

# 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 ▼

C C00364158

CITY ▲

STATE ▲

ZIP CODE ▲

3. IS THIS REPORT  NEW (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)
- Mar 20 (M3)
- Apr 20 (M4)
- May 20 (M5)
- Jun 20 (M6)
- Jul 20 (M7)
- Aug 20 (M8)
- Sep 20 (M9)
- Oct 20 (M10)
- Nov 20 (M11) (Non-Election Year Only)
- Dec 20 (M12) (Non-Election Year Only)
- Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

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

Election on

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

in the State of

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

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

Election on

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

in the State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y  
02 / 01 / 2016

through

M M M / D D D / Y Y Y Y Y Y  
02 / 29 / 2016

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 MARY SCHILLING

Signature of Treasurer

MARY SCHILLING

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
03 / 10 / 2016

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)

Write or Type Committee Name

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

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>		<input type="text" value="324208.25"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="326553.39"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="31702.10"/>	<input type="text" value="60081.20"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="358255.49"/>	<input type="text" value="384289.45"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="42677.28"/>	<input type="text" value="68711.24"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="315578.21"/>	<input type="text" value="315578.21"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="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:  /  /  To:  /  /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	11603.44	22405.21
(ii) Unitemized .....	20098.66	37675.99
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	31702.10	60081.20
(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) .....	31702.10	60081.20
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	31702.10	60081.20
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	31702.10	60081.20

**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 .....	577.28	1111.24
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	577.28	1111.24
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	42000.00	67000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	100.00	600.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	100.00	600.00
29. Other Disbursements .....	0.00	0.00
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)) ..	42677.28	68711.24
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	42677.28	68711.24

**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) .....	31702.10	60081.20
34. Total Contribution Refunds (from Line 28(d)) .....	100.00	600.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	31602.10	59481.20
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	577.28	1111.24
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	577.28	1111.24

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 16
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. DAVID B. BYCK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 404 HERB RIVER DRIVE  
 City SAVANNAH State GA Zip Code 31406  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MEMORIAL HEALTH Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 29 / 2016  
**Transaction ID : SA11AI.30913**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**B. CHRISTIAN A. CHISHOLM**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1840 RIVER INN LANE  
 City CHARLOTTESVILLE State VA Zip Code 22901  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer UNIVERSITY OF VIRGINIA Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 13 / 2016  
**Transaction ID : SA11AI.30799**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**C. JEANNE A. CONRY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8204 CANTERSHIRE WAY  
 City GRANITE BAY State CA Zip Code 95746  
 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 ▼ 1088.88

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 06 / 2016  
**Transaction ID : SA11AI.30636**  
 Amount of Each Receipt this Period  
 544.44  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1294.44
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

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

**A. THOMAS S. DARDARIAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 108 CETON COURT  
 City BROOMAIL State PA Zip Code 19008  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MAIN LINE WOMEN'S HEALTH CARE Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 17 / 2016  
**Transaction ID : SA11AI.30809**  
 Amount of Each Receipt this Period  
 210.00  
 Memo Item

**B. NATHANIEL DENICOLA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2218 MANNING STREET  
 City PHILADELPHIA State PA Zip Code 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 ▼ 834.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 16 / 2016  
**Transaction ID : SA11AI.30808**  
 Amount of Each Receipt this Period  
 417.00  
 Memo Item

**C. DIANNE M. EDGAR**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1340 HIGHLAND AVENUE  
 City ROCHESTER State NY Zip Code 14620  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer PARK WEST WOMEN'S HEALTH Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 04 / 2016  
**Transaction ID : SA11AI.30646**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	877.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 8 OF 16  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. MONA HARDAS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3353 FLECKENSTEIN  
 City FLINT State MI Zip Code 48507  
 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 02 / 23 / 2016  
**Transaction ID : SA11AI.30944**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. CHRISTINE M. HERDE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2507 SOUTH ROAD  
 City POUGHKEEPSIE State NY Zip Code 12601  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CAREMOUNT MEDICAL GROUP Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 04 / 2016  
**Transaction ID : SA11AI.30648**  
 Amount of Each Receipt this Period 125.00  
 Memo Item

**C. CHRISTINE M. HERDE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2507 SOUTH ROAD  
 City POUGHKEEPSIE State NY Zip Code 12601  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CAREMOUNT MEDICAL GROUP Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 02 / 27 / 2016  
**Transaction ID : SA11AI.31138**  
 Amount of Each Receipt this Period 10.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 635.00  
**TOTAL** This Period (last page this line number only)..... ▶



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

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

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

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

**A. LISA M. HOLLIER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6612 MERCER STREET  
 City HOUSTON State TX Zip Code 77005  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer BAYLOR COLLEGE OF MEDICINE Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 06 / 2016  
**Transaction ID : SA11AI.30637**  
 Amount of Each Receipt this Period  
 2500.00  
 Memo Item

**B. AASTA MEHTA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1001 TOWAMENCIN AVENUE  
 City LANSDALE State PA Zip Code 19446  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer LEHIGH VALLEY PHYSICIAN GROUP Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 12 / 2016  
**Transaction ID : SA11AI.30789**  
 Amount of Each Receipt this Period  
 210.00  
 Memo Item

**C. M. KATHRYN MENARD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1006 WOOD SAGE DRIVE  
 City CHAPEL HILL State NC Zip Code 27516  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer UNIVERSITY OF NORTH CAROLINA Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 23 / 2016  
**Transaction ID : SA11AI.30948**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2960.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 16
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. WADE A. NEIMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1300 CRENSHAW COURT  
 City LYNCHBURG State VA Zip Code 24503  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer WOMEN'S HEALTH SERVICES Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 03 / 2016  
**Transaction ID : SA11AI.30641**  
 Amount of Each Receipt this Period  
 2500.00  
 Memo Item

**B. HOLLY S. PURITZ**  
 Full Name (Last, First, Middle Initial)  
 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 ▼ 418.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 07 / 2016  
**Transaction ID : SA11AI.30633**  
 Amount of Each Receipt this Period  
 209.00  
 Memo Item

**C. STEVEN W. REMMENGA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 16995 PRINCETON ROAD  
 City ADAMS State NE Zip Code 68301  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer UNIVERSITY OF NEBRASKA Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 418.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 17 / 2016  
**Transaction ID : SA11AI.30810**  
 Amount of Each Receipt this Period  
 209.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2918.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

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

Full Name (Last, First, Middle Initial) <b>A. DANA G. STONE</b>		Date of Receipt
Mailing Address 1730 HUNTINGTON AVENUE		<input type="text" value="02"/> / <input type="text" value="09"/> / <input type="text" value="2016"/>
City	State	Zip Code
OKLAHOMA CITY	OK	73116
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.30629</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
SELF-EMPLOYED	PHYSICIAN	<input type="text" value="210.00"/>
Receipt For:	Aggregate Year-to-Date ▼	<input type="checkbox"/> Memo Item
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="420.00"/>	

Full Name (Last, First, Middle Initial) <b>B. JANICE TILDON-BURTON</b>		Date of Receipt
Mailing Address 1700 TALLEY ROAD		<input type="text" value="02"/> / <input type="text" value="08"/> / <input type="text" value="2016"/>
City	State	Zip Code
WILMINGTON	DE	19803
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.30632</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
SELF-EMPLOYED	PHYSICIAN	<input type="text" value="209.00"/>
Receipt For:	Aggregate Year-to-Date ▼	<input type="checkbox"/> Memo Item
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="418.00"/>	

Full Name (Last, First, Middle Initial) <b>C. J. MARTIN TUCKER</b>		Date of Receipt
Mailing Address 3932 GREENTREE PLACE		<input type="text" value="02"/> / <input type="text" value="10"/> / <input type="text" value="2016"/>
City	State	Zip Code
JACKSON	MS	39211
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.30623</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
JACKSON HEALTHCARE FOR WOMEN	PHYSICIAN	<input type="text" value="2500.00"/>
Receipt For:	Aggregate Year-to-Date ▼	<input type="checkbox"/> Memo Item
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="2500.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="2919.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value="11603.44"/>

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. SAGE PAYMENT SOLUTIONS**

Mailing Address 1750 OLD MEADOW ROAD

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement  
CREDIT CARD TRANSACTION FEES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 01 / 2016

Transaction ID : SB21B.30436

Amount of Each Disbursement this Period

517.42

Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

Memo Item

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

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

517.42

517.42

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. BLUMENTHAL FOR CONNECTICUT**

Mailing Address 777 SUMMER STREET

City STAMFORD State CT Zip Code 06901

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
**RICHARD BLUMENTHAL**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: CT District: 00

Date of Disbursement

MM / DD / YYYY  
02 / 16 / 2016

Transaction ID : **SB23.30662**

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. BRADY FOR CONGRESS**

Mailing Address P.O. BOX 8277

City THE WOODLANDS State TX Zip Code 77387

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
**KEVIN BRADY**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: TX District: 08

Date of Disbursement

MM / DD / YYYY  
02 / 22 / 2016

Transaction ID : **SB23.30812**

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE**

Mailing Address 430 SOUTH CAPITOL STREET, SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
02 / 16 / 2016

Transaction ID : **SB23.30672**

Amount of Each Disbursement this Period

15000.00

Memo Item

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

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

19000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. FRELINGHUYSEN FOR CONGRESS**

Mailing Address 19 CATTANO AVENUE

City MORRISTOWN State NJ Zip Code 07960

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
**RODNEY P. FRELINGHUYSEN**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: NJ District: 11

Date of Disbursement

MM / DD / YYYY  
02 / 16 / 2016

Transaction ID : **SB23.30663**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. GENE GREEN CONGRESSIONAL CAMPAIGN**

Mailing Address P.O. BOX 16128

City HOUSTON State TX Zip Code 77222

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
**RAYMOND E. 'GENE' GREEN**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: TX District: 29

Date of Disbursement

MM / DD / YYYY  
02 / 16 / 2016

Transaction ID : **SB23.30666**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. GUTHRIE FOR CONGRESS**

Mailing Address P.O. BOX 9639

City BOWLING GREEN State KY Zip Code 42102

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
**S. BRETT GUTHRIE**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: KY District: 02

Date of Disbursement

MM / DD / YYYY  
02 / 22 / 2016

Transaction ID : **SB23.30813**

Amount of Each Disbursement this Period

1000.00

Memo Item

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

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

3000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. HEALTHCARE FREEDOM FUND**

Mailing Address P.O. BOX 2485

City SPRINGFIELD State VA Zip Code 22152

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
02 / 16 / 2016

Transaction ID : **SB23.30669**

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. NANCY PELOSI FOR CONGRESS**

Mailing Address 700 13TH STREET, NW

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

**NANCY PELOSI**

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

Disbursement For: 2016  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
02 / 16 / 2016

Transaction ID : **SB23.30668**

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. SIMPSON FOR CONGRESS**

Mailing Address 1487 PARKWAY DRIVE

City BLACKFOOT State ID Zip Code 83221

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

**MICHAEL SIMPSON**

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

Disbursement For: 2016  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
02 / 22 / 2016

Transaction ID : **SB23.30814**

Amount of Each Disbursement this Period

1000.00

Memo Item

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

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

8500.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. TIM MURPHY FOR CONGRESS**

Mailing Address P.O. BOX 24551

City State Zip Code  
PITTSBURGH PA 15234

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

**TIMOTHY MURPHY**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: PA District: 18

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	16	/	2016

**Transaction ID : SB23.30667**

Amount of Each Disbursement this Period

1500.00
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Memo Item

Full Name (Last, First, Middle Initial)

**B. TREASURE STATE PAC**

Mailing Address 3242 CUMMINS WAY

City State Zip Code  
MISSOULA MT 59802

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	16	/	2016

**Transaction ID : SB23.30670**

Amount of Each Disbursement this Period

5000.00
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Memo Item

Full Name (Last, First, Middle Initial)

**C. TUESDAY GROUP POLITICAL ACTION COMMITTEE**

Mailing Address 209 PENNSYLVANIA AVENUE, SE

City State Zip Code  
WASHINGTON DC 20003

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	16	/	2016

**Transaction ID : SB23.30671**

Amount of Each Disbursement this Period

5000.00
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Memo Item

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

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

11500.00
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42000.00
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