

**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

American Congress of Obstetricians & Gynecologists 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) ☐ 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
08 01 2017

through

M M M / D D D / Y Y Y Y Y Y
08 31 2017

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Schilling, Mary, , ,

Type or Print Name of Treasurer

Signature of Treasurer

Schilling, Mary, , ,

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
09 20 2017

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office
Use
Only**FEC FORM 3X**
Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

American Congress of Obstetricians & Gynecologists PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
08 / 01 / 2017 To: M M / D D / Y Y Y Y Y Y
08 / 31 / 2017

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2017		272752.40
(b) Cash on Hand at Beginning of Reporting Period.....	346708.24	
(c) Total Receipts (from Line 19)	28696.27	365512.93
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	375404.51	638265.33
7. Total Disbursements (from Line 31).....	1522.59	264383.41
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	373881.92	373881.92
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. 05/2016)

Page 3

Write or Type Committee Name

American Congress of Obstetricians & Gynecologists PAC

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8		0	1		2	0	1	7		

To:

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8		3	1		2	0	1	7		

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).....	22255.27	234748.84
(ii) Unitemized	6441.00	128264.09
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	28696.27	363012.93
(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)	28696.27	363012.93
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	2500.00
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))	28696.27	365512.93
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	28696.27	365512.93

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

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	522.59	9483.41
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	522.59	9483.41
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1000.00	249000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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	4900.00
(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	4900.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	1000.00
30. Federal Election Activity (52 U.S.C. § 30101(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)) ..	1522.59	264383.41
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1522.59	264383.41

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

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)	28696.27	363012.93
34. Total Contribution Refunds (from Line 28(d))	0.00	4900.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	28696.27	358112.93
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	522.59	9483.41
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	2500.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	522.59	6983.41

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 32

(check only one)

☒ 11a ☐ 11b ☐ 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)

American Congress of Obstetricians & Gynecologists PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Gibbs, Charles, Wayne, , MD

Mailing Address 8322 W 98th Ter

City

Overland Park

State

KS

Zip Code

66212-3498

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

University of Kansas Medical Center

Occupation (for Individual)

Physician

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 23 / 2017

Transaction ID : VPF9SNPDE30

Amount of Each Receipt this Period

390.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Miller, Patricia, M., , MD

Mailing Address 25 Village Brook Ln

City

Derry

State

NH

Zip Code

03038-4867

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Physician

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 23 / 2017

Transaction ID : VPF9SNPDE80

Amount of Each Receipt this Period

195.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Brousseau, Erin, Christine, , MD

Mailing Address 85 Strathmore Rd

City

Cranston

State

RI

Zip Code

02905-3722

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Women & Infants Hospital

Occupation (for Individual)

Physician

Receipt For:

☐ Primary☐ General☐ Other (specify)

Aggregate Year-to-Date ▼

1025.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 23 / 2017

Transaction ID : VPF9SNPDDG0

Amount of Each Receipt this Period

700.00

☐ Memo Item

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

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

1285.00

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 32

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Congress of Obstetricians & Gynecologists PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Koschnitzke, Martin, A., , MD

Mailing Address 555 Prospect Ave
 Ste E

City
 Estes Park

State
 CO

Zip Code
 80517-6347

FEC ID number of contributing
 federal political committee.

C

Name of Employer (for Individual)
 Estes Park Medical Center

Occupation (for Individual)
 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 Y
 08 / 23 / 2017

Transaction ID : VPF9SNPDDN0

Amount of Each Receipt this Period

390.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Yelverton, Robert, Ware, , Jr, MD

Mailing Address 2821 W Fountain Blvd

City
 Tampa

State
 FL

Zip Code
 33609-4011

FEC ID number of contributing
 federal political committee.

C

Name of Employer (for Individual)
 Self Employed

Occupation (for Individual)
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 08 / 16 / 2017

Transaction ID : VPF9SNJJAW0

Amount of Each Receipt this Period

70.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Elkin, Aaron, , , MD

Mailing Address 20210 NE 34th Ct

City
 Aventura

State
 FL

Zip Code
 33180-3301

FEC ID number of contributing
 federal political committee.

C

Name of Employer (for Individual)
 Florida Women's Care

Occupation (for Individual)
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 08 / 11 / 2017

Transaction ID : VPF9SNKKX91

Amount of Each Receipt this Period

3565.00

☐ Memo Item

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

4025.00

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 32

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Congress of Obstetricians & Gynecologists PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Brincat, Cynthia, Ann, , MD

Mailing Address 308 N Kenilworth Ave

City
Oak ParkState
ILZip Code
60302-2004FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Loyola University Medical CenterOccupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1375.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 31 / 2017

Transaction ID : VPF9SNMR4D1

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Cox, Carol, Swanson, , MD

Mailing Address 7737 Still Lakes Dr

City
OdessaState
FLZip Code
33556-2262FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of South FloridaOccupation (for Individual)
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
08 / 11 / 2017

Transaction ID : VPF9SNKM1H1

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Matthews, Robin, D., , MD

Mailing Address 39 Flat Rock Rd

City
WaynesvilleState
NCZip Code
28786-7937FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Duke Lifepoint HospitalOccupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 23 / 2017

Transaction ID : VPF9SNPDEH1

Amount of Each Receipt this Period

195.00

☐ Memo Item

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

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

1445.00

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)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Congress of Obstetricians & Gynecologists PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Herde, Christine, Marie, , MD

Mailing Address 2507 South Rd

Mount Kisco Medical Group

City

Poughkeepsie

State

NY

Zip Code

12601-5458

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

CareMount Medical Group

Occupation (for Individual)

Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

08 / 04 / 2017

Transaction ID : VPF9SNGYMK1

Amount of Each Receipt this Period

175.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Brill, Keith, Robert, , MD

Mailing Address 258 Whitewater Village Ct

City

Henderson

State

NV

Zip Code

89012-3299

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Women's Specialty Care

Occupation (for Individual)

Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

08 / 18 / 2017

Transaction ID : VPF9SNJSQM1

Amount of Each Receipt this Period

65.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. Tildon-Burton, Janice, E., , MD

Mailing Address 1700 Talley Rd

City

Wilmington

State

DE

Zip Code

19803-3916

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

1045.00

Date of Receipt

08 / 08 / 2017

Transaction ID : VPF9SNHQFN1

Amount of Each Receipt this Period

209.00

☐ Memo Item

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

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

449.00

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

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

FOR LINE NUMBER: PAGE 10 OF 32

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Congress of Obstetricians & Gynecologists PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Creedon, Douglas, James, , MD

Mailing Address 1119 Buckridge Dr NE

City
Rochester

State
MN

Zip Code
55906-8526

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
North Memorial Med Center

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1395.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 23 / 2017

Transaction ID : VPF9SNPDDS1

Amount of Each Receipt this Period

195.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Barnes, Harrison, Wade, , Jr, MD

Mailing Address 285 Linkside Cir

City

Ponte Vedra Beach

State

FL

Zip Code

32082-2034

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
North Florida Ob-Gyn Associates

Occupation (for Individual)
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
08 / 23 / 2017

Transaction ID : VPF9SNKGRT1

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Harris, Karen, Eloise, , MD MPH

Mailing Address 2800 NW 29th St

City

Gainesville

State

FL

Zip Code

32605-2708

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
North Florida Women's Physicians

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2515.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 23 / 2017

Transaction ID : VPF9SNPDDY1

Amount of Each Receipt this Period

390.00

☐ Memo Item

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

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

835.00

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 11 OF 32

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Congress of Obstetricians & Gynecologists PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Smith, Patricia, Amanda, , MD

Mailing Address 738 Fontaine St

City
AlexandriaState
VAZip Code
22302-3607FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
George Washington University, MedicalOccupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1225.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 16 / 2017

Transaction ID : VPF9SNJJB02

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Phelan, Timothy, Michael, , MD

Mailing Address 2525 Riverside Ave

City
JacksonvilleState
FLZip Code
32204-4710FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
North Florida Ob-GynOccupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 16 / 2017

Transaction ID : VPF9SNJN112

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. McHugh, Katherine, W, , MD

Mailing Address 4030 N Pennsylvania St

City
IndianapolisState
INZip Code
46205-2609FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
IU HealthOccupation (for Individual)
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
08 / 23 / 2017

Transaction ID : VPF9SNKGR22

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

400.00

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 12 OF 32

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Congress of Obstetricians & Gynecologists PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Alderson, Thomas, L., , DO

Mailing Address 3664 Edinborough Dr

City
Rochester Hills

State
MI

Zip Code
48306-3632

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
McLaren Women's Health

Occupation (for Individual)
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 Y
08 / 24 / 2017

Transaction ID : VPF9SNKH042

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DeFrancesco, Mark, S., , MD, MBA

Mailing Address 35 Terrell Farm PI

City
Cheshire

State
CT

Zip Code
06410-2910

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Women's Health Connecticut

Occupation (for Individual)
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
08 / 30 / 2017

Transaction ID : VPF9SNMA082

Amount of Each Receipt this Period

625.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Wolfe, Cheryl, D., , MD

Mailing Address 5000 S East End Ave
17C

City
Chicago

State
IL

Zip Code
60615-3176

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Rush University

Occupation (for Individual)
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 Y
08 / 02 / 2017

Transaction ID : VPF9SNGWKA2

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

825.00

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 13 OF 32

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Congress of Obstetricians & Gynecologists PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Remmenga, Steven, W., , MD

Mailing Address 16995 Princeton Rd

City
AdamsState
NEZip Code
68301-7785FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of NebraskaOccupation (for Individual)
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
08 / 17 / 2017

Transaction ID : VPF9SNJP7B2

Amount of Each Receipt this Period

209.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Rodzak, Jeffrey, Emil, , MD

Mailing Address 420 E Larkspur Ln

City
OnalaskaState
WIZip Code
54650-8303FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of WisconsinOccupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1590.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 23 / 2017

Transaction ID : VPF9SNPDEC2

Amount of Each Receipt this Period

390.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Carson, George, Douglas, , MD

Mailing Address 1440 14th Ave

City
Regina SK S4P 0W5 CanadaState
ZZZip Code
00000FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Regina General HospitalOccupation (for Individual)
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
08 / 23 / 2017

Transaction ID : VPF9SNPDDF2

Amount of Each Receipt this Period

390.00

☐ Memo Item

Contribution Refunded on 9/18/17

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

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

989.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 14 OF 32

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Congress of Obstetricians & Gynecologists PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Hoskins, William, John, , MD

Mailing Address 515 E 72nd St
17HCity
New YorkState
NYZip Code
10021-4032FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Not Employed

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 23 / 2017

Transaction ID : VPF9SNPDDM2

Amount of Each Receipt this Period

390.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Dardarian, Thomas, S, , DO

Mailing Address 1030 E Lancaster Ave

City

Bryn Mawr

State

PA

Zip Code

19010-1451

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Main Line Women's Health Care

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 17 / 2017

Transaction ID : VPF9SNJP6R2

Amount of Each Receipt this Period

425.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Diaz, Maria, Lina, , MD

Mailing Address 4182 SW 107th Way

City

Davie

State

FL

Zip Code

33328-2163

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Molina Healthcare of Florida

Occupation (for Individual)

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
08 / 23 / 2017

Transaction ID : VPF9SNKGQ03

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

1065.00

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Congress of Obstetricians & Gynecologists PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Jones, Kenneth, Aaron, , Jr, MD

Mailing Address 123 Harden Pkwy
Apt M

City
Salinas

State
CA

Zip Code
93906-5500

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Information Requested

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 23 / 2017

Transaction ID : VPF9SNPDE23

Amount of Each Receipt this Period

195.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Lorenz, Robert, P., , MD

Mailing Address 3226 Wellington Ct

City

West Bloomfield

State

MI

Zip Code

48324-2162

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Beaumont Health

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 23 / 2017

Transaction ID : VPF9SNPDEG3

Amount of Each Receipt this Period

390.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Conry, Jeanne, Ann, , MD, PhD

Mailing Address 8204 Cantershire Way

City

Granite Bay

State

CA

Zip Code

95746-9476

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Kaiser Permanente

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

3128.88

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 01 / 2017

Transaction ID : VPF9SNGQ0K3

Amount of Each Receipt this Period

391.11

☐ Memo Item

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

976.11

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

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

PAGE 16 OF 32

<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)

American Congress of Obstetricians & Gynecologists PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Cannon, Octavia, , DO

Mailing Address 3643 Canfield Hill Ct

City
CharlotteState
NCZip Code
28270-1111FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Arboretum Ob-GynOccupation (for Individual)
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
08		20		2017

Transaction ID : VPF9SNJZQP3

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Myer, Eilean, L., MD

Mailing Address 40 Crestview Dr

City
FlorenceState
MAZip Code
01062-2614FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Baystate Medical CenterOccupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

590.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		23		2017

Transaction ID : VPF9SNPDDX3

Amount of Each Receipt this Period

390.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Preus, Eve, M., MD

Mailing Address 688 N 29th St

City
BoiseState
IDZip Code
83702-3809FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of UtahOccupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		07		2017

Transaction ID : VPF9SNH0GZ3

Amount of Each Receipt this Period

12.50

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....▶

452.50

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

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

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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Congress of Obstetricians & Gynecologists PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Decesare, Julie, , ,

Mailing Address 3846 Paradise Bay Dr

City

Gulf Breeze

State

FL

Zip Code

32563-2973

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

UF Pensacola

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 23 / 2017

Transaction ID : VPF9SNKGQE4

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Brincat, Cynthia, Ann, , MD

Mailing Address 308 N Kenilworth Ave

City

Oak Park

State

IL

Zip Code

60302-2004

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Loyola University Medical Center

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1375.00

Date of Receipt

08 / 31 / 2017

Transaction ID : VPF9SNMR4G4

Amount of Each Receipt this Period

375.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Combs, Joshua, Charles, , MD

Mailing Address 7374 Psc 76

City

Apo

State

AP

Zip Code

96319-0074

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

390.00

Date of Receipt

08 / 23 / 2017

Transaction ID : VPF9SNPDDR4

Amount of Each Receipt this Period

390.00

☐ Memo Item

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

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

1265.00

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

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NAME OF COMMITTEE (In Full)

American Congress of Obstetricians & Gynecologists PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Perry, Tashera, E., , MD

Mailing Address 1110 E Cobblefield Ct

City

Bloomington

State

IN

Zip Code

47401-6305

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Indiana Univ. Health Southern Indiana

Occupation (for Individual)

Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

08 / 20 / 2017

Transaction ID : VPF9SNJZQT4

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Cheek, Ben, H., , MD

Mailing Address 231 Cascade Rd

City

Columbus

State

GA

Zip Code

31904-2873

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

St. Francis Hospital

Occupation (for Individual)

Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1166.64

Date of Receipt

08 / 09 / 2017

Transaction ID : VPF9SNHQGT4

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. Bigay-Rodriguez, Felix, U., , MD

Mailing Address 4432 8th St SW

City

Vero Beach

State

FL

Zip Code

32968-4153

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Indian River Medical Center

Occupation (for Individual)

Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 16 / 2017

Transaction ID : VPF9SNJJAV4

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

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

158.33

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Congress of Obstetricians & Gynecologists PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Ring, Brandi, Nicole, , MD

Mailing Address 3755 S Emporia Way
 Unit L-204

City
 Aurora

State
 CO

Zip Code
 80014-8227

FEC ID number of contributing
 federal political committee.

C

Name of Employer (for Individual)

Mile High Ob-Gyn

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

767.00

Date of Receipt

M M / D D / Y Y Y Y Y
 08 / 11 / 2017

Transaction ID : VPF9SNJ2B05

Amount of Each Receipt this Period

84.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Leslie, Virginia, Campbell, , MD

Mailing Address 2816 NE 12th Ave

City

Portland

State

OR

Zip Code

97212-3218

FEC ID number of contributing
 federal political committee.

C

Name of Employer (for Individual)

Oregon Health & Science University

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y
 08 / 23 / 2017

Transaction ID : VPF9SNPDE15

Amount of Each Receipt this Period

195.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Packard, Lisa, Kay, , MD

Mailing Address 903 Camille Ln

City

Mountain View

State

CA

Zip Code

94040-2668

FEC ID number of contributing
 federal political committee.

C

Name of Employer (for Individual)

Palo Alto Medical Foundation

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

805.00

Date of Receipt

M M / D D / Y Y Y Y Y
 08 / 12 / 2017

Transaction ID : VPF9SNJ2J25

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

379.00

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 20 OF 32

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Congress of Obstetricians & Gynecologists PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Asaad, Radwan, , MD

Mailing Address 37261 Fox Gln

City

Farmington Hills

State

MI

Zip Code

48331-1809

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Hutzel Women's Specialists

Occupation (for Individual)

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

666.64

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 23 / 2017

Transaction ID : VPF9SNKE135

Amount of Each Receipt this Period

83.33

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Fenton, Douglas, K., , MD

Mailing Address 2921 Managua Pl

City

Carlsbad

State

CA

Zip Code

92009-7106

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Scripps Coastal Medical Group

Occupation (for Individual)

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1672.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 07 / 2017

Transaction ID : VPF9SNH0H75

Amount of Each Receipt this Period

209.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Hill, Washington, Clark, , MD

Mailing Address 8304 Alexandria Ct

City

Sarasota

State

FL

Zip Code

34238-3377

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Washington Hill, MD

Occupation (for Individual)

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 Y
08 / 13 / 2017

Transaction ID : VPF9SNKMGC5

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

542.33

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

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

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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Congress of Obstetricians & Gynecologists PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Daniels, Betty, Stewart, , MD

Mailing Address 249 E Highland Ave

City

San Bernardino

State

CA

Zip Code

92404-3707

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Woman To Woman ObGyn

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.00

Date of Receipt

08 / 23 / 2017

Transaction ID : VPF9SNPDDE5

Amount of Each Receipt this Period

390.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Elson, Marygrace, , , MD

Mailing Address 4944 Rapid Creek Rd NE

City

Iowa City

State

IA

Zip Code

52240-7713

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

University of Iowa Health Care

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

08 / 23 / 2017

Transaction ID : VPF9SNPDEF5

Amount of Each Receipt this Period

195.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Barron, Rachel, E., , MD

Mailing Address 4266 W 192nd St

City

Fairview Park

State

OH

Zip Code

44126-1902

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Cleveland Clinic Foundation

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

08 / 17 / 2017

Transaction ID : VPF9SNJP7K5

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

685.00

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

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NAME OF COMMITTEE (In Full)

American Congress of Obstetricians & Gynecologists PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Anderson, Ted, L., MD, PhD

Mailing Address 516 Leanne Way

City
FranklinState
TNZip Code
37069-8719FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Vanderbilt UniversityOccupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3140.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 23 / 2017

Transaction ID : VPF9SNPDDW5

Amount of Each Receipt this Period

390.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Maeder, Margie, , ,

Mailing Address 2686 Dahlia St

City
DenverState
COZip Code
80207-3048FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Rocky Mountain Women's CareOccupation (for Individual)
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 Y
08 / 16 / 2017

Transaction ID : VPF9SNJJAT6

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. Honebrink, Ann, L., , MD

Mailing Address 130 Valley Rd

City
ArdmoreState
PAZip Code
19003-1511FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of PittsburghOccupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1420.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 23 / 2017

Transaction ID : VPF9SNPDE07

Amount of Each Receipt this Period

195.00

☐ Memo Item

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

685.00

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

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NAME OF COMMITTEE (In Full)

American Congress of Obstetricians & Gynecologists PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Puritz, Holly, Suzanne, , MD

Mailing Address 7940 N Shore Rd

City
NorfolkState
VAZip Code
23505-1737FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
The Group for WomenOccupation (for Individual)
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
08 / 07 / 2017

Transaction ID : VPF9SNH0H27

Amount of Each Receipt this Period

209.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Prabhakaran, Sujatha, , , MD

Mailing Address 736 Central Ave

City
SarasotaState
FLZip Code
34236-4042FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Planned Parenthood of SW & Central FLOccupation (for Individual)
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
08 / 16 / 2017

Transaction ID : VPF9SNJJB77

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Tracy, Erin, Elizabeth, , MD

Mailing Address 5 High St

City
StonehamState
MAZip Code
02180-1120FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Mass General Physician OrganizationOccupation (for Individual)
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
08 / 05 / 2017

Transaction ID : VPF9SNH0987

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

359.00

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

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

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NAME OF COMMITTEE (In Full)

American Congress of Obstetricians & Gynecologists PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Sawyer, Dianne, M, , MD

Mailing Address 806 Lincoln St

City
EvanstonState
ILZip Code
60201-2405FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Lake Shore Obstetrics & Gynecology, LL

Occupation (for Individual)

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
08 / 08 / 2017

Transaction ID : VPF9SNHP7C7

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Dunn, Carl, Anthony, , MD

Mailing Address 1010 Chapman Rd

City
CrawfordState
TXZip Code
76638-2641FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Scott and White Clinic

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

715.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 23 / 2017

Transaction ID : VPF9SNPDEE7

Amount of Each Receipt this Period

390.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Keyser, Erin, A., , MD

Mailing Address 1005 E Baltimore Dr

City
El PasoState
TXZip Code
79902-2424FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

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 Y
08 / 23 / 2017

Transaction ID : VPF9SNPDEK7

Amount of Each Receipt this Period

390.00

☐ Memo Item

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

1030.00

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

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

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NAME OF COMMITTEE (In Full)

American Congress of Obstetricians & Gynecologists PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Etkin-Kramer, Elizabeth, A., , MD

Mailing Address 4308 Alton Rd
Ste 880

City
Miami Beach

State
FL

Zip Code
33140-4560

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 23 / 2017

Transaction ID : VPF9SNKGQP7

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. White, Emily, Maureen, , MD

Mailing Address 60 E Manning St

City

Providence

State

RI

Zip Code

02906-4048

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Providence Community Health Center

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

08 / 06 / 2017

Transaction ID : VPF9SNH0CS7

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Addis, Ilana, Beth, , MD, MPH

Mailing Address 629 N Wilson Ave

City

Tucson

State

AZ

Zip Code

85719-5145

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

University of Arizona

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

845.00

Date of Receipt

08 / 23 / 2017

Transaction ID : VPF9SNPDDV7

Amount of Each Receipt this Period

195.00

☐ Memo Item

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

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

795.00

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NAME OF COMMITTEE (In Full)

American Congress of Obstetricians & Gynecologists PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Nicholson, Wanda, Kay, , MD

Mailing Address 101 Manning Dr

3027 Old Clinic Bldg CB #7570

City

Chapel Hill

State

NC

Zip Code

27514-4220

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

University of North Carolina

Occupation (for Individual)

Physician

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 23 / 2017

Transaction ID : VPF9SNPDE98

Amount of Each Receipt this Period

195.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Allswede, Matthew, T., , MD

Mailing Address 640 Oakwood Dr

City

East Lansing

State

MI

Zip Code

48823-3031

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Spanow Health System

Occupation (for Individual)

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
08 / 10 / 2017

Transaction ID : VPF9SNHVGB8

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Bonk, Catherine, Mary, , MD

Mailing Address 315 Winn Way

City

Decatur

State

GA

Zip Code

30030-2111

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Atlanta Gyn & OB

Occupation (for Individual)

Physician

Receipt For:

☐ Primary☐ General☐ Other (specify)

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 23 / 2017

Transaction ID : VPF9SNPDDH8

Amount of Each Receipt this Period

390.00

☐ Memo Item

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

685.00

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NAME OF COMMITTEE (In Full)

American Congress of Obstetricians & Gynecologists PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Bennett, Donna, S., , MD

Mailing Address 470 Brookside Dr

City
Springville

State
UT

Zip Code
84663-2346

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Valley Women's Health

Occupation (for Individual)
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
08 / 09 / 2017

Transaction ID : VPF9SNPX6J8

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Wrightson, Jeffrey, A., , MD

Mailing Address 1109 Pine Island Ct

City
Las Vegas

State
NV

Zip Code
89134-6330

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Well Health Quality Care

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 09 / 2017

Transaction ID : VPF9SNHQGR8

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Merkitch, Ken, W., , Jr MD

Mailing Address W5732 Heatherwood Pl

City
La Crosse

State
WI

Zip Code
54601-2476

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Gundersen Health System

Occupation (for Individual)
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
08 / 29 / 2017

Transaction ID : VPF9SNM9BV8

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

390.00

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

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NAME OF COMMITTEE (In Full)

American Congress of Obstetricians & Gynecologists PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Koutrouvelis, Gayle, Olson, , MD

Mailing Address 11924 Sportsman Rd

City
Galveston

State
TX

Zip Code
77554-9365

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of Texas Medical Branch

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

08 / 16 / 2017

Transaction ID : VPF9SNJJAX8

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Stone, Dana, Gail, , MD

Mailing Address 1730 Huntington Ave

City
Nichols Hills

State
OK

Zip Code
73116-5511

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self Employed

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1790.00

Date of Receipt

08 / 09 / 2017

Transaction ID : VPF9SNHT009

Amount of Each Receipt this Period

210.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Friall, Andrea, King, , MD

Mailing Address 1304 Live Oak Plantation Rd

City
Tallahassee

State
FL

Zip Code
32312-2512

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
North Florida Women's Care

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

900.00

Date of Receipt

08 / 23 / 2017

Transaction ID : VPF9SNKGTA9

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

560.00

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

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NAME OF COMMITTEE (In Full)

American Congress of Obstetricians & Gynecologists PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Harris, Karen, Eloise, , MD MPH

Mailing Address 2800 NW 29th St

City
GainesvilleState
FLZip Code
32605-2708FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
North Florida Women's PhysiciansOccupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2515.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 16 / 2017

Transaction ID : VPF9SNJN1C9

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Harris, Karen, Eloise, , MD MPH

Mailing Address 2800 NW 29th St

City
GainesvilleState
FLZip Code
32605-2708FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
North Florida Women's PhysiciansOccupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2515.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 23 / 2017

Transaction ID : VPF9SNKGRD9

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Sauer, Harold, J., , MD

Mailing Address 700 Flintlock Rd

City
SouthportState
CTZip Code
06890-1091FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Bridgeport HospitalOccupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 23 / 2017

Transaction ID : VPF9SNPDED9

Amount of Each Receipt this Period

390.00

☐ Memo Item

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

1490.00

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

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

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NAME OF COMMITTEE (In Full)

American Congress of Obstetricians & Gynecologists PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Christie, Daniel, Ross, , MD

Mailing Address 4098 Derby Dr

City
Davie

State
FL

Zip Code
33330-4338

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
IVF Florida Reproductive Associates

Occupation (for Individual)
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
08 / 11 / 2017

Transaction ID : VPF9SNKM1J9

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Kumar, Saurabh, , MD

Mailing Address PO Box 597

City

Farmington

State

MO

Zip Code

63640-0597

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
BJC Medical Group

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 03 / 2017

Transaction ID : VPF9SNPX4X9

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. Hayes, Cynthia, Robison, , MD

Mailing Address 1821 N 19th St

City

Boise

State

ID

Zip Code

83702-0708

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
St. Luke's Regional Medical Center

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

695.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 23 / 2017

Transaction ID : VPF9SNPDDZ9

Amount of Each Receipt this Period

195.00

☐ Memo Item

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

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485.00

22255.27

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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)

American Congress of Obstetricians & Gynecologists PAC

Full Name (Last, First, Middle Initial)

A. First DataMailing Address 5565 Glenridge Connector NE
Ste 2000City
AtlantaState
GAZip Code
30342-1651Purpose of Disbursement
Credit Card Processing Fees

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
08		07		2017

FEC Identification Number

C**Transaction ID : VPEAHA6NP**

Amount of Each Disbursement this Period

4.95

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. First DataMailing Address 5565 Glenridge Connector NE
Ste 2000City
AtlantaState
GAZip Code
30342-1651Purpose of Disbursement
Credit Card Processing Fees

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
08		03		2017

FEC Identification Number

C**Transaction ID : VPEAHA6NP**

Amount of Each Disbursement this Period

19.95

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Sage Payment Solutions

Mailing Address 1750 Old Meadow Rd

City
McLeanState
VAZip Code
22102-4304Purpose of Disbursement
Credit Card Processing Fees

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
08		02		2017

FEC Identification Number

C**Transaction ID : VPEAHA6NP**

Amount of Each Disbursement this Period

343.13

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

368.03

368.03

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

PAGE 32 OF 32

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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)

American Congress of Obstetricians & Gynecologists PAC

Full Name (Last, First, Middle Initial)

A. Bill Nelson for US Senate

Mailing Address 972 W Whitmire Dr

City
MelbourneState
FLZip Code
32935-6972Purpose of Disbursement
Federal Contribution

Candidate Name

NELSON, BILL, , ,

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: FL

District: 00

Category/
Type

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
08	/	02	/	2017

FEC Identification Number

C C00344051**Transaction ID : VPEAHA6HC**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

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

1000.00

1000.00