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Image# 201603109009732461

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3X Fo	r Other Than An	Authorized (Committee				
1. NAME OF TY	YPE OR PRINT ▼	Examp	ole: If typing, t	vpe	10 EE 4 MC	Office Use Only	
COMMITTEE (in full)			ne lines.		12FE4M5		
THE AMERICAN CONG	RESS OF OB-	GYNS PAC	(OB-GYN	PAC)			
ADDRESS (number and street)	409 12TH STREET, S	SW					
Check if different than previously reported. (ACC)	WASHINGTON				DC	20024	
2. FEC IDENTIFICATION NUM	IBER ▼	CITY 🛦		(STATE A	ZIP CC	DDE 🛦
C C00364158		3. IS THIS REPORT	× NEW	OR	AM (A)	IENDED	
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	PRE-Election	Election on Ge	Jun 2	20 (M5) 20 (M6) 0 (M7)	Sep	in the State of	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE) Runoff (12R) of
(TER)		Election on	W - W / D	м - м	/ D D /	in the State of	of
5. Covering Period 02	01 2	2016	through	02	29	2016	
certify that I have examined this	Report and to the b	est of my knowle	edge and belie	f it is tru	e, correct and	complete.	
Type or Print Name of Treasurer	MARY SCHILLING						
Signature of Treasurer MARY S	SCHILLING	[E	lectronically File	<i>rd]</i> D	ate 03	/ 10 /	2016
NOTE: Submission of false, erroneou	us, or incomplete info	rmation may subje	ect the person s	signing th	is Report to th	ne penalties of 2	U.S.C. §437g.
Office Use Only						FEC FOF Rev. 12/2	

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) 01 2016 02 29 2016 Report Covering the Period: 02 From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 324208.25 January 1, 2016 (b) Cash on Hand at 326553.39 Beginning of Reporting Period..... 31702.10 60081.20 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 384289.45 358255.49 6(a) and 6(c) for Column B)..... 42677.28 68711.24 Total Disbursements (from Line 31)...... Cash on Hand at Close of 8. Reporting Period 315578.21 315578.21 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 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)

Write or Type Committee Name

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

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date			
(a) Ind	utions (other than loans) From: dividuals/Persons Other an Political Committees					
	Itemized (use Schedule A)	11603.44	22405.21			
` '	Unitemized	20098.66	37675.99			
(111)	Lines 11(a)(i) and (ii)	31702.10	60081.20			
	litical Party Committeesher Political Committees	0.00	0.00			
(sı	uch as PACs)tal Contributions (add Lines	0.00	0.00			
11 To	(a)(iii), (b), and (c)) (Carry tals to Line 33, page 5)▶	31702.10	60081.20			
	ors From Affiliated/Other Committees	0.00	0.00			
13. All Loa	ns Received	0.00	0.00			
15. Offsets	lepayments Received To Operating Expenditures	0.00	0.00			
(Carry 16. Refund	ds, Rebates, etc.) Totals to Line 37, page 5)s s of Contributions Made	0.00	0.00			
Politica	eral Candidates and Other I Committees	0.00	0.00			
(Divider 18. Transfe	Federal Receipts nds, Interest, etc.) ers from Non-Federal and Levin Funds	0.00	0.00			
٠,	n-Federal Account om Schedule H3)	0.00	0.00			
(b) Lev	in Funds (from Schedule H5)	0.00	0.00			
(c) Tota	al Transfers (add 18(a) and 18(b))	0.00	0.00			
	eceipts (add Lines 11(d), 14, 15, 16, 17, and 18(c))▶	31702.10	60081.20			
	ederal Receipts ct Line 18(c) from Line 19)▶	31702.10	60081.20			

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	isbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date		
 Operating Exp (a) Allocated 	Federal/Non-Federal				
Activity (f	rom Schedule H4)	0.00	0.00		
(i) Fede	eral Share	0.00	0.00		
(ii) Non-	Federal Share	0.00	0.00		
	deral Operating				
	ires	577.28	1111.24		
	erating Expenditures	577.28	1111.24		
	a)(i), (a)(ii), and (b))▶ Iffiliated/Other Party	311.20	7		
		0.00	0.00		
3. Contributions: Federal Candi	to dates/Committees				
and Other Pol	litical Committees	42000.00	67000.00		
4. Independent E	The state of the s	0.00	0.00		
5. Coordinated F	e E) Party Expenditures	0.00	0.00		
(2 U.S.C. §44 (use Schedule	1a(d)) e F)	0.00	0.00		
(acc conodate	. ,	7			
6. Loan Repaym	ents Made	0.00	0.00		
	_	200	0.00		
 Loans Made Refunds of Co 	ontributions To:	0.00	0.00		
(a) Individual	s/Persons Other itical Committees	100.00	600.00		
man Foi	nical Committees	100.00			
(b) Political F	Party Committees	0.00	0.00		
	litical Committees				
(such as	PACs)	0.00	0.00		
(D	resonant de la companya de la compa				
` '	atribution Refunds as 28(a), (b), and (c))▶	100.00	600.00		
(add Line	3 20(a), (b), and (c))		500,00		
9. Other Disburs	ements	0.00	0.00		
	_				
	on Activity (2 U.S.C. §431(20))				
, ,	Federal Election Activity				
	nedule H6) al Share	0.00	0.00		
(i) i cacie	di Gilare	7 7 7			
(ii) "Levin	" Share	0.00	0.00		
(b) Federal E	Election Activity Paid Entirely				
	Federal Funds	0.00	0.00		
. ,	eral Election Activity (add	0.00	0.00		
Lines 30	(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00		
I. Total Disburse	ements (add Lines 21(c), 22,				
	5, 27, 28(d), 29 and 30(c))	42677.28	68711.24		
•		00			
2. Total Federal					
	21(a)(ii) and Line 30(a)(ii)				
trom Line 31).	······	42677.28	68711.24		

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	· · · · · · · · · · · · · · · · · · ·			
3. Total Contributions (other than loans) (from Line 11(d), page 3)	31702.10	60081.20		
4. Total Contribution Refunds (from Line 28(d))	100.00	600.00		
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	31602.10	59481.20		
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	577.28	1111.24		
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00		
3. 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:					PAGE		6	OF		16
(check only one)										
>	11a		11b		11c		12			
	13		14		15		16			17

or for commercial purposes, other than using	the name and address of any political committee t	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) THE AMERICAN CONGRES	S OF OB-GYNS PAC (OB-GYN PA	.C)
Full Name (Last, First, Middle Initial) DAVID B. BYCK		Date of Receipt
Mailing Address 404 HERB RIVER DRIVE		02 29 2016
City SAVANNAH	State Zip Code GA 31406	Transaction ID : SA11AI.30913
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 250.00
Name of Employer MEMORIAL HEALTH	Occupation PHYSICIAN	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) CHRISTIAN A. CHISHOLM Mailing Address 1840 RIVER INN LANE		Date of Receipt
City	State Zip Code VA 22901	02 13 2016 Transaction ID : SA11AI.30799
CHARLOTTESVILLE FEC ID number of contributing federal political committee.	VA 22901	Amount of Each Receipt this Period 500.00
Name of Employer UNIVERSITY OF VIRGINIA	Occupation PHYSICIAN	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) . JEANNE A. CONRY		Date of Receipt
Mailing Address 8204 CANTERSHIRE WA	Y	02 06 2016 _
City GRANITE BAY	State Zip Code CA 95746	Transaction ID : SA11AI.30636 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	544.44
Name of Employer KAISER PERMANENTE	Occupation PHYSICIAN	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1088.88	
SUBTOTAL of Receipts This Page (optional)	1294.44
TOTAL This Period (last page this line num	ber only)	

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		16
(check only one)										
×	11c		12	!						
	13		14		15		16	;		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	C)
Full Name (Last, First, Middle Initial) THOMAS S. DARDARIAN Mailing Address 108 CETON COURT City BROOMAIL FEC ID number of contributing federal political committee. Name of Employer MAIN LINE WOMEN'S HEALTH CARE	State Zip Code PA 19008 C Occupation PHYSICIAN	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	
Full Name (Last, First, Middle Initial) NATHANIEL DENICOLA Mailing Address 2218 MANNING STREET City PHILADELPHIA FEC ID number of contributing federal political committee. Name of Employer UNIVERSITY OF PENNSYLVANIA Receipt For: Primary General Other (specify)	State Zip Code PA 19103 C Occupation PHYSICIAN Aggregate Year-to-Date ▼ 834.00	Date of Receipt M M 2016 Transaction ID: SA11AI.30808 Amount of Each Receipt this Period 417.00 Memo Item
Full Name (Last, First, Middle Initial) DIANNE M. EDGAR Mailing Address 1340 HIGHLAND AVENUE City ROCHESTER FEC ID number of contributing federal political committee. Name of Employer PARK WEST WOMEN'S HEALTH Receipt For: Primary General Other (specify)	State Zip Code NY 14620 C Occupation PHYSICIAN Aggregate Year-to-Date ▼ 250.00	Date of Receipt M M 2016 Transaction ID: SA11AI.30646 Amount of Each Receipt this Period 250.00 Memo Item
SUBTOTAL of Receipts This Page (optional)	>	877.00
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	8	OF		16	
(check only one)										
>	<	11a		11b		11c	12	!		
		13		14		15	16	;		17

or for commercial purposes, other than using the	e 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 PAG	C)
Full Name (Last, First, Middle Initial) MONA HARDAS Mailing Address 3353 FLECKENSTEIN		Date of Receipt
City FLINT	State Zip Code MI 48507	02 23 2016 Transaction ID : SA11AI.30944 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00 Memo Item
Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) CHRISTINE M. HERDE Mailing Address 2507 SOUTH ROAD		Date of Receipt
City POUGHKEEPSIE	State Zip Code NY 12601	02 04 2016 Transaction ID : SA11AI.30648 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	125.00
Name of Employer CAREMOUNT MEDICAL GROUP	Occupation PHYSICIAN	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) CHRISTINE M. HERDE		Date of Receipt
Mailing Address 2507 SOUTH ROAD		02 27 2016
City POUGHKEEPSIE	State Zip Code NY 12601	Transaction ID : SA11AI.31138 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer CAREMOUNT MEDICAL GROUP	Occupation PHYSICIAN	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 260.00	
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)									
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	13		14		15		16	;	17

٥.	151 Commorbial purposco, other than doing the	Tiarre and address of any political committee to	conon communición nom cuon committee.
\rangle	NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS (OF OB-GYNS PAC (OB-GYN PAC	()
۸.	Full Name (Last, First, Middle Initial) LISA M. HOLLIER Mailing Address 6612 MERCER STREET City HOUSTON FEC ID number of contributing federal political committee. Name of Employer	State Zip Code TX 77005 C Occupation	Date of Receipt 02 06 2016 Transaction ID: SA11AI.30637 Amount of Each Receipt this Period 2500.00 Memo Item
	BAYLOR COLLEGE OF MEDICINE Receipt For: Primary General Other (specify)	PHYSICIAN Aggregate Year-to-Date ▼ 2500.00	
3.	Full Name (Last, First, Middle Initial) AASTA MEHTA Mailing Address 1001 TOWAMENCIN AVENUE City LANSDALE FEC ID number of contributing federal political committee. Name of Employer LEHIGH VALLEY PHYSICIAN GROUP Receipt For: Primary General Other (specify)	State Zip Code PA 19446 C Occupation PHYSICIAN Aggregate Year-to-Date ▼ 420.00	Date of Receipt 02 12 2016 Transaction ID: SA11AI.30789 Amount of Each Receipt this Period 210.00 Memo Item
> .	Full Name (Last, First, Middle Initial) M. KATHRYN MENARD Mailing Address 1006 WOOD SAGE DRIVE City CHAPEL HILL FEC ID number of contributing federal political committee. Name of Employer UNIVERSITY OF NORTH CAROLINA Receipt For: Primary General Other (specify)	State Zip Code NC 27516 C Occupation PHYSICIAN Aggregate Year-to-Date ▼ 250.00	Date of Receipt 02 23 2016 Transaction ID: SA11AI.30948 Amount of Each Receipt this Period 250.00 Memo Item
S	UBTOTAL of Receipts This Page (optional)	<u> </u>	2960.00
Т	OTAL This Period (last page this line number of	only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER: PAGE 10 OF Use separate schedule(s) (check only one) X 11a 11b 11c

16

for each category of the 12 Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC) Full Name (Last, First, Middle Initial) WADE A. NEIMAN Date of Receipt Mailing Address 1300 CRENSHAW COURT 2016 0.3 City Zip Code State Transaction ID: SA11AI.30641 VA LYNCHBURG 24503 Amount of Each Receipt this Period FEC ID number of contributing C 2500.00 federal political committee. Memo Item Name of Employer Occupation WOMEN'S HEALTH SERVICES **PHYSICIAN** Receipt For: Aggregate Year-to-Date ▼ Primary General 2500.00 Other (specify) Full Name (Last, First, Middle Initial) B. HOLLY S. PURITZ Date of Receipt Mailing Address 7940 NORTH SHORE ROAD 02 07 2016 City State Zip Code Transaction ID: SA11AI.30633 **NORFOLK** VA 23505 Amount of Each Receipt this Period FEC ID number of contributing 209.00 federal political committee. Memo Item Name of Employer Occupation THE GROUP FOR WOMEN **PHYSICIAN** Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 418,00 Full Name (Last, First, Middle Initial) c. STEVEN W. REMMENGA Date of Receipt Mailing Address 16995 PRINCETON ROAD 02 17 2016 City Zip Code State Transaction ID: SA11AI.30810 NF **ADAMS** 68301 Amount of Each Receipt this Period FEC ID number of contributing С 209.00 federal political committee. Memo Item Name of Employer Occupation **PHYSICIAN** UNIVERSITY OF NEBRASKA Receipt For: Aggregate Year-to-Date ▼ Primary General 418.00 Other (specify) 2918.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 9

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

	FOR LINE NUMBER:					PAGE	 11	OF	16	
(check only one)										
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			13		14		15	16	,	17

٥.	tor commercial purposes, other than doing the	name and address of any political committee to	Contract Contributions from Such Confinition.	
\rangle		OF OB-GYNS PAC (OB-GYN PAC	C)	
Full Name (Last, First, Middle Initial) DANA G. STONE Mailing Address 1730 HUNTINGTON AVENUE City OKLAHOMA CITY FEC ID number of contributing federal political committee. Name of Employer SELF-EMPLOYED		State Zip Code OK 73116 C Occupation PHYSICIAN	Date of Receipt M	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00		
3.	Full Name (Last, First, Middle Initial) JANICE TILDON-BURTON Mailing Address 1700 TALLEY ROAD City WILMINGTON FEC ID number of contributing federal political committee. Name of Employer SELF-EMPLOYED Receipt For: Primary General Other (specify)	State Zip Code DE 19803 C Occupation PHYSICIAN Aggregate Year-to-Date ▼ 418.00	Date of Receipt 02	
Э.	Full Name (Last, First, Middle Initial) J. MARTIN TUCKER Mailing Address 3932 GREENTREE PLACE City JACKSON FEC ID number of contributing federal political committee. Name of Employer JACKSON HEALTHCARE FOR WOMEN Receipt For: Primary General Other (specify)	State Zip Code MS 39211 C Occupation PHYSICIAN Aggregate Year-to-Date ▼ 2500.00	Date of Receipt M M / D D / 2016 Transaction ID: SA11AI.30623 Amount of Each Receipt this Period 2500.00 Memo Item	
s	SUBTOTAL of Receipts This Page (optional)		2919.00	
Т	OTAL This Period (last page this line number of	only)	11603.44	

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 12 OF 16			
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	one) 22 23 24 25 28c 29		
Any information copied from such Reports and Staten or for commercial purposes, other than using the name					
NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS OF	•				
Full Name (Last, First, Middle Initial) SAGE PAYMENT SOLUTIONS			Date of Disbursement		
Mailing Address 1750 OLD MEADOW ROAD			02 01 2016		
MCLEAN	State Zip Code VA 22102		Transaction ID : SB21B.30436		
Purpose of Disbursement CREDIT CARD TRANSACTION FEES	1		Amount of Each Disbursement this Per		
Candidate Name	-	Category/ Type	517.42		
Office Sought: House Disbursen Senate President	nent For: Primary General Other (specify)	.,,,,,	Memo Item		
State: District:					
Full Name (Last, First, Middle Initial) 3.	Full Name (Last, First, Middle Initial)				
Mailing Address		M - M / D - D / Y - Y - Y - Y			
City	State Zip Code				
Purpose of Disbursement	1		Amount of Each Disbursement this Per		
Candidate Name	h	Category/ Type			
President	nent For: Primary General Other (specify)		Memo Item		
State: District: Full Name (Last, First, Middle Initial)					
C.	Date of Disbursement				
Mailing Address					
City	State Zip Code				
Purpose of Disbursement					
Candidate Name		Category/ Type	Amount of Each Disbursement this Per		
Office Sought: House Disbursen Senate	Primary General	·	Memo Item		
State: President State:	Other (specify) ▼				
	·		517.42		

Any information copied from such Reports and Statements may not be sold or used by any person for the purposes, other than using the name and address of any political committee to solicit contributions from such commercial purposes, other than using the name and address of any political committee to solicit contributions from such commercial purposes, other than using the name and address of any political committee to solicit contributions from such commercial purposes, other than using the name and address of any political committee to solicit contributions from such commercial purposes, other than using the name and address of any political committee to solicit contributions from such commercial purposes, other than using the name and address of any political committee to solicit contributions from such commercial purposes, other than using the name and address of any political committee to solicit contributions from such commercial purposes, other than using the name and address of any political committee to solicit contributions from such commercial purposes, other than using the name and address of any political committee to solicit contributions from such commercial purposes, other than using the name and address of any political committee to solicit contributions from such commercial purposes, other than using the name and address of any political committee to solicit contributions from such commercial purposes, other than using the name and address of any political committee to solicit contributions from such commercial purposes, other than using the name and address of any political committee to solicit contributions from such contributions from such contributions from such contributions from	CHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 13 OF 1 (check only one)			
or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such or 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 State Zip Code CT 06891 Purpose of Disbursement CONTRIBUTION Candidate Name RICHARD BLUMENTHAL Office Sought: House Disbursement For: 2016 BRADY FOR CONGRESS Mailing Address P.O. BOX 8277 City State: TX Distinct: 08 Full Name (Last, First, Middle Initial) B. BRADY FOR CONGRESS Mailing Address P.O. BOX 8277 City State: TX Distinct: 08 Full Name (Last, First, Middle Initial) Candidate Name KEVIN BRADY Office Sought: House Disbursement For: 2016 Full Name (Last, First, Middle Initial) Common temporal Primary General Full Name (Last, First, Middle Initial) Common temporal Primary General Full Name (Last, First, Middle Initial) Common temporal Primary General Full Name (Last, First, Middle Initial) Common temporal Primary General Full Name (Last, First, Middle Initial) Common temporal Primary General Full Name (Last, First, Middle Initial) Common temporal Primary General Date of Disbursement Contribution Memo Item Transaction ID: SB23.3067: Transaction ID: SB23.3067: Transaction ID: SB23.3067: Transaction ID: SB23.3067: Amount of Each Disbursement CONTRIBUTION Cardidate Name Category' Type Office Sought: House Disbursement For: Code Category' Type Office Sought: House Disbursement For: C	EINITED DISBORSEMENTS	for each category of the	21b	22 🗙 23 🗌 24 📗 25 📄 26		
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 State Zip Code CT 06901 Purpose of Disbursement CONTRIBUTION Candidate Name RICHARD BLUMENTHAL Office Sought: House Disbursement For: 2016 Full Name (Last, First, Middle Initial) B. BRADY FOR CONGRESS Mailing Address P.O. BOX 8277 City State Zip Code TY 77387 Purpose of Disbursement CONTRIBUTION Candidate Name KEVIN BRADY Office Sought: House Disbursement For: 2016 Full Name (Last, First, Middle Initial) Date of Disbursement Category/ Type Memo Item Transaction ID: SB23.3081: Transaction ID: SB23.3087: Transaction						
A. BLUMENTHAL FOR CONNECTICUT Mailing Address 777 SUMMER STREET	, ,	OB-GYNS PAC (OE	B-GYN PAC))		
City State Zip Code CT 06901 Candidate Name RICHARD BLUMENTHAL Office Sought:		JT				
STAMFORD CT 06901 Purpose of Disbursement CONTRIBUTION Candidate Name RICHARD BLUMENTHAL Office Sought:	Mailing Address 777 SUMMER STREET			02 16 2016		
CONTRIBUTION Candidate Name RICHARD BLUMENTHAL Office Sought:	STAMFORD	· ·		Transaction ID : SB23.30662		
RICHARD BLUMENTHAL Office Sought: House	CONTRIBUTION			Amount of Each Disbursement this Period		
State: CT District: 00 Full Name (Last, First, Middle Initial) B. BRADY FOR CONGRESS Mailling Address P.O. BOX 8277 City State Zip Code TX 77387 Purpose of Disbursement CONTRIBUTION Candidate Name KEVIN BRADY Office Sought: House President Senate Primary General Other (specify) Mailling Address 430 SOUTH CAPITOL STREET, SE City State Zip Code TX 77387 Transaction ID: SB23.3081: Disbursement For: 2016 Senate Primary General Other (specify) Memo Item Date of Disbursement Category/ Type Date of Disbursement Transaction ID: SB23.3081: Transaction ID: SB23.3087: Transa	RICHARD BLUMENTHAL			1500.00		
B. BRADY FOR CONGRESS Mailing Address P.O. BOX 8277 City State Zip Code THE WOODLANDS TX 77387 Purpose of Disbursement CONTRIBUTION Candidate Name KEVIN BRADY Office Sought: Y District: 08 Full Name (Last, First, Middle Initial) C. DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE Mailing Address 430 SOUTH CAPITOL STREET, SE City State Zip Code On Disbursement For: 2016 City State Zip Code Other (specify) ▼ Transaction ID: SB23.3081: Disbursement For: 2016 Memo Item Date of Disbursement For: 2016 Memo Item Transaction ID: SB23.3081: Disbursement For: 2016 Memo Item Date of Disbursement For: 2016 Memo Item Transaction ID: SB23.3081: Disbursement For: 2016 City Type On Disbursement For: 2016 City Transaction ID: SB23.3067: 2016 Transaction ID: SB23.3067: 2016 Memo Item	Senate President C	Primary X General		Memo Item		
Mailing Address P.O. BOX 8277 City State Zip Code THE WOODLANDS TX 77387 Purpose of Disbursement CONTRIBUTION Candidate Name KEVIN BRADY Office Sought: House Senate President State: TX District: 08 Full Name (Last, First, Middle Initial) C. DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE Mailing Address 430 SOUTH CAPITOL STREET, SE City State Zip Code WASHINGTON DC 20003 Purpose of Disbursement CONTRIBUTION Candidate Name Category/ Type Date of Disbursement Transaction ID : SB23.3081: Amount of Each Disbursement Date of Disbursement Transaction ID : SB23.3067: Amount of Each Disbursement Category/ Type Office Sought: House Disbursement For: Senate Primary General Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼	Full Name (Last, First, Middle Initial)					
THE WOODLANDS Purpose of Disbursement CONTRIBUTION Candidate Name KEVIN BRADY Office Sought: State: TX District: 08 Full Name (Last, First, Middle Initial) C. DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE Mailing Address 430 SOUTH CAPITOL STREET, SE City WASHINGTON Purpose of Disbursement CONTRIBUTION Candidate Name Office Sought: House Disbursement For: State Zip Code DC 20003 Transaction ID: SB23.3081: Amount of Each Disbursement Date of Disbursement Transaction ID: SB23.3081: Amount of Each Disbursement Category/ Type Office Sought: Office Sought: House Senate Primary General Other (specify) Memo Item Memo Item Memo Item Memo Item Memo Item Memo Item	Mailing Address P.O. BOX 8277					
CONTRIBUTION Candidate Name KEVIN BRADY Office Sought:	THE WOODLANDS	· ·		Transaction ID : SB23.30812		
Category Type	CONTRIBUTION			Amount of Each Disbursement this Period		
Senate President Other (specify) State: TX District: 08 Full Name (Last, First, Middle Initial) C. DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE Mailing Address 430 SOUTH CAPITOL STREET, SE City State Zip Code WASHINGTON DC 20003 Purpose of Disbursement CONTRIBUTION Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) Other (specify) Memo Item Memo Item	KEVIN BRADY			2500.00		
C. DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE Mailing Address 430 SOUTH CAPITOL STREET, SE	Senate President C	Primary General		Memo Item		
Mailing Address 430 SOUTH CAPITOL STREET, SE City WASHINGTON DC 20003 Purpose of Disbursement CONTRIBUTION Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) Transaction ID: SB23.30672	•	MITTEE				
WASHINGTON Purpose of Disbursement CONTRIBUTION Candidate Name Category/ Type Office Sought: House Primary President Disbursement For: Primary General Other (specify) Memo Item	Mailing Address 430 SOUTH CAPITOL STREET, SE					
Contribution Candidate Name Category/ Type Office Sought: House Senate Primary Other (specify) Other (specify) Memo Item Amount of Each Disbursement Memo Item	WASHINGTON	'		Transaction ID : SB23.30672		
Senate Primary General President Other (specify) ▼	CONTRIBUTION		Amount of Each Disbursement this Period 15000.00			
	Senate Fresident C	Primary General		Memo Item		
SUBTOTAL of Disbursements This Page (optional)	<u> </u>		·····	19000.00		

SCHEDULE B (FEC Form 3X)	Lies caparata cabadula(a)	FOR LINE NUMBER: PAGE 14 OF 16			
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	/ one) 22 💢 23 24 25 26		
	Detailed Summary Page	27	28a 28b 28c 29 30b		
Any information copied from such Reports and Statem or for commercial purposes, other than using the name					
NAME OF COMMITTEE (In Full)	· ·				
THE AMERICAN CONGRESS OF	OB-GYNS PAC (OF	B-GYN PA	C)		
Full Name (Last, First, Middle Initial)			Date of Disbursement		
A. FRELINGHUYSEN FOR CONGRE	:55		Date of Disbursement		
Mailing Address 19 CATTANO AVENUE			02 16 2016		
,	State Zip Code		Transaction ID: SB23.30663		
MORRISTOWN Purpose of Disbursement	NJ 07960				
CONTRIBUTION			Amount of Each Disbursement this Period		
Candidate Name		Category/	1000.00		
RODNEY P. FRELINGHUYSEN	aont For: 0015	Type			
	nent For: 2016 Primary General		Memo Item		
	Other (specify)				
State: NJ District: 11	· ,				
Full Name (Last, First, Middle Initial)			Data (Dil)		
3. GENE GREEN CONGRESSIONAL	_ CAMPAIGN		Date of Disbursement		
Mailing Address P.O. BOX 16128			02 16 2016		
City	State Zip Code		Transaction ID : SB23.30666		
HOUSTON	TX 77222		11a119aCtiO11 ID . 3D23.3U000		
Purpose of Disbursement CONTRIBUTION		· · ·	Amount of Each Disbursement this Period		
Candidate Name	Category/				
RAYMOND E. 'GENE' GREEN		Type	1000.00		
	nent For: 2016		Memo Item		
	Other (specify) —				
State: TX District: 29	Other (specify) ▼				
Full Name (Last, First, Middle Initial)					
GUTHRIE FOR CONGRESS			Date of Disbursement		
Mallian Addison B. S. S.	Mailing Address D.O. DOV 2000				
Mailing Address P.O. BOX 9639	Mailing Address P.O. BOX 9639				
City	State Zip Code		Transaction ID - SP22 20042		
	KY 42102		Transaction ID : SB23.30813		
Purpose of Disbursement CONTRIBUTION	Category	Amount of Foot Distriction 1911 D. 1			
Candidate Name		Amount of Each Disbursement this Period			
S. BRETT GUTHRIE		Category/ Type	1000.00		
	nent For: 2016		Memo Item		
Senate President	Other (specify) —				
State: KY District: 02	Other (specify) ▼				
02					
SUBTOTAL of Disbursements This Page (optional)		·····•	3000.00		
		<u>-</u> _			
TOTAL This Period (last page this line number only)					

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 15 OF 16 (check only one)			
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b	22 X 23 24 25 26 28a 28b 28c 29 30b		
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam					
NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS OF	OB-GYNS PAC (OB	B-GYN PAG	C)		
Full Name (Last, First, Middle Initial) 4. HEALTHCARE FREEDOM FUND			Date of Disbursement		
Mailing Address P.O. BOX 2485			02 16 2016		
SPRINGFIELD	State Zip Code VA 22152		Transaction ID : SB23.30669		
Purpose of Disbursement CONTRIBUTION Candidate Name		0.11	Amount of Each Disbursement this Period		
Office Sought: House Disbursen	nent For: Primary General	Category/ Type	5000.00 Memo Item		
	Other (specify) ▼				
Full Name (Last, First, Middle Initial) NANCY PELOSI FOR CONGRESS Mailing Address 700 13TH STREET, NW	3		Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City	State Zip Code DC 20005		Transaction ID : SB23.30668		
Purpose of Disbursement CONTRIBUTION Candidate Name	20005	Amount of Each Disburs Category/	Amount of Each Disbursement this Period		
Senate President	nent For: 2016 Primary General Other (specify)	Type	2500.00 Memo Item		
State: CA District: 12 Full Name (Last, First, Middle Initial) C- SIMPSON FOR CONGRESS			Date of Disbursement		
Mailing Address 1487 PARKWAY DRIVE		02 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
City S BLACKFOOT Purpose of Disbursement	State Zip Code ID 83221		Transaction ID : SB23.30814		
CÓNTRIBUTION Candidate Name MICHAEL SIMPSON	Category/ Type	Amount of Each Disbursement this Period			
Office Sought: House Disburser Senate	nent For: 2016 Primary General Other (specify)	1,7,00	Memo Item		
SUBTOTAL of Disbursements This Page (optional)			8500.00		
TOTAL This Period (last nage this line number only)					

SCHEDULE B (FEC Form 3X)	Llos concrete cabadula/a\	FOR LINE NUMBER: PAGE 16 OF 16			
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one) 22 💢 23 🔲 24 📗 25 📉 26		
	Detailed Summary Page	27	28a 28b 28c 29 30b		
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam					
NAME OF COMMITTEE (In Full)					
THE AMERICAN CONGRESS OF	OB-GYNS PAC (OF	B-GYN PAG	C)		
Full Name (Last, First, Middle Initial)					
A. TIM MURPHY FOR CONGRESS			Date of Disbursement		
Mailing Address P.O. BOX 24551			02 16 2016		
,	State Zip Code PA 15234		Transaction ID : SB23.30667		
Purpose of Disbursement	PA 15234				
CONTRIBUTION			Amount of Each Disbursement this Period		
Candidate Name TIMOTHY MURPHY		Category/ Type	1500.00		
	nent For: 2016	ı ype	Memo Item		
	Primary General		_		
State: PA District: 18	Other (specify) ▼				
Full Name (Last, First, Middle Initial)					
3. TREASURE STATE PAC			Date of Disbursement		
Mailing Address 3242 CUMMINS WAY			02 16 2016		
		2010			
•	State Zip Code MT 59802		Transaction ID : SB23.30670		
Purpose of Disbursement CONTRIBUTION					
Candidate Name			Amount of Each Disbursement this Period		
		Category/ Type	5000.00		
Office Sought: House Disbursem			Memo Item		
	Primary General Other (specify) ▼				
State: District:	(-				
Full Name (Last, First, Middle Initial)	TION 60:		Date of Disbursement		
· TUESDAY GROUP POLITICAL AC	TUESDAY GROUP POLITICAL ACTION COMMITTEE				
Mailing Address 209 PENNSYLVANIA AVENUE, SE	Mailing Address 209 PENNSYLVANIA AVENUE, SE				
	State Zip Code		Transaction ID : SB23.30671		
Purpose of Disbursement	DC 20003				
CÓNTRIBUTION			Amount of Each Disbursement this Period		
Candidate Name		Category/	5000.00		
Office Sought: House Disbursem	nent For:	Type			
Senate	Primary General		Memo Item		
President State: District:	Other (specify) ▼				
Orace. District.					
SUBTOTAL of Disbursements This Page (optional)			11500.00		
TOTAL This Period (last nage this line number only)			42000.00		