

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES (SCHEDULE E)

PAGE 1 OF 1
FOR SE OF FORM 24/48

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

FEC IDENTIFICATION NUMBER
C C00364158

Check If 24-hour report 48-hour report New report Amends report filed on

MM / DD / YYYY

Full Name (Last, First, Middle Initial) of Payee
MAMMEN GROUP, INC.

Date
MM / DD / YYYY
09 / 17 / 2012

Mailing Address 1901 L STREET, NW

Amount
20000.00

City State Zip Code
WASHINGTON DC 20036

Transaction ID : SE.27600

Purpose of Expenditure
MAILING

Category/Type

Office Sought: House State: CA
 Senate District: 07
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
AMERISH BERA

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought 40000.00

Disbursement For: Primary General
 Other (specify)

Full Name (Last, First, Middle Initial) of Payee

Date
MM / DD / YYYY

Mailing Address

Amount

City State Zip Code

Purpose of Expenditure

Category/Type

Office Sought: House State: _____
 Senate District: _____
 President

Name of Federal Candidate Supported or Opposed by Expenditure:

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought

Disbursement For: Primary General
 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... 20000.00

(b) SUBTOTAL of Unitemized Independent Expenditures.....

(c) TOTAL Independent Expenditures..... 20000.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

STACIE MONROE

[Electronically Filed]

Date 10 / 05 / 2012

Signature