRIVE

City	State	Zip Code
TEMPLE	TX	76506

FEC ID number of contributing federal political committee.

Name of Employer

SCOTT AND WHITE CLINIC

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	03	/	2013

Transaction ID : SA11AI.8419

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

B. AMY S. HAYES

Mailing Address 1200 NORTH MOUNTAIN STREET

City	State	Zip Code
CARSON CITY	NV	89703

FEC ID number of contributing federal political committee.

Name of Employer

CARSON MEDICAL GROUP

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	25	/	2013

Transaction ID : SA11AI.9384

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C. THOMAS W. HEPFER

Mailing Address P.O. BOX 1469

City	State	Zip Code
SUMTER	SC	29151

FEC ID number of contributing federal political committee.

Name of Employer

SUMTER OB/GYN

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	22	/	2013

Transaction ID : SA11AI.8839

Amount of Each Receipt this Period

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

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 PageFOR LINE NUMBER:
(check only one)

PAGE 24 OF 60

<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)

A. THOMAS W. HEPFER

Mailing Address P.O. BOX 1469

City
SUMTERState Zip Code
SC 29151FEC ID number of contributing
federal political committee.

C

Name of Employer

SUMTER OB/GYN

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	24	/	2013

Transaction ID : SA11AI.9391

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. THOMAS W. HEPFER

Mailing Address P.O. BOX 1469

City
SUMTERState Zip Code
SC 29151FEC ID number of contributing
federal political committee.

C

Name of Employer

SUMTER OB/GYN

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1140.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	29	/	2013

Transaction ID : SA11AI.9344

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. S. PAIGE HERTWECK

Mailing Address 3330 GREEN HILL LANE

City
LOUISVILLEState Zip Code
KY 40207FEC ID number of contributing
federal political committee.

C

Name of Employer

NORTON HEALTHCARE

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
10	/	26	/	2013

Transaction ID : SA11AI.9382

Amount of Each Receipt this Period

25.00

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

115.00

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

X	11a		11b		11c		12		
	13		14		15		16		17

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

[illegible]

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

 FOR LINE NUMBER: PAGE 26 OF 60
 (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)

Full Name (Last, First, Middle Initial)

A. WILLIAM J. HOSKINS

Mailing Address 1275 YORK AVENUE

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
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		16		2013

Transaction ID : SA11AI.8887

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. RICHARD T. IVEY

Mailing Address 4023 BETSY LANE

City

HOUSTON

State

TX

Zip Code

77027

FEC ID number of contributing
federal political committee.

C

Name of Employer

BAYLOR COLLEGE OF MEDICINE

Occupation

PHYSICIAN

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		08		2013

Transaction ID : SA11AI.8591

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. DAVID H. JANOWITZ

Mailing Address 7007 NORTH FREEWAY

City

HOUSTON

State

TX

Zip Code

77076

FEC ID number of contributing
federal political committee.

C

Name of Employer

OB/GYN CARE

Occupation

PHYSICIAN

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		08		2013

Transaction ID : SA11AI.8595

Amount of Each Receipt this Period

250.00

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

790.00

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 27 OF 60

☒ 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. THOMAS W. JERNIGAN

Mailing Address P.O. BOX 70569

City

JOHNSON CITY

State

TN

Zip Code

37614

FEC ID number of contributing
federal political committee.

C

Name of Employer

TENNESSEE STATE UNIVERSITY

Occupation

PHYSICIAN

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 07 / 2013

Transaction ID : SA11AI.8560

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. MARIE JOHANTGEN

Mailing Address 3115 31ST COURT

City

OLYMPIA

State

WA

Zip Code

98501

FEC ID number of contributing
federal political committee.

C

Name of Employer

GROUP HEALTH COOPERATIVE

Occupation

PHYSICIAN

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 28 / 2013

Transaction ID : SA11AI.9326

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. KOBRA KARIMKHANI

Mailing Address 98 PINK HOUSE LANE

City

SEWICKLEY

State

PA

Zip Code

15143

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 30 / 2013

Transaction ID : SA11AI.9419

Amount of Each Receipt this Period

40.00

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

390.00

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 PageFOR LINE NUMBER:
(check only one)

PAGE 28 OF 60

<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)

A. JOHN P. KEATS

Mailing Address 241 CROWNHILL COURT

City
VENTURAState Zip Code
CA 93003FEC ID number of contributing
federal political committee.

C

Name of Employer
CIGNA HEALTHCAREOccupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	04	/	2013

Transaction ID : SA11AI.8494

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. AMI H. KEATTS

Mailing Address 503 VICTORIA DRIVE

City
STAUNTONState Zip Code
VA 24401FEC ID number of contributing
federal political committee.

C

Name of Employer
HARRISONBURG OB/GYNOccupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1190.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2013

Transaction ID : SA11AI.9400

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. BRIDGET B. KELLER

Mailing Address 4248 LINDEN HILLS BOULEVARD

City
MINNEAPOLISState Zip Code
MN 55410FEC ID number of contributing
federal political committee.

C

Name of Employer
PARK NICOLLET CLINICOccupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	04	/	2013

Transaction ID : SA11AI.8495

Amount of Each Receipt this Period

500.00

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

790.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

 FOR LINE NUMBER: PAGE 29 OF 60
 (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)

Full Name (Last, First, Middle Initial)

A. RENEE KNUTSON

Mailing Address 3774 BAYLEY DRIVE

City	State	Zip Code
LAFAYETTE	IN	47905

FEC ID number of contributing federal political committee.

C

Name of Employer

FRANCISCAN PHYSICIAN NETWORK

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2013

Transaction ID : SA11AI.8897

Amount of Each Receipt this Period

265.00

Full Name (Last, First, Middle Initial)

B. KATHLEEN A. KUHLMAN

Mailing Address 9290 EAST THOMPSON PEAK PARKWAY

City	State	Zip Code
SCOTTSDALE	AZ	85255

FEC ID number of contributing federal political committee.

C

Name of Employer

VALLEY PERINATAL

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
10	/	10	/	2013

Transaction ID : SA11AI.8659

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. MELISSA E. LARSEN

Mailing Address 2509 NANTES WAY

City	State	Zip Code
BAKERSFIELD	CA	93311

FEC ID number of contributing federal political committee.

C

Name of Employer

KERN MEDICAL CENTER

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	07	/	2013

Transaction ID : SA11AI.8564

Amount of Each Receipt this Period

100.00

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

615.00

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 30 OF 60
(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. PETER D. LAWRASON

Mailing Address 680 FINSBURG COURT

City
FAIRBANKS

State Zip Code
AK 99709

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
10 11 2013

Transaction ID : SA11AI.8500

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. SALVATORE J. LOCOCO

Mailing Address 331 FULTON STREET

City
PEORIA

State Zip Code
IL 61602

FEC ID number of contributing
federal political committee.

C

Name of Employer

UNIVERSITY OF ILLINOIS

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
10 11 2013

Transaction ID : SA11AI.8465

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. CHRISTOPHER M. LYNCH

Mailing Address 5201 RENE STREET

City
SHAWNEE

State Zip Code
KS 66216

FEC ID number of contributing
federal political committee.

C

Name of Employer

JOHNSON COUNTY 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
10 03 2013

Transaction ID : SA11AI.8421

Amount of Each Receipt this Period

250.00

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

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

1000.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 31 OF 60

☒ 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. LOUIS MAMELI

Mailing Address 214 CHEROKEE ROAD

City
THOMASTON

State Zip Code
GA 30286

FEC ID number of contributing
federal political committee.

C

Name of Employer
UPSON WOMEN'S SERVICES

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
10 / 18 / 2013

Transaction ID : SA11AI.8797

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. MARIA MANRIQUEZ

Mailing Address 1321 WEST THUNDERHILL DRIVE

City
PHOENIX

State Zip Code
AZ 85045

FEC ID number of contributing
federal political committee.

C

Name of Employer
DISTRICT MEDICAL GROUP

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

825.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 04 / 2013

Transaction ID : SA11AI.8504

Amount of Each Receipt this Period

175.00

Full Name (Last, First, Middle Initial)

C. KAREN E. MAPLES

Mailing Address 9449 IMPERIAL HIGHWAY

City
DOWNEY

State Zip Code
CA 90242

FEC ID number of contributing
federal political committee.

C

Name of Employer
SOUTHERN CALIFORNIA PERMANENTE

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 17 / 2013

Transaction ID : SA11AI.9026

Amount of Each Receipt this Period

40.00

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

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

515.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 32 OF 60

☒ 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. NICOLE MARSHALL

Mailing Address 8332 NORTH FOX STREET

City
PORTLAND

State Zip Code
OR 97203

FEC ID number of contributing
federal political committee.

C

Name of Employer
OREGON HEALTH & SCIENCES

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 04 / 2013

Transaction ID : SA11AI.8505

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

B. CHRISTOPHER MASON

Mailing Address 201 NORTH JEFFERSON AVENUE

City
MOUNT PLEASANT

State Zip Code
TX 75455

FEC ID number of contributing
federal political committee.

C

Name of Employer
NORTHEAST TEXAS WOMEN'S HEALTH

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 23 / 2013

Transaction ID : SA11AI.9249

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. ROBIN D. MATTHEWS

Mailing Address 39 FLAT ROCK ROAD

City
WAYNESVILLE

State Zip Code
NC 28786

FEC ID number of contributing
federal political committee.

C

Name of Employer
HAYWOOD WOMEN'S MEDICAL CENTER

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 09 / 2013

Transaction ID : SA11AI.8617

Amount of Each Receipt this Period

20.00

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

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

1170.00

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

PAGE 33 OF 60

<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)

A. ROBIN D. MATTHEWS

Mailing Address 39 FLAT ROCK ROAD

City

WAYNESVILLE

State

NC

Zip Code

28786

FEC ID number of contributing
federal political committee.

C

Name of Employer

HAYWOOD WOMEN'S MEDICAL CENTER

Occupation

PHYSICIAN

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		25		2013

Transaction ID : SA11AI.8770

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. JOHN P. MCHUGH

Mailing Address P.O. BOX 157

City

CORONA DEL MAR

State

CA

Zip Code

92625

FEC ID number of contributing
federal political committee.

C

Name of Employer

OB HOSPITALIST GROUP

Occupation

PHYSICIAN

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		03		2013

Transaction ID : SA11AI.8866

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

C. JOHN P. MCHUGH

Mailing Address P.O. BOX 157

City

CORONA DEL MAR

State

CA

Zip Code

92625

FEC ID number of contributing
federal political committee.

C

Name of Employer

OB HOSPITALIST GROUP

Occupation

PHYSICIAN

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		04		2013

Transaction ID : SA11AI.8508

Amount of Each Receipt this Period

150.00

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

600.00

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

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

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

FOR LINE NUMBER: PAGE 34 OF 60
(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. AUDREY A. MEMAM

Mailing Address 105 CHRISTINA LANDING DRIVE

City State Zip Code
 WILMINGTON DE 19801

FEC ID number of contributing
federal political committee.

C

Name of Employer
 CHRISTIANA 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
 10 11 2013

Transaction ID : SA11AI.8667

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. KENNETH W. MERKITCH

Mailing Address W5732 HEATHERWOOD PLACE

City State Zip Code
 LA CROSSE WI 54601

FEC ID number of contributing
federal political committee.

C

Name of Employer
 GUNDERSEN HEALTH SYSTEM

Occupation
 PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 23 2013

Transaction ID : SA11AI.9257

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. OWEN C. MONTGOMERY

Mailing Address 450 CHAPEL HEIGHTS ROAD

City State Zip Code
 SEWELL NJ 08080

FEC ID number of contributing
federal political committee.

C

Name of Employer
 DREXEL UNIVERSITY

Occupation
 PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1963.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 06 2013

Transaction ID : SA11AI.8533

Amount of Each Receipt this Period

209.00

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

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

274.00

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 60
(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. ALETHIA E. MORGAN

Mailing Address 3075 SOUTH BIRCH STREET

City State Zip Code
DENVER CO 80222

FEC ID number of contributing
federal political committee.

C

Name of Employer

COPIC

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1875.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 03 / 2013

Transaction ID : SA11AI.8425

Amount of Each Receipt this Period

625.00

Full Name (Last, First, Middle Initial)

B. LUKE A. NEWTON

Mailing Address 314 TRAFALGAR

City State Zip Code
SAN ANTONIO TX 78216

FEC ID number of contributing
federal political committee.

C

Name of Employer

UT HEALTH SCIENCE CENTER

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

925.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 03 / 2013

Transaction ID : SA11AI.8426

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. LUKE A. NEWTON

Mailing Address 314 TRAFALGAR

City State Zip Code
SAN ANTONIO TX 78216

FEC ID number of contributing
federal political committee.

C

Name of Employer

UT HEALTH SCIENCE CENTER

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 25 / 2013

Transaction ID : SA11AI.9385

Amount of Each Receipt this Period

25.00

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

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

750.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 36 OF 60

☒ 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. MARGARET C. NORDELL

Mailing Address 831 SOUTH BROADWAY STREET

City
MINOT

State Zip Code
ND 58701

FEC ID number of contributing
federal political committee.

C

Name of Employer

TRINITY HEALTH

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 17 / 2013

Transaction ID : SA11AI.9031

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. JOSEPH A. OGBURN

Mailing Address 13204 HIDDEN VALLEY ROAD

City

ALBUQUERQUE

State Zip Code
NM 87111

FEC ID number of contributing
federal political committee.

C

Name of Employer

UNIVERSITY OF NEW MEXICO

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 11 / 2013

Transaction ID : SA11AI.8469

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

C. MOSHOOD O. OLATINWO

Mailing Address 235 LEDET DRIVE

City

NATCHITOCHES

State Zip Code
LA 71457

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
10 / 08 / 2013

Transaction ID : SA11AI.8599

Amount of Each Receipt this Period

250.00

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

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

440.00

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

PAGE 37 OF 60

<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)

A. CARLA ORTIQUE

Mailing Address 4950 HEATHER GLEN

City
HOUSTONState
TXZip Code
77096FEC ID number of contributing
federal political committee.

C

Name of Employer

TEXAS CHILDREN'S HOSPITAL

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
10		03		2013

Transaction ID : SA11AI.8430

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. BRYAN T. OSHIRO

Mailing Address P.O. BOX 549

City
REDLANDSState
CAZip Code
92373FEC ID number of contributing
federal political committee.

C

Name of Employer

LOMA LINDA UNIVERSITY

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		04		2013

Transaction ID : SA11AI.8510

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. GORDON J. OSTRUM

Mailing Address 4745 OGLETOWN STANTON ROAD

City
NEWARKState
DEZip Code
19713FEC ID number of contributing
federal political committee.

C

Name of Employer

WOMEN FIRST

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		22		2013

Transaction ID : SA11AI.8845

Amount of Each Receipt this Period

100.00

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

850.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 38 OF 60

☒ 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 H. PALMER

Mailing Address 2331 FAIRVIEW AVENUE EAST

City
SEATTLE

State
WA

Zip Code
98102

FEC ID number of contributing
federal political committee.

C

Name of Employer

OBSTETRIX MEDICAL GROUP

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 04 / 2013

Transaction ID : SA11AI.8511

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. JOANNE L. PERRON

Mailing Address 3017 SLOAT ROAD

City

PEBBLE BEACH

State

CA

Zip Code

93953

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 04 / 2013

Transaction ID : SA11AI.8512

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. SHARON T. PHELAN

Mailing Address 13429 DESERT HILLS PLACE NE

City

ALBUQUERQUE

State

NM

Zip Code

87111

FEC ID number of contributing
federal political committee.

C

Name of Employer

UNIVERSITY OF NEW MEXICO

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1625.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 04 / 2013

Transaction ID : SA11AI.8513

Amount of Each Receipt this Period

750.00

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

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

1100.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 39 OF 60

☒ 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. SUSAN R. PITMAN

Mailing Address 57 CREST DRIVE

City

SOUTH ORANGE

State

NJ

Zip Code

07079

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

10 / 08 / 2013

Transaction ID : SA11AI.8601

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. HARTAJ POWELL

Mailing Address 229 CHRISTIE STREET

City

NEW YORK

State

NY

Zip Code

10002

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 ▼

1475.00

Date of Receipt

10 / 23 / 2013

Transaction ID : SA11AI.8864

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. HOLLY S. PURITZ

Mailing Address 7940 NORTH SHORE ROAD

City

NORFOLK

State

VA

Zip Code

23505

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 ▼

2750.00

Date of Receipt

10 / 09 / 2013

Transaction ID : SA11AI.8618

Amount of Each Receipt this Period

100.00

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

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

600.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

 FOR LINE NUMBER: PAGE 40 OF 60
 (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)

Full Name (Last, First, Middle Initial)

A. HOLLY S. PURITZ

Mailing Address 7940 NORTH SHORE ROAD

City	State	Zip Code
NORFOLK	VA	23505

FEC ID number of contributing federal political committee.

Name of Employer

THE GROUP FOR WOMEN

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		22		2013

Transaction ID : SA11AI.8846

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

B. STEVEN W. REMMENG

Mailing Address 16995 PRINCETON ROAD

City	State	Zip Code
ADAMS	NE	68301

FEC ID number of contributing federal political committee.

Name of Employer

UNIVERSITY OF NEBRASKA

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		04		2013

Transaction ID : SA11AI.8515

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C. SUSAN M. RICHMAN

Mailing Address 29 LEIGHTON TRAIL

City	State	Zip Code
GUILFORD	CT	06437

FEC ID number of contributing federal political committee.

Name of Employer

SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		22		2013

Transaction ID : SA11AI.8847

Amount of Each Receipt this Period

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

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

X	11a		11b		11c		12		
	13		14		15		16		17

THE AMERICAN CONGRESS OF OB-GYNs PAC (OB-GYN PAC)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 42 OF 60

☒ 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. ROY A. SCHNEIDER

Mailing Address 2601 EAST MAIN STREET

City
VENTURA

State Zip Code
CA 93003

FEC ID number of contributing
federal political committee.

C

Name of Employer

KAISER PERMANENTE

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
10 / 11 / 2013

Transaction ID : SA11AI.8516

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. ROY A. SCHNEIDER

Mailing Address 2601 EAST MAIN STREET

City
VENTURA

State Zip Code
CA 93003

FEC ID number of contributing
federal political committee.

C

Name of Employer

KAISER PERMANENTE

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 17 / 2013

Transaction ID : SA11AI.9047

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. MARK S. SEIGEL

Mailing Address 8406 LYNBROOK DRIVE

City
BETHESDA

State Zip Code
MD 20814

FEC ID number of contributing
federal political committee.

C

Name of Employer

ROCKVILLE OB/GYN

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
10 / 22 / 2013

Transaction ID : SA11AI.8850

Amount of Each Receipt this Period

250.00

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

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

540.00

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

PAGE 43 OF 60

<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)

A. HOWARD A. SHAW

Mailing Address 65 OLANDER LANE

City

MIDDLETOWN

State

CT

Zip Code

06457

FEC ID number of contributing
federal political committee.

C

Name of Employer

YALE NEW HAVEN HOSPITAL

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		20		2013

Transaction ID : SA11AI.8816

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. HOWARD A. SHAW

Mailing Address 65 OLANDER LANE

City

MIDDLETOWN

State

CT

Zip Code

06457

FEC ID number of contributing
federal political committee.

C

Name of Employer

YALE NEW HAVEN HOSPITAL

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		22		2013

Transaction ID : SA11AI.8851

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. VIRGINIA A. SIEGFRIED

Mailing Address 1416 FOOTHILL ROAD

City

OJAI

State

CA

Zip Code

93023

FEC ID number of contributing
federal political committee.

C

Name of Employer

PLANNED PARENTHOOD

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		11		2013

Transaction ID : SA11AI.8472

Amount of Each Receipt this Period

250.00

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 44 OF 60
(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. CHARLA E. SIMON

Mailing Address 1254 WEST WELLINGTON AVENUE

City State Zip Code
 CHICAGO IL 60657

FEC ID number of contributing
federal political committee.

C

Name of Employer

NORTHSHORE UNIVERSITY

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 29 / 2013

Transaction ID : SA11AI.9359

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. LAURA SIROTT

Mailing Address 249 SOUTH BERKELEY AVENUE

City State Zip Code
 PASADENA CA 91107

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 ▼

2600.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 07 / 2013

Transaction ID : SA11AI.8577

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. CHAD M. SMITH

Mailing Address 1517 BRIAR MEADE CIRCLE

City State Zip Code
 EDMOND OK 73025

FEC ID number of contributing
federal political committee.

C

Name of Employer

UNIVERSITY OF OKLAHOMA

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 04 / 2013

Transaction ID : SA11AI.8520

Amount of Each Receipt this Period

25.00

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

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

165.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 45 OF 60

☒ 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. KIRSTEN M. SMITH

Mailing Address 405 WOODSTOCK LANE

City
WILMINGTON

State Zip Code
DE 19808

FEC ID number of contributing
federal political committee.

C

Name of Employer
CHRISTIANA CARE

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 22 / 2013

Transaction ID : SA11AI.8854

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. BARRY SOBEL

Mailing Address 11104 CREEK POINTE DRIVE

City
MATTHEWS

State Zip Code
NC 28105

FEC ID number of contributing
federal political committee.

C

Name of Employer
UNION OB/GYN

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 01 / 2013

Transaction ID : SA11AI.8394

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. HESTER M. SONDER

Mailing Address 4700 CITY AVENUE

City
PHILADELPHIA

State Zip Code
PA 19131

FEC ID number of contributing
federal political committee.

C

Name of Employer
INTEGRATIVE MEDICINE

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
10 / 26 / 2013

Transaction ID : SA11AI.9308

Amount of Each Receipt this Period

10.00

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

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

285.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 46 OF 60
(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)

Full Name (Last, First, Middle Initial)

A. DANA G. STONE

Mailing Address 1730 HUNTINGTON AVENUE

City	State	Zip Code
OKLAHOMA CITY	OK	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 ▼

1853.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	09	/	2013

Transaction ID : SA11AI.8619

Amount of Each Receipt this Period

209.00

Full Name (Last, First, Middle Initial)

B. JOANNE L. STONE

Mailing Address 5 EAST 98TH STREET

City	State	Zip Code
NEW YORK	NY	10029

FEC ID number of contributing
federal political committee.

C

Name of Employer

MT. SINAI HOSPITAL

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2013

Transaction ID : SA11AI.8969

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. ALBERT L. STRUNK

Mailing Address 698 CONSTELLATION COURT

City	State	Zip Code
DAVIDSONVILLE	MD	21035

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 ▼

1650.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	22	/	2013

Transaction ID : SA11AI.8855

Amount of Each Receipt this Period

150.00

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

399.00

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 47 OF 60

☒ 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. THOR O. SVENDSEN

Mailing Address 1918 RANDOLPH ROAD

City

CHARLOTTE

State

NC

Zip Code

28207

FEC ID number of contributing
federal political committee.

C

Name of Employer

NOVANT HEALTH

Occupation

PHYSICIAN

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 18 / 2013

Transaction ID : SA11AI.8805

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. PATRICK J. SWEENEY

Mailing Address 200 WINDMILL DRIVE

City

WAKEFIELD

State

RI

Zip Code

02879

FEC ID number of contributing
federal political committee.

C

Name of Employer

WOMEN & INFANTS HOSPITAL

Occupation

PHYSICIAN

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 18 / 2013

Transaction ID : SA11AI.8809

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. KIM L. THORNTON

Mailing Address 73 WASHBURN AVENUE

City

WELLESLEY

State

MA

Zip Code

02481

FEC ID number of contributing
federal political committee.

C

Name of Employer

BOSTON IVF

Occupation

PHYSICIAN

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 14 / 2013

Transaction ID : SA11AI.8677

Amount of Each Receipt this Period

50.00

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

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

550.00

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

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

FOR LINE NUMBER: PAGE 48 OF 60
(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)

<p>Full Name (Last, First, Middle Initial) A. JANICE TILDON-BURTON</p> <p>Mailing Address 1700 TALLEY ROAD</p> <p>City State Zip Code WILMINGTON DE 19803</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation SELF-EMPLOYED PHYSICIAN</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1249.98</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 02 / 2013 Transaction ID : SA11AI.8396</p> <p>Amount of Each Receipt this Period 100.00</p>		
<p>Full Name (Last, First, Middle Initial) B. JANICE TILDON-BURTON</p> <p>Mailing Address 1700 TALLEY ROAD</p> <p>City State Zip Code WILMINGTON DE 19803</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation SELF-EMPLOYED PHYSICIAN</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1349.98</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 22 / 2013 Transaction ID : SA11AI.8856</p> <p>Amount of Each Receipt this Period 100.00</p>		
<p>Full Name (Last, First, Middle Initial) C. PAUL G. TOMICH</p> <p>Mailing Address 3637 QUINCE STREET</p> <p>City State Zip Code DOWNERS GROVE IL 60515</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation UNIVERSITY OF NEBRASKA PHYSICIAN</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 3000.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 11 / 2013 Transaction ID : SA11AI.8473</p> <p>Amount of Each Receipt this Period 400.00</p>		
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			<p>600.00</p>		
<p>TOTAL This Period (last page this line number only)..... ▶</p>			<p></p>		

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

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

FOR LINE NUMBER: PAGE 49 OF 60
(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. EUGENE C. TOY

Mailing Address 1115 MARTIN STREET

City State Zip Code
 HOUSTON TX 77018

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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 03 2013

Transaction ID : SA11AI.8443

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. ERIN E. TRACY

Mailing Address 5 HIGH STREET

City State Zip Code
 STONEHAM MA 02180

FEC ID number of contributing
federal political committee.

C

Name of Employer
 MASS GENERAL PHYSICIANS

Occupation
 PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1672.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 12 2013

Transaction ID : SA11AI.8672

Amount of Each Receipt this Period

209.00

Full Name (Last, First, Middle Initial)

C. JENNINE M. VARHOLA

Mailing Address 4725 NORTHEAST 14TH PLACE

City State Zip Code
 PORTLAND OR 97211

FEC ID number of contributing
federal political committee.

C

Name of Employer
 OREGON 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
 10 18 2013

Transaction ID : SA11AI.8810

Amount of Each Receipt this Period

250.00

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

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

1459.00

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

PAGE 50 OF 60

<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)

A. PAUL R. WEBER

Mailing Address 2888 LONG BEACH BOULEVARD

City	State	Zip Code
LONG BEACH	CA	90806

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
10	/	03	/	2013

Transaction ID : SA11AI.8867

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. JAMES B. WELSH

Mailing Address 4214 ANDREWS HIGHWAY

City	State	Zip Code
MIDLAND	TX	79703

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 ▼

240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2013

Transaction ID : SA11AI.8977

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. TONY S. WEN

Mailing Address 301 UNIVERSITY BOULEVARD

City	State	Zip Code
GALVESTON	TX	77555

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 ▼

540.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2013

Transaction ID : SA11AI.9057

Amount of Each Receipt this Period

40.00

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

330.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 51 OF 60
(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. ALLAN J. WHITE

Mailing Address 8701 MOUNTAIN TOP

City State Zip Code
 SAN ANTONIO TX 78255

FEC ID number of contributing
federal political committee.

C

Name of Employer
 START CENTER CANCER 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
 10 08 2013

Transaction ID : SA11AI.8613

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. CONNIE G. WHITE

Mailing Address 203 WILKINSON STREET

City State Zip Code
 FRANKFORT KY 40601

FEC ID number of contributing
federal political committee.

C

Name of Employer
 COMMONWEALTH OF KENTUCKY

Occupation
 PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1150.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 04 2013

Transaction ID : SA11AI.8525

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

C. JAN E. WHITEFIELD

Mailing Address 2550 CURLEW CIRCLE

City State Zip Code
 ANCHORAGE AK 99502

FEC ID number of contributing
federal political committee.

C

Name of Employer
 ALASKA WOMEN'S CENTER

Occupation
 PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 19 2013

Transaction ID : SA11AI.9100

Amount of Each Receipt this Period

40.00

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

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

690.00

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

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

FOR LINE NUMBER: PAGE 52 OF 60
(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. HALINA P. WICZYK

Mailing Address 759 CHESTNUT STREET

City State Zip Code
 SPRINGFIELD MA 01199

FEC ID number of contributing
federal political committee.

C

Name of Employer

BAYSTATE REPRODUCTIVE MEDICINE

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
 10 24 2013

Transaction ID : SA11AI.9392

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. LISA WILLIAMS

Mailing Address P.O. BOX 1000

City State Zip Code
 CODY WY 82414

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
 10 04 2013

Transaction ID : SA11AI.8526

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. STACY WILSON

Mailing Address 1627 OCEAN FRONT STREET

City State Zip Code
 SAN DIEGO CA 92107

FEC ID number of contributing
federal political committee.

C

Name of Employer

KAISER PERMANENTE

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
 10 12 2013

Transaction ID : SA11AI.8673

Amount of Each Receipt this Period

50.00

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

600.00

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 53 OF 60
(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. MICHAEL P. WOODS

Mailing Address 2974 105TH STREET

City State Zip Code
TABOR IA 51653

FEC ID number of contributing
federal political committee.

C

Name of Employer
SHENANDOAH MEDICAL CENTER

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 04 / 2013

Transaction ID : SA11AI.8529

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. JEFFREY A. WRIGHTSON

Mailing Address 1950 PINTO LANE

City State Zip Code
LAS VEGAS NV 89106

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 ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 03 / 2013

Transaction ID : SA11AI.8869

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. ROBERT YELVERTON

Mailing Address 2526 JETTON AVENUE

City State Zip Code
TAMPA FL 33629

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 ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 15 / 2013

Transaction ID : SA11AI.8679

Amount of Each Receipt this Period

50.00

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

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

550.00

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

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

FOR LINE NUMBER: PAGE 54 OF 60
(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)

<p>Full Name (Last, First, Middle Initial) A. MARILYN SAU YING YOUNG</p> <p>Mailing Address 9009 LIGON COURT</p> <p>City State Zip Code FORT MYERS FL 33908</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation SELF-EMPLOYED PHYSICIAN</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 290.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 30 / 2013 Transaction ID : SA11AI.9426</p> <p>Amount of Each Receipt this Period 40.00</p>		
<p>Full Name (Last, First, Middle Initial) B. ROGER C. YOUNG</p> <p>Mailing Address 262 MEADOWGROVE LANE</p> <p>City State Zip Code MEMPHIS TN 38120</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation UNIVERSITY OF TENNESSEE PHYSICIAN</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 240.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 18 / 2013 Transaction ID : SA11AI.9101</p> <p>Amount of Each Receipt this Period 40.00</p>		
<p>Full Name (Last, First, Middle Initial) C. GREGORY ZITTEL</p> <p>Mailing Address 232 NEW GATE LOOP</p> <p>City State Zip Code HEATHROW FL 32746</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation PHYSICIAN ASSOCIATES PHYSICIAN</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 240.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 23 / 2013 Transaction ID : SA11AI.9260</p> <p>Amount of Each Receipt this Period 40.00</p>		
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			<p>120.00</p>		
<p>TOTAL This Period (last page this line number only)..... ▶</p>			<p>28383.33</p>		

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

PAGE 55 OF 60

<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	State	Zip Code
PHOENIX	AZ	85072

Purpose of Disbursement
CREDIT CARD TRANSACTION FEES

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		07		2013

Transaction ID : SB21B.8620

Amount of Each Disbursement this Period

198.59

Full Name (Last, First, Middle Initial)

B. AMERICAN EXPRESS

Mailing Address P.O. BOX 53852

City	State	Zip Code
PHOENIX	AZ	85072

Purpose of Disbursement
CREDIT CARD TRANSACTION FEES

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		29		2013

Transaction ID : SB21B.9368

Amount of Each Disbursement this Period

7.95

Full Name (Last, First, Middle Initial)

C. FIRST NATIONAL MERCHANT SOLUTIONS

Mailing Address 1620 DODGE STREET

City	State	Zip Code
OMAHA	NE	68197

Purpose of Disbursement
CREDIT CARD TRANSACTION FEES

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		02		2013

Transaction ID : SB21B.8451

Amount of Each Disbursement this Period

369.92

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

576.46

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

576.46

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

PAGE 56 OF 60

<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	State	Zip Code
ELK GROVE	CA	95758

Purpose of Disbursement
CONTRIBUTION

Candidate Name

AMERISH BERAOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		07		2013

Transaction ID : SB23.8367

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. BERA FOR CONGRESS

Mailing Address P.O. BOX 582496

City	State	Zip Code
ELK GROVE	CA	95758

Purpose of Disbursement
CONTRIBUTION

Candidate Name

AMERISH BERAOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: CA District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		07		2013

Transaction ID : SB23.8368

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. BRALEY FOR IOWA

Mailing Address P.O. BOX 856

City	State	Zip Code
DES MOINES	IA	50304

Purpose of Disbursement
CONTRIBUTION

Candidate Name

BRUCE L. BRALEYOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: IA District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		07		2013

Transaction ID : SB23.8369

Amount of Each Disbursement this Period

2000.00

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

4500.00

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

PAGE 58 OF 60

<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. CHRIS TURNER CAMPAIGN

Mailing Address P.O. BOX 182093

City
ARLINGTONState
TXZip Code
76096Purpose of Disbursement
NON-FEDERAL CONTRIBUTION

Candidate Name

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

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		08		2013

Transaction ID : SB29.8386

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. DONNA HOWARD CAMPAIGN

Mailing Address P.O. BOX 5375

City
AUSTINState
TXZip Code
78763Purpose of Disbursement
NON-FEDERAL CONTRIBUTION

Candidate Name

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

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		08		2013

Transaction ID : SB29.8384

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. KIRK WATSON CAMPAIGN

Mailing Address P.O. BOX 2004

City
AUSTINState
TXZip Code
78768Purpose of Disbursement
NON-FEDERAL CONTRIBUTION

Candidate Name

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

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		08		2013

Transaction ID : SB29.8388

Amount of Each Disbursement this Period

1000.00

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

3000.00

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

PAGE 59 OF 60

<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. NATHAN FOR SENATE

Mailing Address P.O. BOX 75

City
GIG HARBORState
WAZip Code
98335Purpose of Disbursement
NON-FEDERAL CONTRIBUTION

Candidate Name

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

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		22		2013

Transaction ID : SB29.8685

Amount of Each Disbursement this Period

900.00

Full Name (Last, First, Middle Initial)

B. NICOLE COLLIER CAMPAIGN

Mailing Address P.O. BOX 24241

City
FORT WORTHState
TXZip Code
76124Purpose of Disbursement
NON-FEDERAL CONTRIBUTION

Candidate Name

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

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		08		2013

Transaction ID : SB29.8376

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. ROYCE WEST FOR TEXAS STATE SENATE CAMPAIGN

Mailing Address 5787 SOUTH HAMPTON ROAD

City
DALLASState
TXZip Code
75232Purpose of Disbursement
NON-FEDERAL CONTRIBUTION

Candidate Name

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

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		08		2013

Transaction ID : SB29.8390

Amount of Each Disbursement this Period

1000.00

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

2900.00

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