Image# 13961138578 PAGE 1 / 45

# **FEC**

#### **REPORT OF RECEIPTS AND DISBURSEMENTS**

FURIVI 3X	For Other Than An Au	thorized Committe	ee		Office Use Only	
1. NAME OF	TYPE OR PRINT ▼	Example: If typin	ng, type	12FE4M5	1	
COMMITTEE (in full)		over the lines.				
THE AMERICAN C	ONGRESS OF OB-GY	NS PAC (OB-G)	/N PAC)			
ADDRESS (number and street	409 12TH STREET, SW					
Check if different						
than previously reported. (ACC)	WASHINGTON			DC	20024	
2. <b>FEC IDENTIFICATION</b>	I NUMBER ▼ C	ITY 🛦	S <sup>-</sup>	TATE 🛦	ZIP CODE	<u> </u>
C C00364158	3.		NEW OR	AM (A)	ENDED	
4. TYPE OF REPORT (Choose One)	Report	eb 20 (M2)	May 20 (M5)	Aug	(Nor	/ 20 (M11) n-Election Only)
(a) Quarterly Reports:	Due On:	ar 20 (M3)	Jun 20 (M6)	Sep :	(Nor	20 (M12) n-Election Only)
April 15		or 20 (M4)	Jul 20 (M7)	Oct 2	20 (M10) Jar	31 (YE)
Quarterly Repo	rt (Q1) (c) 12-Day PRE-Election	Primary (12P	)	General (	12G) Rur	off (12R)
Quarterly Repo October 15	rt (Q2) Report for the:	Convention (	12C)	Special (1	12S)	
Quarterly Repo	rt (Q3)	M M /	D D / Y	Y   Y   Y   Y	in the	
January 31 Year-End Repo	rt (YE) Elect	tion on			State of	
July 31 Mid-Ye. Report (Non-ele Year Only) (MY	ection (d) 50 Day	General (300	ā)	Runoff (3	OR) Spe	cial (30S)
Termination Re (TER)	port	tion on/	D = D / Y	- Y - Y - Y	in the State of	
5. Covering Period	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		02	/ 28 /	2013	
I certify that I have examine	d this Report and to the best of	of my knowledge and b	pelief it is true	, correct and	complete.	
Type or Print Name of Treas	•	· •			•	
Signature of Treasurer	STACIE MONROE	[Electronically	<i>Filed]</i> Da	te 03		)13
NOTE: Submission of false. e	rroneous, or incomplete informati	ion may subiect the pers	son signing this	s Report to th	e penalties of 2 U.S.0	C. §437a.
Office Office			2 39 1	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	FEC FORM	
Use Only					Rev. 12/2004	

#### **SUMMARY PAGE** OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2

Write or Type Committee Name

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2013		95382.62
	(b) Cash on Hand at Beginning of Reporting Period	65186.39	
	(c) Total Receipts (from Line 19)	81532.66	96094.32
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	146719.05	191476.94
7.	Total Disbursements (from Line 31)	27448.03	72205.92
3.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	119271.02	119271.02
).	Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
0.	Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

#### 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  COLUMN I  Total This Period  Calendar Year-t						
	utions (other than loans) From:	10141					
٠,	dividuals/Persons Other						
	an Political Committees		50700.00				56520.00
(i)	Itemized (use Schedule A)		30700.00	!			30320.00
` '	Unitemized)		30832.66	Į Ľ		7	36574.32
(111	Lines 11(a)(i) and (ii)		81532.66	ļ Ļ			93094.32
(b) Po	olitical Party Committees		0.00		7		0.00
` '	her Political Committees uch as PACs)		0.00	1 C			0.00
(d) To	tal Contributions (add Lines	,	,		,		
11	(a)(iii), (b), and (c)) (Carry						
То	tals to Line 33, page 5)▶		81532.66	J L.			93094.32
2. Transfe	ers From Affiliated/Other						
Party C	Committees		0.00	J L.	7		0.00
) All I	ns Received		0.00				0.00
. All Loa	ns Received	7	0.00		7		0.00
I. Loan F	Repayments Received		0.00	1 [			0.00
5. Offsets	To Operating Expenditures	,	,		,	7	
(Refun	ds, Rebates, etc.)						
(Carry	Totals to Line 37, page 5)		0.00	l I .			0.00
3. Refund	s of Contributions Made		, , , , , , , , , , , , , , , , , , , ,			,	
to Fede	eral Candidates and Other						
Politica	I Committees		0.00	l I .			3000.00
	Federal Receipts						
	nds, Interest, etc.)		0.00	11.		1 (0)	0.00
	ers from Non-Federal and Levin Funds		,				
	n-Federal Account			1 17			
(fr	om Schedule H3)		0.00	با ا	7		0.00
(h)	in Funda (from Cahadula UE)		0.00				0.00
(D) Lev	in Funds (from Schedule H5)	7		4 🖳	7		0.00
(c) Tota	al Transfers (add 18(a) and 18(b))		0.00	l C	7	7	0.00
9. Total R 12, 13,	eceipts (add Lines 11(d), 14, 15, 16, 17, and 18(c))▶	7	0.00 81532.66		7		96094.
<ol><li>Total F</li></ol>	ederal Receipts						

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date			
. Operating Expenditures:  (a) Allocated Federal/Non-Federal		Calolidai Tour-to-Date			
Activity (from Schedule H4)					
(i) Federal Share	0.00	0.00			
(ii) Non-Federal Share	0.00	0.00			
(b) Other Federal Operating					
Expenditures	448.03	1205.92			
(c) Total Operating Expenditures					
(add 21(a)(i), (a)(ii), and (b))▶	448.03	1205.92			
Transfers to Affiliated/Other Party	0.00	0.00			
Contributions to	0.00	0.00			
Federal Candidates/Committees and Other Political Committees	27000.00	70000.00			
Independent Expenditures	0.00	0.00			
(use Schedule E)	7				
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00			
-					
Loan Repayments Made	0.00	0.00			
Loans Made	0.00	0.00			
Refunds of Contributions To:	7				
(a) Individuals/Persons Other Than Political Committees	0.00	0.00			
-					
(b) Political Party Committees	0.00	0.00			
(c) Other Political Committees	0.00	0.00			
(such as PACs)	0.00				
(d) Total Contribution Refunds					
(add Lines 28(a), (b), and (c))▶	0.00	0.00			
21. 21.		1000.00			
Other Disbursements	0.00	1000.00			
Federal Election Activity (2 U.S.C. §431(20))					
(a) Allocated Federal Election Activity					
(from Schedule H6)					
(i) Federal Share	0.00	0.00			
(**) #I   OI	0.00	0.00			
(ii) "Levin" Share(b) Federal Election Activity Paid Entirely	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			
Total Disbursements (add Lines 21(c), 22,	27442.22				
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	27448.03	72205.92			
Total Federal Disbursements					
(subtract Line 21(a)(ii) and Line 30(a)(ii)					
from Line 31)	27448.03	72205.92			

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date			
3. Total Contributions (other than loans) (from Line 11(d), page 3)	81532.66	93094.32			
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00			
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	81532.66	93094.32			
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	448.03	1205.92			
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00			
3. Net Operating Expenditures (subtract Line 37 from Line 36)	448.03	1205.92			

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

	FOR LINE NUMBER:					PAGE	6	OF	45
(check only one)									
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		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 PAC	C)
Full Name (Last, First, Middle Initial) FOUAD M. ABBAS		Date of Receipt
Mailing Address 3000 STONE CLIFF DRIVE		02 14 2013
City BALTIMORE	State Zip Code MD 21209	Transaction ID : SA11AI.4693  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	500.00
Name of Employer  SINAI HOSPITAL  Receipt For:  Primary  General	Occupation PHYSICIAN Aggregate Year-to-Date ▼	
Other (specify)	500.00	
Full Name (Last, First, Middle Initial)  3. JOHANNA J. ABERNATHY  Mailing Address 2070 COTTAGE GLEN ROAL	D	Date of Receipt  02 23 2013
City CEDAR RAPIDS	State Zip Code IA 52403	Transaction ID : SA11AI.5007  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer OB/GYN ASSOCIATES	Occupation PHYSICIAN	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial)  TOD C. AEBY		Date of Receipt
Mailing Address 1319 PUNAHOU STREET		02 14 2013
City HONOLULU	State Zip Code HI 96826	Transaction ID : SA11AI.4695  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer UNIVERSITY OF HAWAII	Occupation PHYSICIAN	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	1250.00
TOTAL This Period (last page this line number	only)	

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

	FOR LINE NUMBER:					PAGE	7	OF	45
(check only one)									
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or for commercial purposes, other than using th	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 PA	C)			
Full Name (Last, First, Middle Initial)  A. ANTHONY AMBROSE  Mailing Address 317 HARVEY ROAD		Date of Receipt  02 20 2013			
City HERSHEY	State Zip Code PA 17033	Transaction ID : SA11AI.4830  Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	250.00			
Name of Employer HERSHEY MEDICAL CENTER	Occupation PHYSICIAN				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00				
Full Name (Last, First, Middle Initial)  LISA A. ANDERSSON-ZETYE  Mailing Address 545 MICHIGAN STREET	A. ANDERSSON-ZETYE				
City GRAND RAPIDS	State Zip Code MI 49503	02 14 2013  Transaction ID : SA11AI.4697  Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С	500.00			
Name of Employer ASSOCIATES IN OB/GYN	Occupation PHYSICIAN				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00				
Full Name (Last, First, Middle Initial)  ELIZABETH M. APARICIO		Date of Receipt			
Mailing Address 701 EAST HAMPDEN AVEN		02			
City ENGLEWOOD	State Zip Code CO 80113	Transaction ID : SA11AI.4488  Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	250.00			
Name of Employer ALL ABOUT WOMEN'S CARE	Occupation PHYSICIAN				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00				
SUBTOTAL of Receipts This Page (optional)		1000.00			
TOTAL This Period (last page this line number	only)				

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

FOR LINE NUMBER:					PAGE	8	OF	45
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or for commercial purposes, other than using the	he 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 PA	C)					
Full Name (Last, First, Middle Initial)  A. RAUL ARTAL		Date of Receipt					
Mailing Address 8 SUSSEX DRIVE	Mailing Address 8 SUSSEX DRIVE						
City BRENTWOOD	State Zip Code MO 63144	02 23 2013  Transaction ID : SA11AI.5011  Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С	1000.00					
Name of Employer ST. LOUIS UNIVERSITY	Occupation PHYSICIAN						
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00						
Full Name (Last, First, Middle Initial)  GEORGE A. BANUELOS		Date of Receipt					
Mailing Address 3800 SOUTH HIGHLAND A	02 18 2013						
City DOWNERS GROVE	State Zip Code IL 60515	Transaction ID : SA11AI.4839  Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	250.00						
Name of Employer WESTERN DUPAGE OB/GYN	Occupation PHYSICIAN						
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00						
Full Name (Last, First, Middle Initial)  C. SANDIA Y. BREKKE		Date of Receipt					
Mailing Address 4117 NORTH WINDOVER	COURT	02 23 _ 2013 _					
City APPLETON	State Zip Code WI 54913	Transaction ID : SA11AI.5015  Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	250.00					
Name of Employer AFFINITY MEDICAL GROUP	Occupation PHYSICIAN						
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00						
SUBTOTAL of Receipts This Page (optional)		1500.00					
TOTAL This Period (last page this line number	er only)						

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

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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 PAC	C)
Full Name (Last, First, Middle Initial) A. STEPHEN P. BUCHANAN		Date of Receipt
Mailing Address 945 SPRING CREEK DRIVE		02 01 <u>Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y</u>
City GRAPEVINE	State Zip Code TX 76051	Transaction ID : SA11AI.4506
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period  500.00
Name of Employer  UNIVERSITY OF NORTH TEXAS  Receipt For:  Primary  General	Occupation PHYSICIAN  Aggregate Year-to-Date ▼	
Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial)  CONWELL B. CARTER  Mailing Address 428 COLUMBUS AVENUE	Date of Receipt  02 14 2013	
City NEW HAVEN	State Zip Code CT 06519	Transaction ID : SA11AI.4701  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer RETIRED	Occupation PHYSICIAN	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial)  . HELEN Y. CHANG		Date of Receipt
Mailing Address 15525 POMERADO ROAD		02 26 2013
City POWAY	State Zip Code CA 92064	Transaction ID : SA11AI.5104  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)		1500.00
TOTAL This Period (last page this line number	only)	

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

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or for commercial purposes, other than using t	he name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS	S OF OB-GYNS PAC (OB-GYN PA	C)
Full Name (Last, First, Middle Initial) SCOTT T. CHATHAM  Mailing Address 405 5TH STREET PLACE		Date of Receipt
City CONOVER  FEC ID number of contributing	State Zip Code NC 28618	02 27 2013  Transaction ID : SA11AI.4910  Amount of Each Receipt this Period  500.00
Receipt For:  Primary  Other (specify)   Rederal political committee.  Receipt For:  General  Other (specify)   The state of the specify of the specific of the speci	Occupation PHYSICIAN  Aggregate Year-to-Date ▼  500.00	
Full Name (Last, First, Middle Initial)  ALBERT C. CHEN  Mailing Address 3440 LOMITA BOULEVARI	Date of Receipt  02 26 2013	
City TORRANCE  FEC ID number of contributing federal political committee.	State Zip Code CA 90505	Transaction ID : SA11AI.5107  Amount of Each Receipt this Period  250.00
Name of Employer SELF-EMPLOYED  Receipt For:  Primary General Other (specify) ▼	Occupation PHYSICIAN  Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial)  MARY C. CIOTTI  Mailing Address 3463 STATE STREET  City	State Zip Code	Date of Receipt  02 08 2013  Transaction ID : SA11AI.4386
SANTA BARBARA  FEC ID number of contributing federal political committee.	CA 93105	Amount of Each Receipt this Period 500.00
Name of Employer  UC DAVIS  Receipt For:  Primary General  Other (specify) ▼	Occupation PHYSICIAN  Aggregate Year-to-Date ▼  500.00	
SUBTOTAL of Receipts This Page (optional).		1250.00
TOTAL This Period (last page this line number	er only)	

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

FC	R LINE	PAGE	 11 (	OF	45		
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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 CONGRES	S OF OB-GYNS PAC (OB-GYN PA	C)
Full Name (Last, First, Middle Initial)  JEANNE A. CONRY  Mailing Address 8204 CANTERSHIRE WAY	(	Date of Receipt
City GRANITE BAY  FEC ID number of contributing federal political committee.  Name of Employer  KAISER PERMANENTE  Receipt For:  Primary General Other (specify)	State Zip Code CA 95246  C  Occupation PHYSICIAN  Aggregate Year-to-Date ▼  440.00	Transaction ID : SA11AI.4498  Amount of Each Receipt this Period  220.00
Full Name (Last, First, Middle Initial)  LUIS B. CURET  Mailing Address P.O. BOX 50519  City	Date of Receipt  02	
ALBUQUERQUE  FEC ID number of contributing federal political committee.	State Zip Code NM 87181	Transaction ID: SA11AI.4555  Amount of Each Receipt this Period  500.00
Name of Employer UNIVERSITY OF NEW MEXICO  Receipt For:  Primary General  Other (specify) ▼	Occupation PHYSICIAN  Aggregate Year-to-Date ▼  500.00	
Full Name (Last, First, Middle Initial) THOMAS S. DARDARIAN Mailing Address 108 CETON COURT  City BROOMAIL	State Zip Code PA 19008	Date of Receipt  02 06 2013  Transaction ID : SA11AI.4481  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer  MAIN LINE WOMEN'S HEALTH CARE  Receipt For:  Primary General  Other (specify)	Occupation PHYSICIAN  Aggregate Year-to-Date ▼	125.00
SUBTOTAL of Receipts This Page (optional)	<u> </u>	845.00
TOTAL This Period (last page this line numb	er only)	40 1 40 1

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

FOR LINE NUMBER:					PAGE	 12	OF	45
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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	S OF OB-GYNS PAC (OB-GYN PA	C)
Full Name (Last, First, Middle Initial)  MARK S. DEFRANCESCO  Mailing Address 35 TERRELL FARM PLAC	E	Date of Receipt
City CHESHIRE	State Zip Code CT 06410	02 03 2013  Transaction ID : SA11AI.4499  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer	Occupation	200.00
WOMEN'S HEALTH CONNECTICUT Receipt For:	PHYSICIAN  Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	400.00	
Full Name (Last, First, Middle Initial)  OMAN E. DEMENT  Mailing Address 1532 WEST 32ND STREET	Date of Receipt	
City JOPLIN	State Zip Code MO 64804	02 18 2013  Transaction ID : SA11AI.4845  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer FREEMAN HEALTH SYSTEM Receipt For:	Occupation PHYSICIAN	
Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  1000.00	
Full Name (Last, First, Middle Initial)  NATHANIEL DENICOLA		Date of Receipt
Mailing Address 2121 PINE STREET  City	State Zip Code	02 23 2013 Transaction ID : SA11Al.5026
PHILADELPHIA	PA 19103	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	125.00
Name of Employer UNIVERSITY OF PENNSYLVANIA	Occupation PHYSICIAN	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
SUBTOTAL of Receipts This Page (optional).		1325.00
TOTAL This Period (last page this line numb	er only)	

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

FOR LINE NUMBER:					PAGE	 13	OF	45		
	(check only one)									
		X	11a		11b		11c	12		
			13		14		15	16		17

or for commercial purposes, other than using	the name and address of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) THE AMERICAN CONGRES	S OF OB-GYNS PAC (OB-GYN PA	AC)
Full Name (Last, First, Middle Initial)  MARNA B. DOLINGER  Mailing Address 10 VERNON STREET		Date of Receipt
City BROOKLINE FEC ID number of contributing	State Zip Code MA 02446	02 13 2013  Transaction ID : SA11AI.4673  Amount of Each Receipt this Period
federal political committee.  Name of Employer  NEWTON-WELLESLEY OB/GYN  Receipt For:  Primary General	Occupation PHYSICIAN  Aggregate Year-to-Date ▼	300.00
Full Name (Last, First, Middle Initial)  DAVID W. DOTY  Mailing Address 927 KENTON STATION DE	Date of Receipt  02 18 2013	
City MAYSVILLE FEC ID number of contributing federal political committee.  Name of Employer	State Zip Code KY 41056  C Occupation	Transaction ID : SA11AI.4849  Amount of Each Receipt this Period  250.00
PRIMARY PLUS OB/GYN  Receipt For:  Primary General  Other (specify)	PHYSICIAN  Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial) JULIA SCHLAM EDELMAN Mailing Address 3 VIRGINIA DRIVE  City LAKEVILLE	State Zip Code MA 02347	Date of Receipt    M M
FEC ID number of contributing federal political committee.  Name of Employer  SELF-EMPLOYED  Receipt For:	Occupation PHYSICIAN  Aggregate Year-to-Date ▼	Amount of Each Receipt this Period  300.00
Primary General  Other (specify) ▼	300.00	850.00
	er only)	330.00

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

FOR LINE NUMBER:					PAGE	 14	OF	45	
(check only one)									
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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)  MARYGRACE ELSON  Mailing Address 3661 FOXANA DRIVE		Date of Receipt
City IOWA CITY	State Zip Code IA 52246	02 08 2013  Transaction ID : SA11AI.4401  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1500.00
Name of Employer UNIVERSITY OF IOWA HOSPITALS	Occupation PHYSICIAN	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	
Full Name (Last, First, Middle Initial)  JOHN F. EVANS  Mailing Address 900 ROBINSON	Date of Receipt	
City TOPEKA	State Zip Code KS 66606	02 27 2013  Transaction ID : SA11AI.4925  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer STORMONT-VAIL HEALTH CARE	Occupation PHYSICIAN	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial) LYNN FESENMYER		Date of Receipt
Mailing Address 325 SOUTH 6TH STREET	Charles Tr. Co. I.	02 01 2013
City ST. CHARLES	State Zip Code IL 60174	Transaction ID : SA11AI.4512  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer DUPAGE OB/GYN	Occupation PHYSICIAN	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)		2250.00
TOTAL This Period (last page this line number	only)	

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Full Name (Last, First, Middle Initial) ANNA M. FIELDMAN		Date of Receipt
Mailing Address 40 TURF LANE		02 18 2013
City	State Zip Code	Transaction ID : SA11AI.4851
ROSLYN HEIGHTS	NY 11577	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	1
SELF-EMPLOYED	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) MICHAEL G. FITZGERALD	•	Date of Receipt
Mailing Address 2490 SOUTH WOODWO	DRTH LOOP	M M / D D / Y Y Y Y Y
City	State Zip Code	02 13 2013 Transaction ID : \$444 At 4675
PALMER	AK 99645	Transaction ID : SA11AI.4675  Amount of Each Receipt this Period
FEC ID number of contributing		Amount of Each Heceipt this Fellou
federal political committee.	C	250.00
Name of Employer	Occupation	]
AURORA WOMEN'S HEALTH CARE	PHYSICIAN	
Receipt For:    Primary   General	Aggregate Year-to-Date ▼	
Other (specify)	250.00	
Full Name (Last, First, Middle Initial) MARK S. GARRISON		Date of Receipt
Mailing Address 702 MANGROVE AVEN		02 21 2013
City CHICO	State Zip Code CA 95926	Transaction ID : SA11AI.4789  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer	Occupation	-
SELF-EMPLOYED	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General	250.00	
Other (specify) ▼		

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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 PAC	C)
Full Name (Last, First, Middle Initial)  CHARON E. GENTILE		Date of Receipt
Mailing Address 259 GABASSE STREET		02 18 2013
City	State Zip Code	Transaction ID : SA11AI.4853
HOUMA	LA 70360	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
SELF-EMPLOYED	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial)  JOHN C. GLANTZ		Date of Receipt
Mailing Address 6 SOUTHERN WOODS		02 08 2013
City	State Zip Code	Transaction ID : SA11AI.4407
PITTSFORD	NY 14534	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
UNIVERSITY OF ROCHESTER	PHYSICIAN	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial)  SUSAN T. HAAS		Date of Receipt
Mailing Address 133 BROOKLINE AVENUE		02 05 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.4563
BOSTON	MA 02215	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
HARVARD VANGUARD MEDICAL	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	1250.00
TOTAL This Period (last page this line number	only)	

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

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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	S OF OB-GYNS PAC (OB-GYN PA	C)
Full Name (Last, First, Middle Initial)  SUSAN T. HAAS  Mailing Address 133 BROOKLINE AVENUE		Date of Receipt
City BOSTON FEC ID number of contributing	State Zip Code MA 02215	02 23 2013  Transaction ID : SA11AI.5033  Amount of Each Receipt this Period
federal political committee.  Name of Employer  HARVARD VANGUARD MEDICAL  Receipt For:  Primary General  Other (specify)	Occupation PHYSICIAN  Aggregate Year-to-Date ▼	500.00
Full Name (Last, First, Middle Initial)  MICHAEL M. HAWKINS  Mailing Address 3018 ARROWHEAD DRIVE		Date of Receipt  02 13 2013
City TEMPLE FEC ID number of contributing federal political committee.	State Zip Code TX 76506	Transaction ID : SA11AI.4678  Amount of Each Receipt this Period  300.00
Name of Employer SCOTT AND WHITE CLINIC  Receipt For:  Primary General  Other (specify) ▼	Occupation PHYSICIAN  Aggregate Year-to-Date ▼  300.00	
Full Name (Last, First, Middle Initial) PHILIP H. HENDERSON  Mailing Address 790 14TH AVENUE  City LONGVIEW	State Zip Code WA 98632	Date of Receipt    M
FEC ID number of contributing federal political committee.  Name of Employer  LOWER COLUMBIA WOMEN'S CLINIC  Receipt For:  Primary General  Other (specify)	Occupation PHYSICIAN Aggregate Year-to-Date ▼	Amount of Each Receipt this Period  600.00
	•	1400.00
TOTAL This Period (last page this line number	er only)	

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or for commercial purposes, other than using t	he name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS	S OF OB-GYNS PAC (OB-GYN PA	C)
Full Name (Last, First, Middle Initial)  A. BRIANT G. HERZOG  Mailing Address 6200 WEST PARKER ROA	D	Date of Receipt
		02 14 2013
City PLANO	State Zip Code TX 75093	Transaction ID : SA11AI.4705
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 500.00
Name of Employer SELF-EMPLOYED Receipt For:	Occupation PHYSICIAN  Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial)  PAULA M. HOBSON  Mailing Address 625 BETHANY ROAD		Date of Receipt  02 07 2013
City DEKALB	State Zip Code IL 60115	Transaction ID : SA11AI.4633  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer DEKALB CLINIC	Occupation PHYSICIAN	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial)  LISA HOLLIER		Date of Receipt
Mailing Address 6612 MERCER STREET		02 15 2013 _
City HOUSTON	State Zip Code TX 77005	Transaction ID : SA11AI.4835  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer BAYLOR COLLEGE OF MEDICINE	Occupation PHYSICIAN	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional).		1750.00
TOTAL This Period (last page this line number	er only)	

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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 CONGRES	S OF OB-GYNS PAC (OB-GYN PA	C)
Full Name (Last, First, Middle Initial)  HARRY C. HUNEYCUTT  Mailing Address 236 WEST 6TH STREET		Date of Receipt
City	State Zip Code	02 26 2013 Transaction ID : SA11AI.5120
RENO FEC ID number of contributing federal political committee.	NV 89503	Amount of Each Receipt this Period
Name of Employer SELF-EMPLOYED Receipt For:	Occupation PHYSICIAN	
Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial)  3. LISA JABUSCH  Mailing Address 5653 FRIST BOULEVARD	)	Date of Receipt
City HERMITAGE	State Zip Code TN 37076	Transaction ID : SA11AI.4999  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer TENNESSEE WOMEN'S CARE	Occupation PHYSICIAN	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial)  . JOHN C. JENNINGS		Date of Receipt
Mailing Address 2405 SPOONBILL DRIVE		02 01 2013
City LEAGUE CITY	State Zip Code TX 77573	Transaction ID : SA11AI.4518  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer TEXAS TECH UNIVERSITY	Occupation PHYSICIAN	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional	)	1050.00
TOTAL This Period (last page this line numl	per only)	

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FOR LINE NUMBER:					PAGE	2	20	OF	45
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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	S OF OB-GYNS PAC (OB-GYN PA	C)
Full Name (Last, First, Middle Initial)  KIMBERLY M. JOHNSON  Mailing Address 49 CLEVELAND STREET		Date of Receipt
City CROSSVILLE	State Zip Code TN 38555	02 23 2013  Transaction ID : SA11AI.5038  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	500.00
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)  3. DAPHNE JONES  Mailing Address 1536 CLAY AVENUE		Date of Receipt  02 08 _2013 _
City RUSSELLVILLE	State Zip Code AL 35653	Transaction ID : SA11AI.4417  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer REGIONAL CARE HOSPITAL	Occupation PHYSICIAN	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  500.00	
Full Name (Last, First, Middle Initial)  . JOHN P. KEATS		Date of Receipt
Mailing Address 241 CROWNHILL COURT	Chata 7in Cada	02 07 2013
City VENTURA	State Zip Code CA 93003	Transaction ID : SA11AI.4635  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	500.00
Name of Employer  CIGNA HEALTH	Occupation PHYSICIAN	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  500.00	
SUBTOTAL of Receipts This Page (optional).		1500.00
TOTAL This Period (last page this line numb	er only)	

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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)  SHARON D. KEISER  Mailing Address 890 WEST FARIS ROAD		Date of Receipt
City GREENVILLE	State Zip Code SC 29605	02 23 2013  Transaction ID : SA11AI.5040  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer  GREENVILLE HOSPITAL SYSTEM	Occupation PHYSICIAN	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial)  MARY C. KERR  Mailing Address 150 NORTH ROBERTSON B	OULEVARD	Date of Receipt
City BEVERLY HILLS	State Zip Code CA 90211	02 04 2013  Transaction ID : SA11AI.4490  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	500.00
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)  ELIZABETH W. KILLEBREW		Date of Receipt
Mailing Address 1279 HIGHWAY 54 WEST	State 7in Code	02 01 2013
City FAYETTEVILLE	State Zip Code GA 30214	Transaction ID : SA11AI.4524  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer SOUTHERN CRESCENT HEALTHCARE	Occupation PHYSICIAN	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)		1250.00
TOTAL This Period (last page this line number	only)	

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or for commercial purposes, other than using the	ne 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 PA	C)
Full Name (Last, First, Middle Initial)  LIZELLEN LAFOLLETTE  Mailing Address 599 SIR FRANCIS DRAKE B	BOULEVARD	Date of Receipt
City	State Zip Code	02 18 2013
GREENBRAE	CA 94904	Transaction ID : SA11AI.4859  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	750.00
Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	
Full Name (Last, First, Middle Initial)  HAL C. LAWRENCE  Mailing Address 2700 VIRGINIA AVENUE, N	W	Date of Receipt  02 22 2013
City	State Zip Code DC 20037	Transaction ID : SA11AI.4747
WASHINGTON  FEC ID number of contributing federal political committee.	DC 20037	Amount of Each Receipt this Period 2000.00
Name of Employer  AMERICAN CONGRESS OF OB/GYNS	Occupation  EXECUTIVE VICE PRESIDENT	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  2000.00	
Full Name (Last, First, Middle Initial)  . KIMBERLY K. LESLIE		Date of Receipt
Mailing Address 521 WEST PARK ROAD		02 18 2013 _
City IOWA CITY	State Zip Code IA 52246	Transaction ID : SA11AI.4863  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer UNIVERSITY OF IOWA	Occupation PHYSICIAN	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional)	· · · · · · · · · · · · · · · · · · ·	3750.00
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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	S OF OB-GYNS PAC (OB-GYN PA	C)
Full Name (Last, First, Middle Initial)  JAMES A. MACER  Mailing Address 10 CONGRESS STREET		Date of Receipt
City PASADENA	State Zip Code CA 91105	02 03 2013  Transaction ID : SA11AI.4502  Amount of Each Property this Period
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 250.00
Name of Employer  SELF-EMPLOYED  Receipt For:	Occupation PHYSICIAN	
Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial)  3. JULIE A. MADEJSKI  Mailing Address 5846 SNYDER DRIVE		Date of Receipt
City LOCKPORT	State Zip Code NY 14094	02 08 2013  Transaction ID : SA11AI.4429  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer SELF-EMPLOYED Receipt For:	Occupation PHYSICIAN	
Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial)  JULIE A. MADEJSKI		Date of Receipt
Mailing Address 5846 SNYDER DRIVE	State Zin Code	02 13 2013
City LOCKPORT	State Zip Code NY 14094	Transaction ID : SA11AI.4682  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  800.00	
SUBTOTAL of Receipts This Page (optional).		1050.00
TOTAL This Period (last page this line numb	er only)	

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or for commercial purposes, other than using	the name and address of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) THE AMERICAN CONGRES	S OF OB-GYNS PAC (OB-GYN PA	i.C)
Full Name (Last, First, Middle Initial)  MARGARET P. MAEDER  Mailing Address 856 JACKSON STREET		Date of Receipt
City DENVER	State Zip Code CO 80206	02 26 2013  Transaction ID : SA11AI.5122  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	400.00
Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN	-
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial)  JANEY E. MAKI  Mailing Address 13401 EAST MAINSGATE	STREET	Date of Receipt
City WICHITA	State Zip Code KS 67228	02 07 2013  Transaction ID : SA11AI.4641  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer VIA CHRISTI CLINIC	Occupation PHYSICIAN	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial)  GLORIA L. MARTIN	•	Date of Receipt
Mailing Address 149 ULTRA DRIVE	State Zip Code	02 06 2013
City HENDERSON	NV 89074	Transaction ID : SA11AI.4484  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer SOUTHERN HILLS HOSPITAL	Occupation PHYSICIAN	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional	)	1200.00
TOTAL This Period (last page this line number	per only)	

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		13		14		15		16	,	17

Full Name (Last, First, Middle Initial) JAMES N. MARTIN  Mailing Address 2101 EASTOVER DRIVI	E	Date of Receipt
		02 08 2013
City	State Zip Code	Transaction ID : SA11AI.4431
JACKSON	MS 39211	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
UNIVERSITY OF MISSISSIPPI	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	500.00	
Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) G. SEALY MASSINGILL	<b>1</b>	Date of Receipt
Mailing Address 3887 SOUTH HILLS CIR	CCLE	M M / D D / Y Y Y Y Y
City	State Zip Code	02 08 2013 Transaction ID : SA11AI.4433
FORT WORTH	TX 76109	Amount of Each Receipt this Period
FEC ID number of contributing		Tanada a Laci Hoscipt this Foriou
federal political committee.	C	250.00
Name of Employer	Occupation	1
UNIVERSITY OF NORTH TEXAS	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)		B. (B. )
MARYANNE MCDONNELL	AD	Date of Receipt
Mailing Address 19 MAPLE VALLEY RO.	AU	02 23 _ 2013 _
City	State Zip Code	Transaction ID : SA11AI.5050
BOSTON	CT 06043	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer	Occupation	
OB/GYN GROUP	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	200.00	
Other (specify) ▼	300.00	

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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	S OF OB-GYNS PAC (OB-GYN PA	C)
Full Name (Last, First, Middle Initial)  A. ALLAN G. MCLEOD		Date of Receipt
Mailing Address 3251 MORRIS LANE		02 21 2013
City	State Zip Code	Transaction ID : SA11AI.4805
MIAMI	FL 33133	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	100.00
Name of Employer	Occupation	†
RETIRED	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	300.00	
Full Name (Last, First, Middle Initial)  B. MICHELLE M. MILLER		Date of Receipt
Mailing Address 5525 HIGHWAY 31		02 23 2013
City	State Zip Code	Transaction ID : SA11AI.5054
RACINE	WI 53402	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	500.00
Name of Employer	Occupation	1
AURORA HEALTH CARE	PHYSICIAN	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  500.00	
Full Name (Last, First, Middle Initial)  C. ROBERT D. MIXSON		Date of Receipt
Mailing Address 104 LAKESHORE DRIVE		02 23 2013
City	State Zip Code	Transaction ID : SA11AI.5060
ST. MARY'S	GA 31558	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	500.00
Name of Employer	Occupation	
SELF-EMPLOYED	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	Aggregate Teal-to-Date ▼	
SUBTOTAL of Receipts This Page (optional).  TOTAL This Period (last page this line numb	<u>·</u>	1100.00

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

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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 PAC	C)
Full Name (Last, First, Middle Initial)  A. DOUGLAS K. MOORE  Mailing Address 13430 NORTH MERIDIAN S	TREET	Date of Receipt
		02 23 2013
City CARMEL	State Zip Code IN 46032	Transaction ID : SA11AI.5062
		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
CARMEL OB/GYN	PHYSICIAN	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify)	250.00	
Full Name (Last, First, Middle Initial)  THOMAS R. MOORE		Date of Receipt
Mailing Address 200 WEST ARBOR DRIVE		02 18 2013
City	State Zip Code	Transaction ID : SA11AI.4867
SAN DIEGO	CA 92103	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
UNIVERSITY OF CALIFORNIA	PHYSICIAN	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  500.00	
Full Name (Last, First, Middle Initial)  LILLIAN R. MORRIS		Date of Receipt
Mailing Address 1245 16TH STREET		02 23 2013
City	State Zip Code	Transaction ID : SA11AI.5064
SANTA MONICA	CA 90404	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
WOMEN'S HEALTHCARE ASSOCIATES	PHYSICIAN	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)	·····	1000.00
TOTAL This Period (last page this line number	<u> </u>	

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

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	ng the name and address of any political committee	
	SS OF OB-GYNS PAC (OB-GYN P	AC)
Full Name (Last, First, Middle Initial)  JAMES F. MORUZZI  Mailing Address ASS PLACK UNITED AND		Date of Receipt
Mailing Address 403 BLACK HILLS LANI		02 14 2013
City OLYMPIA	State Zip Code WA 98502	Transaction ID : SA11AI.4713  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer OLYMPIA WOMEN'S HEALTH	Occupation PHYSICIAN	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  500.00	
Full Name (Last, First, Middle Initial)  B. DUNCAN R. NEILSON		Date of Receipt
Mailing Address 17506 WALTA VISTA D	RIVE	02 18 _2013 _
City MILWAUKIE	State Zip Code OR 97267	Transaction ID : SA11AI.4869  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer LEGACY HEALTH	Occupation PHYSICIAN	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial)  WADE A. NEIMAN		Date of Receipt
Mailing Address 1300 CRENSHAW COL	JRT	02 08 2013
City LYNCHBURG	State Zip Code VA 24503	Transaction ID : SA11AI.4441  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1500.00
Name of Employer	Occupation	
WOMEN'S HEALTH SERVICES Receipt For:	PHYSICIAN  Aggregate Year-to-Date ▼	_
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	
SUBTOTAL of Receipts This Page (ontion	al)	2250.00
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	_	LINE	PAGE	2	29	OF		45			
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or for commercial purposes, other than using the	ne 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)  HARRY C. NELSON		Date of Receipt
Mailing Address 1021 COOLIDGE STREET		02 18 2013 .
City	State Zip Code	Transaction ID : SA11AI.4871
GREENEVILLE	TN 37743	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
WOMEN'S CENTER OF GREENEVILLE	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)  STEVEN C. NORTH		Date of Receipt
Mailing Address 1806 CAROLINA WAY		02 23 2013
City	State Zip Code NM 88201	Transaction ID : SA11AI.5066
ROSWELL	NM 88201	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
ARTESIA CLINICAL ASSOCIATES	PHYSICIAN	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial)  C. ROLAND NYEIN		Date of Receipt
Mailing Address 68 BAYARD STREET		02 21 2013
City NEW YORK	State Zip Code NY 10013	Transaction ID : SA11AI.4809  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
SELF-EMPLOYED	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (optional)		1250.00
TOTAL This Period (last page this line numbe	r only)	

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

		LINE	PAGE	3	30	OF	45			
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or for commercial purposes, other than using the	e name and address of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS	OF OB-GYNS PAC (OB-GYN PA	C)
Full Name (Last, First, Middle Initial) FREDERICK T. OKIE  Mailing Address 1902 SOUTH HIGHWAY 59		Date of Receipt
City	State Zip Code	02 26 2013
PARSONS	KS 67357	Transaction ID : SA11AI.5126  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	500.00
Name of Employer	Occupation	-
LABBETTE HEALTH	PHYSICIAN	_
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify)	500.00	
Full Name (Last, First, Middle Initial)  KATHRYN M. OSTROM		Date of Receipt
Mailing Address 3429 NEWCOMB DRIVE		M M / D D / Y Y Y Y
City	State Zip Code	02 13 2013 Transaction ID : SA11Al.4683
ANCHORAGE	AK 99508	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	1000.00
Name of Employer ALASKA WOMEN'S HEALTH	Occupation PHYSICIAN	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address 3074 PINE RIDGE ROAD		02 14 2013
City OSHKOSH	State Zip Code WI 54904	Transaction ID : SA11AI.4715  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	-
COMMUNITY HEALTH NETWORK	PHYSICIAN	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (optional)		2000.00
TOTAL This Period (last page this line number	control	

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NAME OF COMMITTEE (In Full)	0.00.00.000.00.00.00.00.00	0)
/ THE AMERICAN CONGRES	S OF OB-GYNS PAC (OB-GYN PA	.C)
Full Name (Last, First, Middle Initial)  A. ROBERT W. PHILLIPS		Date of Receipt
Mailing Address 6061 WEST ROSE GARD	EN LANE	02 13 2013
City	State Zip Code	Transaction ID : SA11AI.4685
GLENDALE	AZ 85308	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	1
DESERT WEST OB/GYN	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial)  3. JANE E. PINESS		Date of Receipt
Mailing Address 1635 NORTH GEORGE M	ASON DRIVE	02 01 2013
City	State Zip Code	Transaction ID : SA11AI.4530
ARLINGTON	VA 22205	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	1
CARE FOR YOU OB/GYN	PHYSICIAN	]
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial)  C. STEVEN W. REMMENGA		Date of Receipt
Mailing Address 16995 PRINCETON ROAL	)	02 13 2013
City	State Zip Code	Transaction ID : SA11AI.4687
ADAMS	NE 68301	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	1
UNIVERSITY OF NEBRASKA	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	1000.00	
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	1750.00
TOTAL This Period (last page this line numb	per only)	7 7 7

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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)  BARBARA B. RHOADS  Mailing Address 1229 WEST HILL DRIVE		Date of Receipt
City GATES MILLS FEC ID number of contributing federal political committee.	State Zip Code OH 44040	02 27 2013  Transaction ID : SA11AI.4967  Amount of Each Receipt this Period  250.00
Name of Employer  METRO HEALTH MEDICAL CENTER  Receipt For:  Primary General  Other (specify) ▼	Occupation PHYSICIAN  Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial)  BRIGETTE B. RITTER MIEST  Mailing Address 8374 PASSFIELD TURN  City  MAPLE GROVE	State Zip Code MN 55311	Date of Receipt  O2 14 2013  Transaction ID: SA11AI.4717  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer PARK NICOLLET  Receipt For:  Primary General Other (specify)	Occupation PHYSICIAN  Aggregate Year-to-Date ▼  400.00	400.00
Full Name (Last, First, Middle Initial)  ANGELA Y. ROBERTS  Mailing Address 2403 BEACONWOOD DRIVE  City GREENSBORO  FEC ID number of contributing federal political committee.  Name of Employer  CENTRAL CAROLINA OB/GYN  Receipt For: Primary General Other (specify)  Other (specify)	State Zip Code NC 27455  C  Occupation PHYSICIAN  Aggregate Year-to-Date   250.00	Date of Receipt  02 08 2013  Transaction ID : SA11AI.4454  Amount of Each Receipt this Period  250.00
SUBTOTAL of Receipts This Page (optional)	•	900.00
TOTAL This Period (last page this line number	only)	

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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 CONGRES	S OF OB-GYNS PAC (OB-GYN PA	C)
Full Name (Last, First, Middle Initial)  MIKAELA D. RUSH  Mailing Address 1401 MEDICAL PARKWAY	·	Date of Receipt
City	State Zip Code	02 23 2013 Transaction ID : SA11Al.5072
CEDAR PARK	TX 78613	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer	Occupation	
CEDAR PARK WOMEN'S CENTER	PHYSICIAN	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  300.00	
Full Name (Last, First, Middle Initial)  JOSEPH L. RUSSINO		Date of Receipt
Mailing Address 3 WELLFLEET LANE		02 18 2013
City	State Zip Code	Transaction ID : SA11AI.4875
GLEN MILLS	PA 19342	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer PAOLI OB/GYN	Occupation	
Receipt For:	PHYSICIAN	
Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial)  C. WALID A. SALEH		Date of Receipt
Mailing Address 7777 FOREST LANE		02 18 2013
City DALLAS	State Zip Code TX 75230	Transaction ID : SA11AI.4877  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
SHER INSTITUTE	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)		800.00
TOTAL This Period (last page this line numb	er only)	

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Full Name (Last, First, Middle Initial) MICHAEL J. SAMMARCO Mailing Address 2521 RICHVIEW ROAD		Date of Receipt
		02 23 2013
City	State Zip Code	Transaction ID : SA11AI.5074
MT. VERNON	IL 62864	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
FITZGIBBON HOSPITAL	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
Primary ☐ General  Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) JOHN H. SAND	<u>'</u>	Date of Receipt
Mailing Address 611 SOUTH CHESTNUT S	STREET	M = M / D = D / Y = Y = Y
City	State Zip Code	02 13 2013
ELLENSBURG	WA 98926	Transaction ID : SA11AI.4689  Amount of Each Receipt this Period
FEC ID number of contributing	20022	Amount of Each Necelpt this Fellou
federal political committee.	C	500.00
Name of Employer	Occupation	
OB/GYN OF ELLENSBURG	PHYSICIAN	
Receipt For:  Primary  General	Aggregate Year-to-Date ▼	
Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) VERONICA L. SCHIMP	•	Date of Receipt
Mailing Address 1407 BELMONT DRIVE		02 23 2013
ORLANDO	State Zip Code FL 32806	Transaction ID : SA11AI.5082  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	-
M.D. ANDERSON CANCER CENTER	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	00 0	
Other (specify) ▼	250.00	

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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	S OF OB-GYNS PAC (OB-GYN PA	C)
Full Name (Last, First, Middle Initial)  A. RICHARD E. SEDWICK  Mailing Address 2922 PORT REPUBLIC RO	DAD.	Date of Receipt
City HARRISONBURG	State Zip Code VA 22801	02 21 2013 Transaction ID : SA11AI.4822 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer  BLUE RIDGE WOMEN'S CENTER  Receipt For:	Occupation PHYSICIAN	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial)  3. JOHN W. SEEDS  Mailing Address 113 WEST SQUARE DRIV	E	Date of Receipt
City HENRICO	State Zip Code VA 23238	02 18 2013  Transaction ID : SA11AI.4879  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer COMMONWEALTH UNIVERSITY	Occupation PHYSICIAN	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial) LISA M. SHAKERIN		Date of Receipt
Mailing Address 3450 YATES AVENUE NO  City	RTH State Zip Code	02 23 2013
CRYSTAL	MN 55422	Transaction ID : SA11AI.5084  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	500.00
Name of Employer OAKDALE OB/GYN	Occupation PHYSICIAN	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  500.00	
SUBTOTAL of Receipts This Page (optional)	<b>•</b>	1000.00
TOTAL This Period (last page this line numb	er only)	

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Full Name (Last, First, Middle Initial)  LAURA SIROTT  Mailing Address 249 SOUTH BERKELEY	Y AVENUE	Date of Receipt
		02 18 2013
City	State Zip Code CA 91107	Transaction ID : SA11AI.4886
PASADENA	CA 91107	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	
SELF-EMPLOYED	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) BARRY D. SMITH		Date of Receipt
Mailing Address P.O. BOX 238		M = M / D = D / Y = Y = Y
City	State Zin Code	02 22 2013
City NORWICH	State Zip Code VT 05055	Transaction ID : SA11AI.4763
		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	2000.00
Name of Employer	Occupation	
RETIRED	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	2000.00	
Full Name (Last, First, Middle Initial) KIRSTEN M. SMITH		Date of Receipt
Mailing Address 405 WOODSTOCK LAN	NE	02 08 2013
City WILMINGTON	State Zip Code DE 19808	Transaction ID : SA11AI.4460  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	500.00
Name of Employer	Occupation	
CHRISTIANA CARE	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General	00 0	
Other (specify) ▼	500.00	

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or for commercial purposes, other than using the	ne 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)  MUSA L. SPERANZA  Mailing Address 415 HUMPHREY STREET		Date of Receipt
City NEW HAVEN	State Zip Code CT 06511	02 27 2013  Transaction ID : SA11AI.4983  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer OB/GYN MENOPAUSE MDS	Occupation PHYSICIAN	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial)  CHARLES M. STEDMAN  Mailing Address 18 IDLEWOOD PLACE		Date of Receipt
City NEW ORLEANS	State Zip Code LA 70123	02 08 2013  Transaction ID : SA11AI.4464  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer WOMAN'S HOSPITAL	Occupation PHYSICIAN	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial)  ELLEN L. STEWART		Date of Receipt
Mailing Address 75 TAYMIL ROAD	Choko 7:- O-d-	02 14 2013
City NEW ROCHELLE	State Zip Code NY 10804	Transaction ID : SA11AI.4719  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)		1250.00
TOTAL This Period (last page this line numbe	r only)	

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or for commercial purposes, other than using the	ne 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 PA	C)
Full Name (Last, First, Middle Initial)  A. DANA G. STONE  Mailing Address 1730 HUNTINGTON AVENU	JE	Date of Receipt
City OKLAHOMA CITY	State Zip Code OK 73116	02 09 2013  Transaction ID : SA11AI.4658  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer	Occupation	130.00
SELF-EMPLOYED Receipt For:	PHYSICIAN	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼  260.00	
Full Name (Last, First, Middle Initial)  JOANNE L. STONE  Mailing Address 5 EAST 98TH STREET		Date of Receipt  02 142013
City NEW YORK	State Zip Code NY 10029	Transaction ID : SA11AI.4721  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	500.00
Name of Employer MT. SINAI HOSPITAL	Occupation PHYSICIAN	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  500.00	
Full Name (Last, First, Middle Initial)  JANETTE H. STRATHY		Date of Receipt
Mailing Address 3209 GALLERIA	Choko Zin Onda	02 22 2013
City EDINA	State Zip Code MN 55435	Transaction ID : SA11AI.4767  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer PARK NICOLLET HEALTH SERVICES	Occupation PHYSICIAN	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional)	<b>•</b>	1630.00
TOTAL This Period (last page this line numbe	r only)	

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or for commercial purposes, other than using th	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)  JOHN M. STRAUGHN		Date of Receipt
Mailing Address 2 STONEHURST		02 21 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.4826
MOUNTAIN BROOK	AL 35213	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
UNIVERSITY OF ALABAMA	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)  MICHAL C. SZCZUPAK		Date of Receipt
Mailing Address 800 WEST BIESTERFIELD		02 23 2013
City	State Zip Code	Transaction ID : SA11AI.5090
ELK GROVE	IL 60007	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	500.00
Name of Employer	Occupation	
HEALTHCARE ASSOCIATES	PHYSICIAN	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial)  . JOHN S. WACHTEL		Date of Receipt
Mailing Address 811 LA MESA DRIVE		02 05 2013
City	State Zip Code	Transaction ID : SA11AI.4582
PORTOLA VALLEY	CA 94028	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer	Occupation	
MENLO MEDICAL CLINIC	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)	·····	1000.00
TOTAL This Period (last page this line number	· only)	

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

FOR LINE NUMBER:			PAGE	 10	OF		45		
(check only one)									
X	11a		11b		11c	12			
	13		14		15	16			17

or for commercial purposes, other than using the	ne 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 PA	C)
Full Name (Last, First, Middle Initial)  OONALD F. WEBER  Mailing Address 1400 BELLINGER STREET		Date of Receipt
City EAU CLAIRE	State Zip Code WI 54702	02 18 2013  Transaction ID : SA11AI.4892  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer  MAYO CLINIC HEALTH SYSTEMS	Occupation PHYSICIAN	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  1000.00	
Full Name (Last, First, Middle Initial)  JAN E. WHITEFIELD  Mailing Address 2550 CURLEW CIRCLE		Date of Receipt  02 232013
City ANCHORAGE	State Zip Code AK 99502	Transaction ID : SA11AI.5096  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer ALASKA WOMEN'S CENTER	Occupation PHYSICIAN	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address	Chata 7:- O-d-	M = M / D = D / Y = Y = Y
City	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	
Name of Employer	Occupation	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional)	<b>•</b>	1500.00
TOTAL This Period (last page this line numbe	r only)	50700.00

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SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 41 OF 45
•	Use separate schedule(s)	FOR LINE (check only	TO MELLIN
TEMIZED DISBURSEMENTS	for each category of the	X 21b	22 23 24 25 26
	Detailed Summary Page	27	28a 28b 28c 29 30b
Any information copied from such Reports and Stat	ments may not be cold or up		
or for commercial purposes, other than using the na			
NAME OF COMMITTEE (In Full)			
THE AMERICAN CONGRESS O	OB-GYNS PAC (O	B-GYN PAG	C)
	32 311131713 (0)		-,
Full Name (Last, First, Middle Initial)			
A. AMERICAN EXPRESS	Date of Disbursement		
			M M / D D / Y Y Y Y
Mailing Address P.O. BOX 53852			02 05 2013
City	State Zip Code		
PHOENIX	AZ 85072		Transaction ID : SB21B.4543
Purpose of Disbursement	33372		
CREDIT CARD TRANSACTION FEES		1	Amount of Each Disbursement this Period
Candidate Name		Category/	
		Type	116.95
Office Sought: House Disburs	ement For:		
Senate	Primary General		
President	Other (specify) ▼		
State: District:			
Full Name (Last, First, Middle Initial)			
3. AMERICAN EXPRESS			Date of Disbursement
			M M / D D / Y Y Y Y Y
Mailing Address P.O. BOX 53852			02 28 2013
City	State Zip Code		
PHOENIX	AZ 85072		Transaction ID : SB21B.5003
Purpose of Disbursement			
CREDIT CARD TRANSACTION FEES		1.11	Amount of Each Disbursement this Period
Candidate Name		Category/	7.77
		Type	7.95
Office Sought: House Disburs	ement For:		
Senate	Primary General		
President	Other (specify) ▼		
	Other (openity)		
State: District:	Carior (openity)		
State: District:  Full Name (Last, First, Middle Initial)			
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State: District:  Full Name (Last, First, Middle Initial)  FIRST NATIONAL MERCHANT S  Mailing Address 1620 DODGE STREET	SOLUTIONS		M = M / D = D / Y = Y = Y
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State: District:  Full Name (Last, First, Middle Initial)  FIRST NATIONAL MERCHANT S  Mailing Address 1620 DODGE STREET  City OMAHA Purpose of Disbursement	State Zip Code	Category/	Transaction ID : SB21B.4544  Amount of Each Disbursement this Period
State: District:  Full Name (Last, First, Middle Initial)  C. FIRST NATIONAL MERCHANT S  Mailing Address 1620 DODGE STREET  City OMAHA Purpose of Disbursement CREDIT CARD TRANSACTION FEES	State Zip Code	Category/ Type	02
State: District:  Full Name (Last, First, Middle Initial)  C. FIRST NATIONAL MERCHANT S  Mailing Address 1620 DODGE STREET  City  OMAHA  Purpose of Disbursement  CREDIT CARD TRANSACTION FEES  Candidate Name	State Zip Code		Transaction ID : SB21B.4544  Amount of Each Disbursement this Period
State: District:  Full Name (Last, First, Middle Initial)  C. FIRST NATIONAL MERCHANT S  Mailing Address 1620 DODGE STREET  City OMAHA Purpose of Disbursement CREDIT CARD TRANSACTION FEES  Candidate Name  Office Sought: House Senate	State Zip Code NE 68197  ement For: Primary General		Transaction ID : SB21B.4544  Amount of Each Disbursement this Period
State: District:  Full Name (Last, First, Middle Initial)  C. FIRST NATIONAL MERCHANT S  Mailing Address 1620 DODGE STREET  City OMAHA Purpose of Disbursement CREDIT CARD TRANSACTION FEES  Candidate Name  Office Sought: House Senate President	State Zip Code NE 68197		Transaction ID : SB21B.4544  Amount of Each Disbursement this Period
State: District:  Full Name (Last, First, Middle Initial)  C. FIRST NATIONAL MERCHANT S  Mailing Address 1620 DODGE STREET  City OMAHA Purpose of Disbursement CREDIT CARD TRANSACTION FEES  Candidate Name  Office Sought: House Senate	State Zip Code NE 68197  ement For: Primary General		Transaction ID : SB21B.4544  Amount of Each Disbursement this Period
State: District:  Full Name (Last, First, Middle Initial)  C. FIRST NATIONAL MERCHANT S  Mailing Address 1620 DODGE STREET  City OMAHA Purpose of Disbursement CREDIT CARD TRANSACTION FEES  Candidate Name  Office Sought: House Senate President	State Zip Code NE 68197  ement For: Primary General		Transaction ID: SB21B.4544  Amount of Each Disbursement this Period  307.71
State: District:  Full Name (Last, First, Middle Initial)  C. FIRST NATIONAL MERCHANT S  Mailing Address 1620 DODGE STREET  City OMAHA Purpose of Disbursement CREDIT CARD TRANSACTION FEES  Candidate Name  Office Sought: House Senate President	State Zip Code NE 68197  ement For: Primary General Other (specify)	Type	Transaction ID : SB21B.4544  Amount of Each Disbursement this Period

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SCHEDULE B (FEC Form 3X)		FOR LINE N	IUMBER: PAGE 42 OF 4	
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)	
	Detailed Summary Page	21b 27	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	
Any information copied from such Reports and Statem	ents may not be sold or used			
or for commercial purposes, other than using the name				
NAME OF COMMITTEE (In Full)				
$ \; angle$ THE AMERICAN CONGRESS OF	OB-GYNS PAC (OB	-GYN PAC		
Full Name (Last, First, Middle Initial)				
A. BERA FOR CONGRESS			Date of Disbursement	
			M M / D D / Y Y Y Y	
Mailing Address P.O. BOX 582496			02 12 2013	
City S	tate Zip Code			
	CA 95758		Transaction ID : SB23.4594	
Purpose of Disbursement CONTRIBUTION				
CONTRIBUTION  Candidate Name			Amount of Each Disbursement this Period	
AMERISH BERA		Category/ Type	2500.00	
	ent For: 2014	1,900		
Senate	Primary General			
	Other (specify) ▼			
State: CA District: 07  Full Name (Last, First, Middle Initial)				
B. CANTOR FOR CONGRESS			Date of Disbursement	
	CANTON TON CONONESS			
Mailing Address P.O. BOX 17813			02 12 2013	
•	tate Zip Code VA 23226		Transaction ID : SB23.4603	
RICHMOND Purpose of Disbursement	VA 23226			
CONTRIBUTION			Amount of Each Disbursement this Period	
Candidate Name		Category/	2500.00	
ERIC I. CANTOR  Office Sought:	ent For: 2014	Туре	200.00	
	Primary General			
	Other (specify) ▼			
State: VA District: 07				
Full Name (Last, First, Middle Initial)			Date of Dishumanasi	
c. COLLINS FOR SENATOR			Date of Disbursement	
Mailing Address P.O. BOX 1096			02 12 _2013 _	
,	tate Zip Code ME 04402		Transaction ID : SB23.4606	
Purpose of Disbursement	04402			
CONTRIBUTION			Amount of Each Disbursement this Period	
Candidate Name		Category/	1000.00	
SUSAN M. COLLINS Office Sought: House Disbursem	ent For: 2014	Туре	135000	
	Primary General			
	Other (specify)			
State: ME District: 00				
			6000.00	
ELIPTOTAL of Dishurasments This Dogs (antional)				
SUBTOTAL of Disbursements This Page (optional)		······	000.00	

SCH	EDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 43 OF 45
ITEM	MIZED DISBURSEMENTS	Use separate schedu	le(s)   (check only	NOMBELL:
		for each category of Detailed Summary Page 1		22 🗙 23 🔲 24 📗 25 📉 26
			27	28a 28b 28c 29 30b
	nformation copied from such Reports and Staten			
	commercial purposes, other than using the name	ne and address of any p	political committee to	o solicit contributions from such committee.
I \	ME OF COMMITTEE (In Full)		(OD CVN DA)	6)
/ ''	HE AMERICAN CONGRESS OF	OB-GYNS PAC	(OB-GYN PA	<b>(</b> )
Ful	I Name (Last, First, Middle Initial)			
<b>A</b> . E	VERY REPUBLICAN IS CRUCIA	L (ERICPAC)		Date of Disbursement
_				M M / D D / Y Y Y Y
Ma	illing Address 25 EAST MAIN STREET			02 12 2013
Cit	v	State Zip Code		
	CHMOND	VA 23219		Transaction ID : SB23.4612
	rpose of Disbursement ONTRIBUTION			
				Amount of Each Disbursement this Period
Ca	ndidate Name		Category/ Type	2500.00
Off	ice Sought: House Disbursen	ment For:	Туре	
	Senate	Primary Gene	ral	
	President	Other (specify) ▼		
Sta				
	Name (Last, First, Middle Initial)			Date of Dishumanant
B. F	RIENDS OF JOE HECK			Date of Disbursement
Ma	iling Address P.O. BOX 750114			02 12 2013
	у и и и и и и и и и и и и и и и и и и и			
Cit	•	State Zip Code		Transaction ID : SB23.4609
	S VEGAS rpose of Disbursement	NV 89136		
	ONTRIBUTION			Amount of Each Disbursement this Period
Ca	ndidate Name		Category/	
J(	DE HECK		Type	2500.00
Off		ment For: 2014		
	Senate Yresident	Primary Gene	ral	
Sta		Other (specify) ▼		
	Il Name (Last, First, Middle Initial)			
_	RIENDS OF MAX BAUCUS			Date of Disbursement
				M M / D D / Y Y Y Y
Ma	Mailing Address P.O. BOX 586			02 12 2013
Cit	v G	State Zip Code		
		MT 59624		Transaction ID : SB23.4591
	rpose of Disbursement ONTRIBUTION			
				Amount of Each Disbursement this Period
	ndidate Name IAX BAUCUS		Category/	2500.00
		ment For: 2014	Туре	
Oil		Primary Gene	ral	
	President	Other (specify) ▼		
Sta	ate: MT District: 00	·		
				7500.00
SUB	TOTAL of Disbursements This Page (optional)		······································	7500.00
TOT	AL This Period (last page this line number only)			
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Use separate schedule(s) for each category of the Detailed Summary Page    21b   22   22   28   28b   28t	28c 29 30b citing contributions such committee.		
or for commercial purposes, other than using the name and address of any political committee to solicit contributions from single purposes. The first, Middle Initial.  A. GLACIER PAC  Mailing Address 3242 CUMMINS WAY  City  MISSOULA  MISSOULA  Category/ Type  Office Sought:  Full Name (Last, First, Middle Initial)  B. MARSHA BLACKBURN FOR CONGRESS, INC.  Mailing Address P.O. BOX 3750  City  State  Disbursement  Primary  General  Other (specify)  Transaction ID: SB23.  Amount of Each Disbursement  Other (specify)  Transaction ID: SB23.  Transaction ID: SB23.  Amount of Each Disbursement  Other (specify)  Transaction ID: SB23.  Transaction ID: SB23.  Amount of Each Disbursement  Category/ Type  Transaction ID: SB23.  Transaction ID: SB23.  City  State  Transaction ID: SB23.  Transaction ID: SB2	such committee.		
NAME OF COMMITTEE (In Full)  THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)  Full Name (Last, First, Middle Initial)  A. GLACIER PAC  Mailing Address 3242 CUMMINS WAY  City MISSOULA MT 59802  Purpose of Disbursement CONTRIBUTION  Candidate Name  Office Sought: Full Name (Last, First, Middle Initial)  B. MARSHA BLACKBURN FOR CONGRESS, INC.  Mailing Address P.O. BOX 3750  City BRENTWOOD Purpose of Disbursement CONTRIBUTION  Candidate Name  MARSHA BLACKBURN Office Sought:  City State District:  Full Name (Last, First, Middle Initial)  City BRENTWOOD Type  MARSHA BLACKBURN  Category/ Type  Transaction ID: SB23.  Amount of Each Disbursement  Contribution  Candidate Name  MARSHA BLACKBURN  Office Sought:  House  Disbursement For: 2014  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)  Company General Other (specify) ▼  Date of Disbursement  Disbursement For: 2014  Amount of Each Disbursement  Category/ Type  Transaction ID: SB23.  Transaction ID: SB23.  Date of Disbursement  Disbursement For: 2014  Amount of Each Disbursement  Category/ Type  Transaction ID: SB23.  Date of Disbursement	Y		
A. GLACIER PAC  Mailing Address 3242 CUMMINS WAY  City State Zip Code MT 59802  Purpose of Disbursement CONTRIBUTION  Candidate Name  Disbursement Primary General Other (specify) ▼  State: District:  Full Name (Last, First, Middle Initial)  B. MARSHA BLACKBURN FOR CONGRESS, INC.  Mailing Address P.O. BOX 3750  City State Zip Code Transaction ID: SB23.  Date of Disbursement  Date of Disbursement  Transaction ID: SB23.  Amount of Each Disbursement  Date of Disbursement  Contribution  Candidate Name  MARSHA BLACKBURN  Office Sought: House Senate Primary General  Date of Disbursement  Category/ Type  Transaction ID: SB23.  Amount of Each Disbursement  Category/ Type  Transaction ID: SB23.  Amount of Each Disbursement  Category/ Type  Transaction ID: SB23.  Amount of Each Disbursement  Category/ Type  Other (specify) ▼  Full Name (Last, First, Middle Initial)  C. MICHAEL BURGESS FOR CONGRESS			
Mailing Address 3242 CUMMINS WAY  City State Zip Code MISSOULA MT 59802  Purpose of Disbursement CONTRIBUTION  Candidate Name  Office Sought: House Senate Primary General Other (specify) ▼  State: District:  Full Name (Last, First, Middle Initial)  B. MARSHA BLACKBURN FOR CONGRESS, INC.  Mailing Address P.O. BOX 3750  City State Zip Code TN 37024  Purpose of Disbursement CONTRIBUTION  Candidate Name MARSHA BLACKBURN  Office Sought: House Senate Primary General Other (specify) ▼  Transaction ID: SB23.  Amount of Each Disbursement  Transaction ID: SB23.  Amount of Each Disbursement  CONTRIBUTION  Candidate Name MARSHA BLACKBURN  Office Sought: House Senate Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)  C. MICHAEL BURGESS FOR CONGRESS			
City State Zip Code MISSOULA MT 59802  Purpose of Disbursement CONTRIBUTION  Candidate Name  Category/ Type  Office Sought: House Senate Primary General President Other (specify) ▼  State: District:  Full Name (Last, First, Middle Initial)  B. MARSHA BLACKBURN FOR CONGRESS, INC.  Mailing Address P.O. BOX 3750  City State Zip Code BRENTWOOD TN 37024  Purpose of Disbursement CONTRIBUTION  Candidate Name  MARSHA BLACKBURN  Office Sought: House Other (specify) ▼  Transaction ID: SB23.  Amount of Each Disbursement Category/ Type  Office Sought: House Other (specify) ▼  Full Name (Last, First, Middle Initial)  Category/ Type  Office Sought: House Other (specify) ▼  Full Name (Last, First, Middle Initial)  C. MICHAEL BURGESS FOR CONGRESS	2042		
MISSOULA Purpose of Disbursement CONTRIBUTION  Candidate Name  Office Sought:  House Senate President State:  District:  Full Name (Last, First, Middle Initial)  B. MARSHA BLACKBURN City BRENTWOOD Condidate Name  Marsha BLACKBURN Office Sought:  Disbursement Contribution  Candidate Name  MARSHA BLACKBURN Office Sought:  Date of Disbursement  Transaction ID: SB23.  Amount of Each Disbursement  Other (specify)  Transaction ID: SB23.  Amount of Each Disbursement  Date of Disbursement  Transaction ID: SB23.  Category/ Type  Other (specify)  Transaction ID: SB23.  Amount of Each Disbursement  Category/ Type  Other (specify)  Transaction ID: SB23.  Amount of Each Disbursement  Category/ Type  Other (specify)  Transaction ID: SB23.  Amount of Each Disbursement  Category/ Type  Other (specify)  Transaction ID: SB23.  Date of Disbursement  Category/ Type  Other (specify)  Transaction ID: SB23.  Date of Disbursement  Disbursement  Disbursement  Date of Disbursement  Disbursement  Date of Disbursement	2013		
CONTRIBUTION  Candidate Name  Office Sought: House Senate Primary General Other (specify) ▼  State: District:  Full Name (Last, First, Middle Initial)  B. MARSHA BLACKBURN FOR CONGRESS, INC.  Mailing Address P.O. BOX 3750  City State Zip Code TN 37024  Purpose of Disbursement CONTRIBUTION  Candidate Name MARSHA BLACKBURN  Office Sought: House Senate Primary General Other (specify) ▼  Transaction ID: SB23.  Amount of Each Disbursement Category/ Type  Category/ Type  Category/ Type  Transaction ID: SB23.  Amount of Each Disbursement Category/ Type  Category/ Type  Category/ Type  Category/ Type  Category/ Type  Disbursement For: 2014  Senate President Primary General Other (specify) ▼  State: TN District: 07  Full Name (Last, First, Middle Initial)  C. MICHAEL BURGESS FOR CONGRESS	3.4614		
Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼  State: District:  Full Name (Last, First, Middle Initial)  B. MARSHA BLACKBURN FOR CONGRESS, INC.  Mailing Address P.O. BOX 3750  City State Zip Code TN 37024  Purpose of Disbursement CONTRIBUTION  Candidate Name MARSHA BLACKBURN  Office Sought: House Senate President State: TN District: 07  Full Name (Last, First, Middle Initial)  C. MICHAEL BURGESS FOR CONGRESS  Disbursement For: 2014  Primary General Other (specify) ▼  Date of Disbursement Transaction ID: SB23.  Date of Disbursement Disbursement For: 2014  Date of Disbursement Disbursement For: 2014  Date of Disbursement Disbursement Disbursement For: 2014  Date of Disbursement	rsement this Period		
Office Sought: House Senate Primary General Other (specify) ▼  State: District:  Full Name (Last, First, Middle Initial)  B. MARSHA BLACKBURN FOR CONGRESS, INC.  Mailing Address P.O. BOX 3750  City State Zip Code TN 37024  Purpose of Disbursement CONTRIBUTION  Candidate Name MARSHA BLACKBURN  Office Sought: House Senate Primary General Other (specify) ▼  State: TN District: 07  Full Name (Last, First, Middle Initial)  C. MICHAEL BURGESS FOR CONGRESS	2500.00		
Full Name (Last, First, Middle Initial)  B. MARSHA BLACKBURN FOR CONGRESS, INC.  Mailing Address P.O. BOX 3750  City State Zip Code BRENTWOOD TN 37024  Purpose of Disbursement CONTRIBUTION Candidate Name MARSHA BLACKBURN  Office Sought: House Senate Primary General President State: TN District: 07  Full Name (Last, First, Middle Initial)  C. MICHAEL BURGESS FOR CONGRESS  Date of Disbursement  Transaction ID: SB23.  Amount of Each Disburs  Other (specify)   Date of Disbursement  Transaction ID: SB23.  Amount of Each Disburs  Disbursement  Disbursement  Disbursement  Date of Disbursement			
Mailing Address P.O. BOX 3750  City State Zip Code TN 37024  Purpose of Disbursement CONTRIBUTION  Candidate Name MARSHA BLACKBURN  Office Sought: House Senate Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)  C. MICHAEL BURGESS FOR CONGRESS  Transaction ID : SB23.  Transaction ID : SB23.  Transaction ID : SB23.  Amount of Each Disbursement For: 2014  Category/ Type  Other (specify) ▼  Date of Disbursement			
Mailing Address P.O. BOX 3750  City State Zip Code BRENTWOOD TN 37024  Purpose of Disbursement CONTRIBUTION  Candidate Name MARSHA BLACKBURN  Office Sought: House Senate President State: TN District: 07  Full Name (Last, First, Middle Initial)  C. MICHAEL BURGESS FOR CONGRESS  Transaction ID : SB23.  Amount of Each Disbursement For: 2014  Category/ Type  Other (specify) ▼  Date of Disbursement For Date of Date	Y Y Y		
BRENTWOOD  Purpose of Disbursement CONTRIBUTION  Candidate Name  MARSHA BLACKBURN  Office Sought:  Senate President State: TN District: 07  Full Name (Last, First, Middle Initial)  C. MICHAEL BURGESS FOR CONGRESS  TN 37024  Amount of Each Disburs  Category/ Type  Category/ Type  Category/ Type  Category/ Type  Disbursement For: 2014  Primary General Other (specify)   Date of Disbursement	1 1 1 1 1 1 1		
CONTRIBUTION  Candidate Name  MARSHA BLACKBURN  Office Sought:  State: TN District: 07  Full Name (Last, First, Middle Initial)  C. MICHAEL BURGESS FOR CONGRESS  Amount of Each Disburs  Category/ Type  Category/ Type  Category/ Type  Category/ Type  Category/ Type  Disbursement For: 2014  Primary General Other (specify)   Date of Disbursement	3.4597		
MARSHA BLACKBURN  Office Sought: House Senate President Other (specify) ▼  State: TN District: 07  Full Name (Last, First, Middle Initial)  C. MICHAEL BURGESS FOR CONGRESS  Category/ Type  Disbursement For: 2014  Primary General Other (specify) ▼  Date of Disbursement	rsement this Period		
Senate President Other (specify) ▼  State: TN District: 07  Full Name (Last, First, Middle Initial)  C. MICHAEL BURGESS FOR CONGRESS  Date of Disbursement	1000.00		
C. MICHAEL BURGESS FOR CONGRESS  Date of Disbursement			
Mailing Address P.O. BOX 2334 02 12	2013		
City State Zip Code Transaction ID : SB23.	23 4600		
Purpose of Disbursement CONTRIBUTION Amount of Each Disburs	3.4000		
Candidate Name  Category/ Type  Category/ Type			
Office Sought:  Senate  President  State: TX  Disbursement For: 2014  Primary  Other (specify) ▼  Other (specify) ▼			
SUBTOTAL of Disbursements This Page (optional)  TOTAL This Period (last page this line number only)	rsement this Period		

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SCHEDULE B (FEC Form 3X)		T FOR 1 1115	NUMBER: PAGE 45 OF 45			
ITEMIZED DISBURSEMENTS	Use separate schedule(s)	(check only one)				
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	Detailed Summary Page	27	28a 28b 28c 29 30b			
Any information copied from such Reports and Statem	ents may not be sold or use	ed by any nerec	on for the purpose of soliciting contributions			
or for commercial purposes, other than using the name						
NAME OF COMMITTEE (In Full)						
THE AMERICAN CONGRESS OF	OB-GYNS PAC (OE	B-GYN PAG	C)			
	(02		,			
Full Name (Last, First, Middle Initial)						
A. REPUBLICAN MAINSTREET PAR	TNERSHIP PAC		Date of Disbursement			
Marking Address Cook MacCook National Assets			M M / D D / Y Y Y Y Y			
Mailing Address 2201 WISCONSIN AVENUE, NW			02 12 2013			
City	state Zip Code					
WASHINGTON	DC 20007		Transaction ID : SB23.4616			
Purpose of Disbursement						
CONTRIBUTION			Amount of Each Disbursement this Period			
Candidate Name		Category/	5000.00			
		Type	5000.00			
Office Sought: House Disbursen						
	Primary General					
State: District:	Other (specify) ▼					
Full Name (Last, First, Middle Initial)						
B.			Date of Disbursement			
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Mailing Address						
City	state Zip Code					
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Candidate Name			Amount of Each Disbursement this Feriod			
		Category/ Type				
Office Sought: House Disbursen	nent For:	.,,,,	,			
Senate	Primary General					
President	Other (specify) ▼					
State: District:						
Full Name (Last, First, Middle Initial)						
C.			Date of Disbursement			
Mailing Address			M M / D D / Y Y Y Y			
Mailing Address						
City	itate Zip Code					
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Purpose of Disbursement						
	Amount of Each Disbursement this Period					
Candidate Name	Category/					
Office Sought: House Disbursen	oont For:	Туре				
	nent For:  Primary General					
	Other (specify)					
State: District:	o. (opconj) ▼					
SUBTOTAL of Disbursements This Page (optional)			5000.00			
TOTAL This Period (last page this line number only).			27000.00			