

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

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

ADDRESS (number and street) ▼

409 12TH STREET, SW

☐ Check if different than previously reported. (ACC)

WASHINGTON

DC

20024

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00364158

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ 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
02 01 2013

through

M M M / D D D / Y Y Y Y Y Y
02 28 2013

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

Type or Print Name of Treasurer STACIE MONROE

Signature of Treasurer

STACIE MONROE

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
03 08 2013

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

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

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
02 01 2013 To: M M / D D / Y Y Y Y Y Y
02 28 2013

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 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
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	119271.02	119271.02
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. 06/2004)

Page 3

Write or Type Committee Name

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

Report Covering the Period:

From:

M M / D D / Y Y Y Y Y
02 01 2013

To:

M M / D D / Y Y Y Y Y
02 28 2013

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).....

50700.00

56520.00

(ii) Unitemized

30832.66

36574.32

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

81532.66

93094.32

(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) ▶

81532.66

93094.32

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

3000.00

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))..... ▶

81532.66

96094.32

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ▶

81532.66

96094.32

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	448.03	1205.92
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	448.03	1205.92
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	27000.00	70000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(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	0.00
29. Other Disbursements	0.00	1000.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	27448.03	72205.92
32. 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
33. Total Contributions (other than loans) (from Line 11(d), page 3)	81532.66	93094.32
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	81532.66	93094.32
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	448.03	1205.92
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	448.03	1205.92

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 45
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. FOUAD M. ABBAS

Mailing Address 3000 STONE CLIFF DRIVE

City State Zip Code
BALTIMORE MD 21209

FEC ID number of contributing
federal political committee.

C

Name of Employer

SINAI HOSPITAL

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 14 / 2013

Transaction ID : SA11AI.4693

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. JOHANNA J. ABERNATHY

Mailing Address 2070 COTTAGE GLEN ROAD

City State Zip Code
CEDAR RAPIDS IA 52403

FEC ID number of contributing
federal political committee.

C

Name of Employer

OB/GYN ASSOCIATES

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 23 / 2013

Transaction ID : SA11AI.5007

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. TOD C. AEBY

Mailing Address 1319 PUNAHOU STREET

City State Zip Code
HONOLULU HI 96826

FEC ID number of contributing
federal political committee.

C

Name of Employer

UNIVERSITY OF HAWAII

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 14 / 2013

Transaction ID : SA11AI.4695

Amount of Each Receipt this Period

250.00

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

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

1250.00

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

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. ANTHONY AMBROSE

Mailing Address 317 HARVEY ROAD

City
HERSHEYState
PAZip Code
17033FEC ID number of contributing
federal political committee.

C

Name of Employer

HERSHEY MEDICAL CENTER

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	20	/	2013

Transaction ID : SA11AI.4830

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. LISA A. ANDERSSON-ZETYE

Mailing Address 545 MICHIGAN STREET

City

GRAND RAPIDS

State

MI

Zip Code

49503

FEC ID number of contributing
federal political committee.

C

Name of Employer

ASSOCIATES IN OB/GYN

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	14	/	2013

Transaction ID : SA11AI.4697

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. ELIZABETH M. APARICIO

Mailing Address 701 EAST HAMPDEN AVENUE

City

ENGLEWOOD

State

CO

Zip Code

80113

FEC ID number of contributing
federal political committee.

C

Name of Employer

ALL ABOUT WOMEN'S CARE

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	04	/	2013

Transaction ID : SA11AI.4488

Amount of Each Receipt this Period

250.00

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

1000.00

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 45
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. RAUL ARTAL

Mailing Address 8 SUSSEX DRIVE

City
BRENTWOOD

State Zip Code
MO 63144

FEC ID number of contributing
federal political committee.

C

Name of Employer
ST. LOUIS UNIVERSITY

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 23 / 2013

Transaction ID : SA11AI.5011

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. GEORGE A. BANUELOS

Mailing Address 3800 SOUTH HIGHLAND AVENUE

City
DOWNERS GROVE

State Zip Code
IL 60515

FEC ID number of contributing
federal political committee.

C

Name of Employer
WESTERN DUPAGE OB/GYN

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 18 / 2013

Transaction ID : SA11AI.4839

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. SANDIA Y. BREKKE

Mailing Address 4117 NORTH WINDOVER COURT

City
APPLETON

State Zip Code
WI 54913

FEC ID number of contributing
federal political committee.

C

Name of Employer
AFFINITY MEDICAL GROUP

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 23 / 2013

Transaction ID : SA11AI.5015

Amount of Each Receipt this Period

250.00

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

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

1500.00

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

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

FOR LINE NUMBER: PAGE 9 OF 45
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. STEPHEN P. BUCHANAN

Mailing Address 945 SPRING CREEK DRIVE

City State Zip Code
 GRAPEVINE TX 76051

FEC ID number of contributing
federal political committee.

C

Name of Employer
 UNIVERSITY OF NORTH TEXAS

Occupation
 PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 02 / 01 / 2013

Transaction ID : SA11AI.4506

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. CONWELL B. CARTER

Mailing Address 428 COLUMBUS AVENUE

City State Zip Code
 NEW HAVEN CT 06519

FEC ID number of contributing
federal political committee.

C

Name of Employer
 RETIRED

Occupation
 PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 02 / 14 / 2013

Transaction ID : SA11AI.4701

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. HELEN Y. CHANG

Mailing Address 15525 POMERADO ROAD

City State Zip Code
 POWAY CA 92064

FEC ID number of contributing
federal political committee.

C

Name of Employer
 SELF-EMPLOYED

Occupation
 PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 02 / 26 / 2013

Transaction ID : SA11AI.5104

Amount of Each Receipt this Period

500.00

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

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

1500.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 10 OF 45

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. SCOTT T. CHATHAM

Mailing Address 405 5TH STREET PLACE

City State Zip Code
 CONOVER NC 28618

FEC ID number of contributing
federal political committee.

C

Name of Employer
 CATAWBA WOMEN'S CENTER

Occupation
 PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 02 / 27 / 2013

Transaction ID : SA11AI.4910

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. ALBERT C. CHEN

Mailing Address 3440 LOMITA BOULEVARD

City State Zip Code
 TORRANCE CA 90505

FEC ID number of contributing
federal political committee.

C

Name of Employer
 SELF-EMPLOYED

Occupation
 PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 02 / 26 / 2013

Transaction ID : SA11AI.5107

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. MARY C. CIOTTI

Mailing Address 3463 STATE STREET

City State Zip Code
 SANTA BARBARA CA 93105

FEC ID number of contributing
federal political committee.

C

Name of Employer

UC DAVIS

Occupation
 PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 02 / 08 / 2013

Transaction ID : SA11AI.4386

Amount of Each Receipt this Period

500.00

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

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

1250.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 11 OF 45

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. JEANNE A. CONRY

Mailing Address 8204 CANTERSHIRE WAY

City State Zip Code
 GRANITE BAY CA 95246

FEC ID number of contributing
federal political committee.

C

Name of Employer

KAISER PERMANENTE

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y
 02 / 03 / 2013

Transaction ID : SA11AI.4498

Amount of Each Receipt this Period

220.00

Full Name (Last, First, Middle Initial)

B. LUIS B. CURET

Mailing Address P.O. BOX 50519

City State Zip Code
 ALBUQUERQUE NM 87181

FEC ID number of contributing
federal political committee.

C

Name of Employer

UNIVERSITY OF NEW MEXICO

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 02 / 05 / 2013

Transaction ID : SA11AI.4555

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. THOMAS S. DARDARIAN

Mailing Address 108 CETON COURT

City State Zip Code
 BROOMAIL PA 19008

FEC ID number of contributing
federal political committee.

C

Name of Employer

MAIN LINE WOMEN'S HEALTH CARE

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 02 / 06 / 2013

Transaction ID : SA11AI.4481

Amount of Each Receipt this Period

125.00

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

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

845.00

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)

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

Full Name (Last, First, Middle Initial)

A. MARK S. DEFRANCESCO

Mailing Address 35 TERRELL FARM PLACE

City State Zip Code
 CHESHIRE CT 06410

FEC ID number of contributing
federal political committee.

C

Name of Employer
 WOMEN'S HEALTH CONNECTICUT

Occupation
 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 Y
 02 03 2013

Transaction ID : SA11AI.4499

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. OMAN E. DEMENT

Mailing Address 1532 WEST 32ND STREET

City State Zip Code
 JOPLIN MO 64804

FEC ID number of contributing
federal political committee.

C

Name of Employer
 FREEMAN HEALTH SYSTEM

Occupation
 PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 18 2013

Transaction ID : SA11AI.4845

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. NATHANIEL DENICOLA

Mailing Address 2121 PINE STREET

City State Zip Code
 PHILADELPHIA PA 19103

FEC ID number of contributing
federal political committee.

C

Name of Employer
 UNIVERSITY OF PENNSYLVANIA

Occupation
 PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 23 2013

Transaction ID : SA11AI.5026

Amount of Each Receipt this Period

125.00

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

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

1325.00

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

PAGE 13 OF 45

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. MARNA B. DOLINGER

Mailing Address 10 VERNON STREET

City
BROOKLINEState
MAZip Code
02446FEC ID number of contributing
federal political committee.

C

Name of Employer
NEWTON-WELLESLEY OB/GYNOccupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID : SA11AI.4673

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. DAVID W. DOTY

Mailing Address 927 KENTON STATION DRIVE

City
MAYSVILLEState
KYZip Code
41056FEC ID number of contributing
federal political committee.

C

Name of Employer
PRIMARY PLUS OB/GYNOccupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID : SA11AI.4849

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. JULIA SCHLAM EDELMAN

Mailing Address 3 VIRGINIA DRIVE

City
LAKEVILLEState
MAZip Code
02347FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYEDOccupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID : SA11AI.4626

Amount of Each Receipt this Period

300.00

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

850.00

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 14 OF 45
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. MARYGRACE ELSON

Mailing Address 3661 FOXANA DRIVE

City
IOWA CITY

State Zip Code
IA 52246

FEC ID number of contributing
federal political committee.

C

Name of Employer
UNIVERSITY OF IOWA HOSPITALS

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 08 / 2013

Transaction ID : SA11AI.4401

Amount of Each Receipt this Period

1500.00

Full Name (Last, First, Middle Initial)

B. JOHN F. EVANS

Mailing Address 900 ROBINSON

City
TOPEKA

State Zip Code
KS 66606

FEC ID number of contributing
federal political committee.

C

Name of Employer
STORMONT-VALE HEALTH CARE

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 27 / 2013

Transaction ID : SA11AI.4925

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. LYNN FESEMYER

Mailing Address 325 SOUTH 6TH STREET

City
ST. CHARLES

State Zip Code
IL 60174

FEC ID number of contributing
federal political committee.

C

Name of Employer
DUPAGE OB/GYN

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 01 / 2013

Transaction ID : SA11AI.4512

Amount of Each Receipt this Period

500.00

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

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

2250.00

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

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

FOR LINE NUMBER: PAGE 15 OF 45
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. ANNA M. FIELDMAN

Mailing Address 40 TURF LANE

City State Zip Code
 ROSLYN HEIGHTS NY 11577

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 02 / 18 / 2013

Transaction ID : SA11AI.4851

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. MICHAEL G. FITZGERALD

Mailing Address 2490 SOUTH WOODWORTH LOOP

City State Zip Code
 PALMER AK 99645

FEC ID number of contributing
federal political committee.

C

Name of Employer

AURORA WOMEN'S HEALTH CARE

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 02 / 13 / 2013

Transaction ID : SA11AI.4675

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. MARK S. GARRISON

Mailing Address 702 MANGROVE AVENUE

City State Zip Code
 CHICO CA 95926

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 02 / 21 / 2013

Transaction ID : SA11AI.4789

Amount of Each Receipt this Period

250.00

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

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

1500.00

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
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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. CHARON E. GENTILE

Mailing Address 259 GABASSE STREET

City
HOUMA

State Zip Code
LA 70360

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 18 / 2013

Transaction ID : SA11AI.4853

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. JOHN C. GLANTZ

Mailing Address 6 SOUTHERN WOODS

City
PITTSFORD

State Zip Code
NY 14534

FEC ID number of contributing
federal political committee.

C

Name of Employer

UNIVERSITY OF ROCHESTER

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 08 / 2013

Transaction ID : SA11AI.4407

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. SUSAN T. HAAS

Mailing Address 133 BROOKLINE AVENUE

City
BOSTON

State Zip Code
MA 02215

FEC ID number of contributing
federal political committee.

C

Name of Employer

HARVARD VANGUARD MEDICAL

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 05 / 2013

Transaction ID : SA11AI.4563

Amount of Each Receipt this Period

500.00

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

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

1250.00

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)

PAGE 17 OF 45

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. SUSAN T. HAAS

Mailing Address 133 BROOKLINE AVENUE

City
BOSTON

State
MA

Zip Code
02215

FEC ID number of contributing
federal political committee.

C

Name of Employer
HARVARD VANGUARD MEDICAL

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 23 / 2013

Transaction ID : SA11AI.5033

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. MICHAEL M. HAWKINS

Mailing Address 3018 ARROWHEAD DRIVE

City
TEMPLE

State
TX

Zip Code
76506

FEC ID number of contributing
federal political committee.

C

Name of Employer
SCOTT AND WHITE CLINIC

Occupation
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
02 / 13 / 2013

Transaction ID : SA11AI.4678

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. PHILIP H. HENDERSON

Mailing Address 790 14TH AVENUE

City
LONGVIEW

State
WA

Zip Code
98632

FEC ID number of contributing
federal political committee.

C

Name of Employer
LOWER COLUMBIA WOMEN'S CLINIC

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 07 / 2013

Transaction ID : SA11AI.4631

Amount of Each Receipt this Period

600.00

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

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

1400.00

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

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

FOR LINE NUMBER: PAGE 18 OF 45
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. BRIANT G. HERZOG

Mailing Address 6200 WEST PARKER ROAD

City State Zip Code
 PLANO TX 75093

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 02 / 14 / 2013

Transaction ID : SA11AI.4705

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. PAULA M. HOBSON

Mailing Address 625 BETHANY ROAD

City State Zip Code
 DEKALB IL 60115

FEC ID number of contributing
federal political committee.

C

Name of Employer

DEKALB CLINIC

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 02 / 07 / 2013

Transaction ID : SA11AI.4633

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. LISA HOLLIER

Mailing Address 6612 MERCER STREET

City State Zip Code
 HOUSTON TX 77005

FEC ID number of contributing
federal political committee.

C

Name of Employer

BAYLOR COLLEGE OF MEDICINE

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 02 / 15 / 2013

Transaction ID : SA11AI.4835

Amount of Each Receipt this Period

1000.00

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

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

1750.00

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

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

FOR LINE NUMBER: PAGE 19 OF 45
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. HARRY C. HUNEYCUTT

Mailing Address 236 WEST 6TH STREET

City State Zip Code
 RENO NV 89503

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 26 / 2013

Transaction ID : SA11AI.5120

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. LISA JABUSCH

Mailing Address 5653 FRIST BOULEVARD

City State Zip Code
 HERMITAGE TN 37076

FEC ID number of contributing
federal political committee.

C

Name of Employer

TENNESSEE WOMEN'S CARE

Occupation

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
 02 / 24 / 2013

Transaction ID : SA11AI.4999

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. JOHN C. JENNINGS

Mailing Address 2405 SPOONBILL DRIVE

City State Zip Code
 LEAGUE CITY TX 77573

FEC ID number of contributing
federal political committee.

C

Name of Employer

TEXAS TECH UNIVERSITY

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 01 / 2013

Transaction ID : SA11AI.4518

Amount of Each Receipt this Period

500.00

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

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

1050.00

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

PAGE 20 OF 45

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. KIMBERLY M. JOHNSON

Mailing Address 49 CLEVELAND STREET

City
CROSSVILLEState Zip Code
TN 38555FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	23	/	2013

Transaction ID : SA11AI.5038

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. DAPHNE JONES

Mailing Address 1536 CLAY AVENUE

City
RUSSELLVILLEState Zip Code
AL 35653FEC ID number of contributing
federal political committee.

C

Name of Employer

REGIONAL CARE HOSPITAL

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	08	/	2013

Transaction ID : SA11AI.4417

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. JOHN P. KEATS

Mailing Address 241 CROWNHILL COURT

City
VENTURAState Zip Code
CA 93003FEC ID number of contributing
federal political committee.

C

Name of Employer

CIGNA HEALTH

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	07	/	2013

Transaction ID : SA11AI.4635

Amount of Each Receipt this Period

500.00

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

1500.00

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 21 OF 45
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. SHARON D. KEISER

Mailing Address 890 WEST FARIS ROAD

City State Zip Code
 GREENVILLE SC 29605

FEC ID number of contributing
federal political committee.

C

Name of Employer
 GREENVILLE HOSPITAL SYSTEM

Occupation
 PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 02 / 23 / 2013

Transaction ID : SA11AI.5040

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. MARY C. KERR

Mailing Address 150 NORTH ROBERTSON BOULEVARD

City State Zip Code
 BEVERLY HILLS CA 90211

FEC ID number of contributing
federal political committee.

C

Name of Employer
 SELF-EMPLOYED

Occupation
 PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 02 / 04 / 2013

Transaction ID : SA11AI.4490

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. ELIZABETH W. KILLEBREW

Mailing Address 1279 HIGHWAY 54 WEST

City State Zip Code
 FAYETTEVILLE GA 30214

FEC ID number of contributing
federal political committee.

C

Name of Employer
 SOUTHERN CRESCENT HEALTHCARE

Occupation
 PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 02 / 01 / 2013

Transaction ID : SA11AI.4524

Amount of Each Receipt this Period

250.00

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

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

1250.00

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

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

FOR LINE NUMBER: PAGE 22 OF 45
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. LIZELLEN LAFOLLETTE

Mailing Address 599 SIR FRANCIS DRAKE BOULEVARD

City State Zip Code
GREENBRAE CA 94904

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 18 2013

Transaction ID : SA11AI.4859

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

B. HAL C. LAWRENCE

Mailing Address 2700 VIRGINIA AVENUE, NW

City State Zip Code
WASHINGTON DC 20037

FEC ID number of contributing
federal political committee.

C

Name of Employer

AMERICAN CONGRESS OF OB/GYNS

Occupation

EXECUTIVE VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 22 2013

Transaction ID : SA11AI.4747

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

C. KIMBERLY K. LESLIE

Mailing Address 521 WEST PARK ROAD

City State Zip Code
IOWA CITY IA 52246

FEC ID number of contributing
federal political committee.

C

Name of Employer

UNIVERSITY OF IOWA

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 18 2013

Transaction ID : SA11AI.4863

Amount of Each Receipt this Period

1000.00

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

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

3750.00

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

Use separate schedule(s)
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(check only one)

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. JAMES A. MACER

Mailing Address 10 CONGRESS STREET

City
PASADENA

State Zip Code
CA 91105

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 03 / 2013

Transaction ID : SA11AI.4502

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. JULIE A. MADEJSKI

Mailing Address 5846 SNYDER DRIVE

City
LOCKPORT

State Zip Code
NY 14094

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 08 / 2013

Transaction ID : SA11AI.4429

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. JULIE A. MADEJSKI

Mailing Address 5846 SNYDER DRIVE

City
LOCKPORT

State Zip Code
NY 14094

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 13 / 2013

Transaction ID : SA11AI.4682

Amount of Each Receipt this Period

500.00

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

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

1050.00

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

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. MARGARET P. MAEDER

Mailing Address 856 JACKSON STREET

City
DENVER

State Zip Code
CO 80206

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 26 / 2013

Transaction ID : SA11AI.5122

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

B. JANEY E. MAKI

Mailing Address 13401 EAST MAINSGATE STREET

City
WICHITA

State Zip Code
KS 67228

FEC ID number of contributing
federal political committee.

C

Name of Employer

VIA CHRISTI CLINIC

Occupation

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
02 / 07 / 2013

Transaction ID : SA11AI.4641

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. GLORIA L. MARTIN

Mailing Address 149 ULTRA DRIVE

City
HENDERSON

State Zip Code
NV 89074

FEC ID number of contributing
federal political committee.

C

Name of Employer

SOUTHERN HILLS HOSPITAL

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 06 / 2013

Transaction ID : SA11AI.4484

Amount of Each Receipt this Period

500.00

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

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

1200.00

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

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

FOR LINE NUMBER: PAGE 25 OF 45
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. JAMES N. MARTIN

Mailing Address 2101 EASTOVER DRIVE

City State Zip Code
 JACKSON MS 39211

FEC ID number of contributing
federal political committee.

C

Name of Employer
 UNIVERSITY OF MISSISSIPPI

Occupation
 PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 02 08 2013

Transaction ID : SA11AI.4431

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. G. SEALY MASSINGILL

Mailing Address 3887 SOUTH HILLS CIRCLE

City State Zip Code
 FORT WORTH TX 76109

FEC ID number of contributing
federal political committee.

C

Name of Employer
 UNIVERSITY OF NORTH TEXAS

Occupation
 PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 02 08 2013

Transaction ID : SA11AI.4433

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. MARYANNE MCDONNELL

Mailing Address 19 MAPLE VALLEY ROAD

City State Zip Code
 BOSTON CT 06043

FEC ID number of contributing
federal political committee.

C

Name of Employer
 OB/GYN GROUP

Occupation
 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
 02 23 2013

Transaction ID : SA11AI.5050

Amount of Each Receipt this Period

300.00

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

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

1050.00

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

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

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

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

Full Name (Last, First, Middle Initial)

A. ALLAN G. MCLEOD

Mailing Address 3251 MORRIS LANE

City
MIAMI

State Zip Code
FL 33133

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

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
02 / 21 / 2013

Transaction ID : SA11AI.4805

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. MICHELLE M. MILLER

Mailing Address 5525 HIGHWAY 31

City
RACINE

State Zip Code
WI 53402

FEC ID number of contributing
federal political committee.

C

Name of Employer

AURORA HEALTH CARE

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 23 / 2013

Transaction ID : SA11AI.5054

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. ROBERT D. MIXSON

Mailing Address 104 LAKESHORE DRIVE

City
ST. MARY'S

State Zip Code
GA 31558

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 23 / 2013

Transaction ID : SA11AI.5060

Amount of Each Receipt this Period

500.00

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

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

1100.00

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. DOUGLAS K. MOORE

Mailing Address 13430 NORTH MERIDIAN STREET

City	State	Zip Code
CARMEL	IN	46032

FEC ID number of contributing
federal political committee.

C

Name of Employer

CARMEL OB/GYN

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		23		2013

Transaction ID : SA11AI.5062

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. THOMAS R. MOORE

Mailing Address 200 WEST ARBOR DRIVE

City	State	Zip Code
SAN DIEGO	CA	92103

FEC ID number of contributing
federal political committee.

C

Name of Employer

UNIVERSITY OF CALIFORNIA

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		18		2013

Transaction ID : SA11AI.4867

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. LILLIAN R. MORRIS

Mailing Address 1245 16TH STREET

City	State	Zip Code
SANTA MONICA	CA	90404

FEC ID number of contributing
federal political committee.

C

Name of Employer

WOMEN'S HEALTHCARE ASSOCIATES

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		23		2013

Transaction ID : SA11AI.5064

Amount of Each Receipt this Period

250.00

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

1000.00

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)

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

Full Name (Last, First, Middle Initial)

A. JAMES F. MORUZZI

Mailing Address 403 BLACK HILLS LANE

City
OLYMPIA

State
WA

Zip Code
98502

FEC ID number of contributing
federal political committee.

C

Name of Employer

OLYMPIA WOMEN'S HEALTH

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 14 / 2013

Transaction ID : SA11AI.4713

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. DUNCAN R. NEILSON

Mailing Address 17506 WALTA VISTA DRIVE

City

MILWAUKIE

State

OR

Zip Code

97267

FEC ID number of contributing
federal political committee.

C

Name of Employer

LEGACY HEALTH

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 18 / 2013

Transaction ID : SA11AI.4869

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. WADE A. NEIMAN

Mailing Address 1300 CRENSHAW COURT

City

LYNCHBURG

State

VA

Zip Code

24503

FEC ID number of contributing
federal political committee.

C

Name of Employer

WOMEN'S HEALTH SERVICES

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 08 / 2013

Transaction ID : SA11AI.4441

Amount of Each Receipt this Period

1500.00

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

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

2250.00

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

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. HARRY C. NELSON

Mailing Address 1021 COOLIDGE STREET

City
GREENEVILLE

State Zip Code
TN 37743

FEC ID number of contributing
federal political committee.

C

Name of Employer

WOMEN'S CENTER OF GREENEVILLE

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 18 / 2013

Transaction ID : SA11AI.4871

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. STEVEN C. NORTH

Mailing Address 1806 CAROLINA WAY

City
ROSWELL

State Zip Code
NM 88201

FEC ID number of contributing
federal political committee.

C

Name of Employer

ARTESIA CLINICAL ASSOCIATES

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 23 / 2013

Transaction ID : SA11AI.5066

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. ROLAND NYEIN

Mailing Address 68 BAYARD STREET

City
NEW YORK

State Zip Code
NY 10013

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 21 / 2013

Transaction ID : SA11AI.4809

Amount of Each Receipt this Period

500.00

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

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

1250.00

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

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. FREDERICK T. OKIE

Mailing Address 1902 SOUTH HIGHWAY 59

City State Zip Code
 PARSONS KS 67357

FEC ID number of contributing
federal political committee.

C

Name of Employer
 LABBETTE HEALTH

Occupation
 PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 02 / 26 / 2013

Transaction ID : SA11AI.5126

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. KATHRYN M. OSTROM

Mailing Address 3429 NEWCOMB DRIVE

City State Zip Code
 ANCHORAGE AK 99508

FEC ID number of contributing
federal political committee.

C

Name of Employer
 ALASKA WOMEN'S HEALTH

Occupation
 PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 02 / 13 / 2013

Transaction ID : SA11AI.4683

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. MICHAEL L. PECH

Mailing Address 3074 PINE RIDGE ROAD

City State Zip Code
 OSHKOSH WI 54904

FEC ID number of contributing
federal political committee.

C

Name of Employer
 COMMUNITY HEALTH NETWORK

Occupation
 PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 02 / 14 / 2013

Transaction ID : SA11AI.4715

Amount of Each Receipt this Period

500.00

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

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

2000.00

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

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. ROBERT W. PHILLIPS

Mailing Address 6061 WEST ROSE GARDEN LANE

City	State	Zip Code
GLENDALE	AZ	85308

FEC ID number of contributing
federal political committee.

C

Name of Employer

DESERT WEST OB/GYN

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	13	/	2013

Transaction ID : SA11AI.4685

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. JANE E. PINESS

Mailing Address 1635 NORTH GEORGE MASON DRIVE

City	State	Zip Code
ARLINGTON	VA	22205

FEC ID number of contributing
federal political committee.

C

Name of Employer

CARE FOR YOU OB/GYN

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	01	/	2013

Transaction ID : SA11AI.4530

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. STEVEN W. REMMENG

Mailing Address 16995 PRINCETON ROAD

City	State	Zip Code
ADAMS	NE	68301

FEC ID number of contributing
federal political committee.

C

Name of Employer

UNIVERSITY OF NEBRASKA

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	13	/	2013

Transaction ID : SA11AI.4687

Amount of Each Receipt this Period

1000.00

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

1750.00

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. BARBARA B. RHOADS

Mailing Address 1229 WEST HILL DRIVE

City	State	Zip Code
GATES MILLS	OH	44040

FEC ID number of contributing
federal political committee.

C

Name of Employer
METRO HEALTH MEDICAL CENTEROccupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	27	/	2013

Transaction ID : SA11AI.4967

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. BRIGETTE B. RITTER MIEST

Mailing Address 8374 PASSFIELD TURN

City	State	Zip Code
MAPLE GROVE	MN	55311

FEC ID number of contributing
federal political committee.

C

Name of Employer
PARK NICOLLETOccupation
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
02	/	14	/	2013

Transaction ID : SA11AI.4717

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

C. ANGELA Y. ROBERTS

Mailing Address 2403 BEACONWOOD DRIVE

City	State	Zip Code
GREENSBORO	NC	27455

FEC ID number of contributing
federal political committee.

C

Name of Employer
CENTRAL CAROLINA OB/GYNOccupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
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)..... ►

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

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. MIKAELA D. RUSH

Mailing Address 1401 MEDICAL PARKWAY

City	State	Zip Code
CEDAR PARK	TX	78613

FEC ID number of contributing
federal political committee.

C

Name of Employer	Occupation
CEDAR PARK WOMEN'S CENTER	PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	23	/	2013

Transaction ID : SA11AI.5072

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. JOSEPH L. RUSSINO

Mailing Address 3 WELLFLEET LANE

City	State	Zip Code
GLEN MILLS	PA	19342

FEC ID number of contributing
federal political committee.

C

Name of Employer	Occupation
PAOLI OB/GYN	PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	18	/	2013

Transaction ID : SA11AI.4875

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. WALID A. SALEH

Mailing Address 7777 FOREST LANE

City	State	Zip Code
DALLAS	TX	75230

FEC ID number of contributing
federal political committee.

C

Name of Employer	Occupation
SHER INSTITUTE	PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	18	/	2013

Transaction ID : SA11AI.4877

Amount of Each Receipt this Period

250.00

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

800.00

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. MICHAEL J. SAMMARCO

Mailing Address 2521 RICHVIEW ROAD

City

MT. VERNON

State

IL

Zip Code

62864

FEC ID number of contributing
federal political committee.

C

Name of Employer

FITZGIBBON HOSPITAL

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 23 / 2013

Transaction ID : SA11AI.5074

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. JOHN H. SAND

Mailing Address 611 SOUTH CHESTNUT STREET

City

ELLENSBURG

State

WA

Zip Code

98926

FEC ID number of contributing
federal political committee.

C

Name of Employer

OB/GYN OF ELLENSBURG

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 13 / 2013

Transaction ID : SA11AI.4689

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. VERONICA L. SCHIMP

Mailing Address 1407 BELMONT DRIVE

City

ORLANDO

State

FL

Zip Code

32806

FEC ID number of contributing
federal political committee.

C

Name of Employer

M.D. ANDERSON CANCER CENTER

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 23 / 2013

Transaction ID : SA11AI.5082

Amount of Each Receipt this Period

250.00

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

1250.00

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

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. RICHARD E. SEDWICK

Mailing Address 2922 PORT REPUBLIC ROAD

City State Zip Code
HARRISONBURG VA 22801

FEC ID number of contributing
federal political committee.

C

Name of Employer
BLUE RIDGE WOMEN'S CENTER

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 21 / 2013

Transaction ID : SA11AI.4822

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. JOHN W. SEEDS

Mailing Address 113 WEST SQUARE DRIVE

City State Zip Code
HENRICO VA 23238

FEC ID number of contributing
federal political committee.

C

Name of Employer
COMMONWEALTH UNIVERSITY

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 18 / 2013

Transaction ID : SA11AI.4879

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. LISA M. SHAKERIN

Mailing Address 3450 YATES AVENUE NORTH

City State Zip Code
CRYSTAL MN 55422

FEC ID number of contributing
federal political committee.

C

Name of Employer
OAKDALE OB/GYN

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 23 / 2013

Transaction ID : SA11AI.5084

Amount of Each Receipt this Period

500.00

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

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

1000.00

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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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. LAURA SIROTT

Mailing Address 249 SOUTH BERKELEY AVENUE

City State Zip Code
 PASADENA CA 91107

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 02 / 18 / 2013

Transaction ID : SA11AI.4886

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. BARRY D. SMITH

Mailing Address P.O. BOX 238

City State Zip Code
 NORWICH VT 05055

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 02 / 22 / 2013

Transaction ID : SA11AI.4763

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

C. KIRSTEN M. SMITH

Mailing Address 405 WOODSTOCK LANE

City State Zip Code
 WILMINGTON DE 19808

FEC ID number of contributing
federal political committee.

C

Name of Employer

CHRISTIANA CARE

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 02 / 08 / 2013

Transaction ID : SA11AI.4460

Amount of Each Receipt this Period

500.00

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

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

3500.00

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. MUSA L. SPERANZA

Mailing Address 415 HUMPHREY STREET

City
NEW HAVEN

State Zip Code
CT 06511

FEC ID number of contributing
federal political committee.

C

Name of Employer
OB/GYN MENOPAUSE MDS

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 27 / 2013

Transaction ID : SA11AI.4983

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. CHARLES M. STEDMAN

Mailing Address 18 IDLEWOOD PLACE

City
NEW ORLEANS

State Zip Code
LA 70123

FEC ID number of contributing
federal political committee.

C

Name of Employer
WOMAN'S HOSPITAL

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 08 / 2013

Transaction ID : SA11AI.4464

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. ELLEN L. STEWART

Mailing Address 75 TAYMIL ROAD

City
NEW ROCHELLE

State Zip Code
NY 10804

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 14 / 2013

Transaction ID : SA11AI.4719

Amount of Each Receipt this Period

500.00

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

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

1250.00

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

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. DANA G. STONE

Mailing Address 1730 HUNTINGTON AVENUE

City State Zip Code
 OKLAHOMA CITY OK 73116

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
 02 / 09 / 2013

Transaction ID : SA11AI.4658

Amount of Each Receipt this Period

130.00

Full Name (Last, First, Middle Initial)

B. JOANNE L. STONE

Mailing Address 5 EAST 98TH STREET

City State Zip Code
 NEW YORK NY 10029

FEC ID number of contributing
federal political committee.

C

Name of Employer

MT. SINAI HOSPITAL

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 02 / 14 / 2013

Transaction ID : SA11AI.4721

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. JANETTE H. STRATHY

Mailing Address 3209 GALLERIA

City State Zip Code
 EDINA MN 55435

FEC ID number of contributing
federal political committee.

C

Name of Employer

PARK NICOLLET HEALTH SERVICES

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 02 / 22 / 2013

Transaction ID : SA11AI.4767

Amount of Each Receipt this Period

1000.00

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

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

1630.00

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

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. JOHN M. STRAUGHN

Mailing Address 2 STONEHURST

City	State	Zip Code
MOUNTAIN BROOK	AL	35213

FEC ID number of contributing
federal political committee.

C

Name of Employer
UNIVERSITY OF ALABAMAOccupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	21	/	2013

Transaction ID : SA11AI.4826

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. MICHAL C. SZCZUPAK

Mailing Address 800 WEST BIESTERFIELD

City	State	Zip Code
ELK GROVE	IL	60007

FEC ID number of contributing
federal political committee.

C

Name of Employer
HEALTHCARE ASSOCIATESOccupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	23	/	2013

Transaction ID : SA11AI.5090

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. JOHN S. WACHTEL

Mailing Address 811 LA MESA DRIVE

City	State	Zip Code
PORTOLA VALLEY	CA	94028

FEC ID number of contributing
federal political committee.

C

Name of Employer
MENLO MEDICAL CLINICOccupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	05	/	2013

Transaction ID : SA11AI.4582

Amount of Each Receipt this Period

250.00

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

1000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. DONALD F. WEBER

Mailing Address 1400 BELLINGER STREET

City

EAU CLAIRE

State

WI

Zip Code

54702

FEC ID number of contributing
federal political committee.

C

Name of Employer

MAYO CLINIC HEALTH SYSTEMS

Occupation

PHYSICIAN

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 18 / 2013

Transaction ID : SA11AI.4892

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. JAN E. WHITEFIELD

Mailing Address 2550 CURLEW CIRCLE

City

ANCHORAGE

State

AK

Zip Code

99502

FEC ID number of contributing
federal political committee.

C

Name of Employer

ALASKA WOMEN'S CENTER

Occupation

PHYSICIAN

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 23 / 2013

Transaction ID : SA11AI.5096

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

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

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

1500.00

50700.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. AMERICAN EXPRESS

Mailing Address P.O. BOX 53852

City	State	Zip Code
PHOENIX	AZ	85072

Purpose of Disbursement
CREDIT CARD TRANSACTION FEES

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		05		2013

Transaction ID : SB21B.4543

Amount of Each Disbursement this Period

116.95

Full Name (Last, First, Middle Initial)

B. AMERICAN EXPRESS

Mailing Address P.O. BOX 53852

City	State	Zip Code
PHOENIX	AZ	85072

Purpose of Disbursement
CREDIT CARD TRANSACTION FEES

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		28		2013

Transaction ID : SB21B.5003

Amount of Each Disbursement this Period

7.95

Full Name (Last, First, Middle Initial)

C. FIRST NATIONAL MERCHANT SOLUTIONS

Mailing Address 1620 DODGE STREET

City	State	Zip Code
OMAHA	NE	68197

Purpose of Disbursement
CREDIT CARD TRANSACTION FEES

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		04		2013

Transaction ID : SB21B.4544

Amount of Each Disbursement this Period

307.71

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

432.61

432.61

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

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. EVERY REPUBLICAN IS CRUCIAL (ERICPAC)

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		12		2013

Mailing Address 25 EAST MAIN STREET

City	State	Zip Code
RICHMOND	VA	23219

Transaction ID : SB23.4612Purpose of Disbursement
CONTRIBUTION

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

2500.00

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

B. FRIENDS OF JOE HECK

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		12		2013

Mailing Address P.O. BOX 750114

City	State	Zip Code
LAS VEGAS	NV	89136

Transaction ID : SB23.4609Purpose of Disbursement
CONTRIBUTION

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

2500.00

JOE HECK

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	2014	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
		<input type="checkbox"/> Other (specify) ▼	

State: NV District: 03

Full Name (Last, First, Middle Initial)

C. FRIENDS OF MAX BAUCUS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		12		2013

Mailing Address P.O. BOX 586

City	State	Zip Code
HELENA	MT	59624

Transaction ID : SB23.4591Purpose of Disbursement
CONTRIBUTION

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

2500.00

MAX BAUCUS

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	2014	<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
		<input type="checkbox"/> Other (specify) ▼	

State: MT District: 00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7500.00

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

PAGE 44 OF 45

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. GLACIER PAC

Mailing Address 3242 CUMMINS WAY

City	State	Zip Code
MISSOULA	MT	59802

Purpose of Disbursement
CONTRIBUTION

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		12		2013

Transaction ID : SB23.4614

Amount of Each Disbursement this Period

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:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: TN District: 07

Disbursement For:	2014
	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		12		2013

Transaction ID : SB23.4597

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. MICHAEL BURGESS FOR CONGRESS

Mailing Address P.O. BOX 2334

City	State	Zip Code
DENTON	TX	76202

Purpose of Disbursement
CONTRIBUTION

Candidate Name

DR. MICHAEL C. BURGESS

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: TX District: 26

Disbursement For:	2014
	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		12		2013

Transaction ID : SB23.4600

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

8500.00

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

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. REPUBLICAN MAINSTREET PARTNERSHIP PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		12		2013

Mailing Address 2201 WISCONSIN AVENUE, NW

City	State	Zip Code
WASHINGTON	DC	20007

Purpose of Disbursement
CONTRIBUTION

Candidate Name

Category/
Type**Transaction ID : SB23.4616**

Amount of Each Disbursement this Period

5000.00

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

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

Mailing Address

City	State	Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

--

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

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

Mailing Address

City	State	Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

--

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

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

5000.00

27000.00
