

**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
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☒ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

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
10 01 2015

through

M M M / D D D / Y Y Y Y Y Y
10 31 2015

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 MARY SCHILLING

Signature of Treasurer

MARY SCHILLING

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
11 09 2015

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
10 / 01 / 2015 To: M M / D D / Y Y Y Y Y Y
10 / 31 / 2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2015		171093.63
(b) Cash on Hand at Beginning of Reporting Period.....	246871.22	
(c) Total Receipts (from Line 19)	64103.45	548409.60
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	310974.67	719503.23
7. Total Disbursements (from Line 31)	14536.73	423065.29
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	296437.94	296437.94
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
10 01 2015

To:

M M / D D / Y Y Y Y Y
10 31 2015

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).....

41667.43

370877.69

(ii) Unitemized

22436.02

177531.91

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

64103.45

548409.60

(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) ▶

64103.45

548409.60

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

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

64103.45

548409.60

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ▶

64103.45

548409.60

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	2036.73	14000.29
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	2036.73	14000.29
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	12500.00	354000.00
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	65.00
(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	65.00
29. Other Disbursements	0.00	55000.00
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)) ..	14536.73	423065.29
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	14536.73	423065.29

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)	64103.45	548409.60
34. Total Contribution Refunds (from Line 28(d))	0.00	65.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	64103.45	548344.60
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	2036.73	14000.29
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	2036.73	14000.29

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 56

(check only one)

<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			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. 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 HAWAIIOccupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	18	/	2015

Transaction ID : SA11AI.26911

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. DHRUV AGNESHWAR

Mailing Address 817 STONEHEDGE DRIVE

City	State	Zip Code
VESTAL	NY	13850

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYEDOccupation
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
10	/	24	/	2015

Transaction ID : SA11AI.27147

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. THOMAS L. ALDERSON

Mailing Address 3664 EDINBOROUGH DRIVE

City	State	Zip Code
ROCHESTER HILLS	MI	48306

FEC ID number of contributing
federal political committee.

C

Name of Employer
MCLAREN WOMEN'S HEALTHOccupation
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
10	/	24	/	2015

Transaction ID : SA11AI.27065

Amount of Each Receipt this Period

100.00

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

640.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

 FOR LINE NUMBER: PAGE 7 OF 56
 (check only one)

<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 R. ALLBERT

Mailing Address 2619 SHERWOOD AVENUE

City	State	Zip Code
CHARLOTTE	NC	28207

FEC ID number of contributing federal political committee.

C

Name of Employer

NOVANT HEALTH

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		08		2015

Transaction ID : SA11AI.26797

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. JOSEPH F. AMATO

Mailing Address 1215 KILHAM COURT

City	State	Zip Code
COLUMBUS	OH	43235

FEC ID number of contributing federal political committee.

C

Name of Employer

COLLEGE OF OSTEOPATHIC OB/GYN

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		20		2015

Transaction ID : SA11AI.26968

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. JOSEPH J. APUZZIO

Mailing Address 164 JOCKEY HOLLOW

City	State	Zip Code
UNION	NJ	07083

FEC ID number of contributing federal political committee.

C

Name of Employer

NEW JERSEY MEDICAL SCHOOL

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

415.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		09		2015

Transaction ID : SA11AI.26746

Amount of Each Receipt this Period

200.00

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

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

440.00

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 56
(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. THOMAS F. ARNOLD

Mailing Address 1145 14TH AVENUE WEST

City State Zip Code
 DICKINSON ND 58601

FEC ID number of contributing
federal political committee.

C

Name of Employer
 CATHOLIC HEALTH INITIATIVES

Occupation
 PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2850.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 06 / 2015

Transaction ID : SA11AI.26499

Amount of Each Receipt this Period

625.00

Full Name (Last, First, Middle Initial)

B. JESSICA ATRIO

Mailing Address 4 WOODLAND AVENUE

City State Zip Code
 BRONXVILLE NY 10708

FEC ID number of contributing
federal political committee.

C

Name of Employer
 MONTEFIORE 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 Y
 10 / 24 / 2015

Transaction ID : SA11AI.27148

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. VANESSA M. BARNABEI

Mailing Address 640B ESSJAY ROAD

City State Zip Code
 WILLIAMSVILLE NY 14221

FEC ID number of contributing
federal political committee.

C

Name of Employer
 SUNY AT BUFFALO

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
 10 / 23 / 2015

Transaction ID : SA11AI.27117

Amount of Each Receipt this Period

500.00

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

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

1625.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse 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. MIBHALI M. BHALALA

Mailing Address 1150 VETERANS BOULEVARD

City	State	Zip Code
REDWOOD CITY	CA	94063

FEC ID number of contributing
federal political committee.

C

Name of Employer

PERMANENTE MEDICAL GROUP

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

640.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		16		2015

Transaction ID : SA11AI.26829

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. ANNA BIDA-DUDUN

Mailing Address 142 FIELDSTONE LANE

City	State	Zip Code
DIXON	IL	61021

FEC ID number of contributing
federal political committee.

C

Name of Employer

KSB HOSPITAL

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		23		2015

Transaction ID : SA11AI.27118

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

C. MAY H. BLANCHARD

Mailing Address 1316 BELT STREET

City	State	Zip Code
BALTIMORE	MD	21230

FEC ID number of contributing
federal political committee.

C

Name of Employer

UNIVERSITY OF MARYLAND

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
10		06		2015

Transaction ID : SA11AI.26500

Amount of Each Receipt this Period

25.00

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

415.00

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

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

PAGE 10 OF 56

<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. HOWARD A. BLANCHETTE

Mailing Address 7 BRINSCALL COURT

City
DANBURYState
CTZip Code
06810FEC ID number of contributing
federal political committee.

C

Name of Employer

NEW YORK MEDICAL COLLEGE

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

490.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10	/	24	/	2015

Transaction ID : SA11AI.27151

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. KEITH R. BRILL

Mailing Address 5502 SOUTH FORT APACHE ROAD

City

LAS VEGAS

State

NV

Zip Code

89148

FEC ID number of contributing
federal political committee.

C

Name of Employer

WOMEN'S SPECIALTY CARE

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10	/	18	/	2015

Transaction ID : SA11AI.26819

Amount of Each Receipt this Period

65.00

Full Name (Last, First, Middle Initial)

C. CHARLES E. BROWN

Mailing Address 1313 RED RIVER STREET

City

AUSTIN

State

TX

Zip Code

78701

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
10	/	02	/	2015

Transaction ID : SA11AI.26572

Amount of Each Receipt this Period

500.00

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

815.00

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

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

PAGE 11 OF 56

<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. HAYWOOD L. BROWN

Mailing Address 10113 BARNHART WAY

City

RALEIGH

State

NC

Zip Code

27617

FEC ID number of contributing
federal political committee.

C

Name of Employer

DUKE UNIVERSITY

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
10		02		2015

Transaction ID : SA11AI.26573

Amount of Each Receipt this Period

175.00

Full Name (Last, First, Middle Initial)

B. HAYWOOD L. BROWN

Mailing Address 10113 BARNHART WAY

City

RALEIGH

State

NC

Zip Code

27617

FEC ID number of contributing
federal political committee.

C

Name of Employer

DUKE UNIVERSITY

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		09		2015

Transaction ID : SA11AI.26747

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. JUDITH T. BURGIS

Mailing Address 5605 RAVENWOOD DRIVE

City

COLUMBIA

State

SC

Zip Code

29206

FEC ID number of contributing
federal political committee.

C

Name of Employer

UNIVERSITY OF SOUTH CAROLINA

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		30		2015

Transaction ID : SA11AI.27034

Amount of Each Receipt this Period

300.00

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

675.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

 FOR LINE NUMBER: PAGE 12 OF 56
 (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. RONALD T. BURKMAN

Mailing Address 289 ARDSLEY ROAD

City

LONGMEADOW

State

MA

Zip Code

01106

FEC ID number of contributing
federal political committee.

C

Name of Employer

BAYSTATE HEALTH

Occupation

PHYSICIAN

Receipt For:

☐
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 10 / 08 / 2015

Transaction ID : SA11AI.26798

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

B. KIMBERLY CARTER

Mailing Address 9601 RAINLILLY LANE

City

AUSTIN

State

TX

Zip Code

78759

FEC ID number of contributing
federal political committee.

C

Name of Employer

SETON FAMILY OF HOSPITALS

Occupation

PHYSICIAN

Receipt For:

☐
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 10 / 23 / 2015

Transaction ID : SA11AI.27294

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. ROBERTO CASANOVA

Mailing Address 3601 4TH STREET

City

LUBBOCK

State

TX

Zip Code

79430

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 ▼

250.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 10 / 04 / 2015

Transaction ID : SA11AI.26537

Amount of Each Receipt this Period

250.00

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

410.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 13 OF 56
(check only one)

<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. RACHEL K. CASEY

Mailing Address 1014 7TH STREET, SE

City
WASHINGTONState Zip Code
DC 20003FEC ID number of contributing
federal political committee.

C

Name of Employer

INOVA HEALTH

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10	/	09	/	2015

Transaction ID : SA11AI.26748

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

B. EVA CHALAS

Mailing Address 27 FRANKLIN COURT

City
GARDEN CITYState Zip Code
NY 11530FEC ID number of contributing
federal political committee.

C

Name of Employer

WINTHROP UNIVERSITY HOSPITAL

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10	/	23	/	2015

Transaction ID : SA11AI.27120

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

C. EVA CHALAS

Mailing Address 27 FRANKLIN COURT

City
GARDEN CITYState Zip Code
NY 11530FEC ID number of contributing
federal political committee.

C

Name of Employer

WINTHROP UNIVERSITY HOSPITAL

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10	/	31	/	2015

Transaction ID : SA11AI.27238

Amount of Each Receipt this Period

2500.00

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

5075.00

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

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

PAGE 14 OF 56

<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. PRASANTA CHANDRA

Mailing Address 220A ST. NICHOLAS AVENUE

City	State	Zip Code
BROOKLYN	NY	11237

FEC ID number of contributing
federal political committee.

C

Name of Employer

ST. NICHOLAS OB/GYN ASSOCIATES

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	22	/	2015

Transaction ID : SA11AI.26810

Amount of Each Receipt this Period

220.00

Full Name (Last, First, Middle Initial)

B. 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 M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

Transaction ID : SA11AI.27037

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. BEN H. CHEEK

Mailing Address 231 CASCADE ROAD

City	State	Zip Code
COLUMBUS	GA	31904

FEC ID number of contributing
federal political committee.

C

Name of Employer

ST. FRANCIS HOSPITAL

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2483.30

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	12	/	2015

Transaction ID : SA11AI.26641

Amount of Each Receipt this Period

83.33

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

803.33

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)

PAGE 15 OF 56

☒ 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. BEN H. CHEEK

Mailing Address 231 CASCADE ROAD

City State Zip Code
COLUMBUS GA 31904

FEC ID number of contributing
federal political committee.

C

Name of Employer
ST. FRANCIS HOSPITAL

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2633.30

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 30 / 2015

Transaction ID : SA11AI.27038

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

B. DONALD D. CHERVENAK

Mailing Address 16 BOARDWALK AVENUE

City State Zip Code
WINDHAM ME 04062

FEC ID number of contributing
federal political committee.

C

Name of Employer
FLORAM PARK MEDICAL CENTER

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3300.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 26 / 2015

Transaction ID : SA11AI.26707

Amount of Each Receipt this Period

800.00

Full Name (Last, First, Middle Initial)

C. DONALD D. CHERVENAK

Mailing Address 16 BOARDWALK AVENUE

City State Zip Code
WINDHAM ME 04062

FEC ID number of contributing
federal political committee.

C

Name of Employer
FLORAM PARK MEDICAL CENTER

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3450.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 30 / 2015

Transaction ID : SA11AI.27039

Amount of Each Receipt this Period

150.00

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 Page

FOR LINE NUMBER: PAGE 16 OF 56

(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. DONALD D. CHERVENAK

Mailing Address 16 BOARDWALK AVENUE

City State Zip Code
WINDHAM ME 04062

FEC ID number of contributing
federal political committee.

C

Name of Employer
FLORAM PARK MEDICAL CENTER

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3575.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 30 2015

Transaction ID : SA11AI.27040

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

B. DONALD D. CHERVENAK

Mailing Address 16 BOARDWALK AVENUE

City State Zip Code
WINDHAM ME 04062

FEC ID number of contributing
federal political committee.

C

Name of Employer
FLORAM PARK MEDICAL CENTER

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3725.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 30 2015

Transaction ID : SA11AI.27041

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

C. CAMILLE A. CLARE

Mailing Address 1376 MIDLAND AVENUE

City State Zip Code
BRONXVILLE NY 10708

FEC ID number of contributing
federal political committee.

C

Name of Employer
METROPOLITAN HOSPITAL CENTER

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 30 2015

Transaction ID : SA11AI.27173

Amount of Each Receipt this Period

500.00

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

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

775.00

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 56

☒ 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 95746

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 ▼

3911.08

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 06 / 2015

Transaction ID : SA11AI.26501

Amount of Each Receipt this Period

544.44

Full Name (Last, First, Middle Initial)

B. JOSE J. CUETO

Mailing Address 4339 SIERRA MADRE DRIVE

City State Zip Code
SACRAMENTO CA 95864

FEC ID number of contributing
federal political committee.

C

Name of Employer

SUTTER MEDICAL GROUP

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 23 / 2015

Transaction ID : SA11AI.27295

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. HOLLY CUMMINGS

Mailing Address 144 UPLAND ROAD

City State Zip Code
HAVERTOWN PA 19083

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
10 / 16 / 2015

Transaction ID : SA11AI.26813

Amount of Each Receipt this Period

25.00

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

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

609.44

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 18 OF 56
(check only one)

<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. STELLA DANTAS

Mailing Address 6906 SOUTHWEST WINDEMERE LOOP

City	State	Zip Code
PORTLAND	OR	97225

FEC ID number of contributing
federal political committee.

C

Name of Employer

NORTHWEST PERMANENTE

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1648.31

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		16		2015

Transaction ID : SA11AI.26843

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. STELLA DANTAS

Mailing Address 6906 SOUTHWEST WINDEMERE LOOP

City	State	Zip Code
PORTLAND	OR	97225

FEC ID number of contributing
federal political committee.

C

Name of Employer

NORTHWEST PERMANENTE

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1856.64

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		18		2015

Transaction ID : SA11AI.26820

Amount of Each Receipt this Period

208.33

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 ▼

1845.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		17		2015

Transaction ID : SA11AI.26817

Amount of Each Receipt this Period

210.00

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

458.33

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 56
 (check only one)

<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. NATHANIEL DENICOLA

Mailing Address 2218 MANNING 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 ▼

2920.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		04		2015

Transaction ID : SA11AI.26495

Amount of Each Receipt this Period

417.00

Full Name (Last, First, Middle Initial)

B. JANE ANN DIMER

Mailing Address ON ELLIS POND

City	State	Zip Code
MERCER ISLAND	WA	98040

FEC ID number of contributing federal political committee.

C

 Name of Employer
 GROUP HEALTH PERMANENTE

 Occupation
 PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		25		2015

Transaction ID : SA11AI.27314

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. JONATHAN A. DUNN

Mailing Address 1707 FROUDE STREET

City	State	Zip Code
SAN DIEGO	CA	92107

FEC ID number of contributing federal political committee.

C

Name of Employer

SCRIPPS CLINIC

 Occupation
 PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2015

Transaction ID : SA11AI.26677

Amount of Each Receipt this Period

40.00

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

497.00

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

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

PAGE 20 OF 56

<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. HELEN A. DUNNINGTON

Mailing Address 4810 IMOGENE STREET

City

HOUSTON

State

TX

Zip Code

77096

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 ▼

280.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		02		2015

Transaction ID : SA11AI.26574

Amount of Each Receipt this Period

130.00

Full Name (Last, First, Middle Initial)

B. JULIA SCHLAM EDELMAN

Mailing Address 3 VIRGINIA DRIVE

City

LAKEVILLE

State

MA

Zip Code

02347

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 ▼

230.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		21		2015

Transaction ID : SA11AI.26987

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. DIANNE M. EDGAR

Mailing Address 1340 HIGHLAND AVENUE

City

ROCHESTER

State

NY

Zip Code

14620

FEC ID number of contributing
federal political committee.

C

Name of Employer

PARK WEST WOMEN'S HEALTH

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
10		22		2015

Transaction ID : SA11AI.26811

Amount of Each Receipt this Period

100.00

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

270.00

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

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

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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. AARON ELKIN

Mailing Address 1309 NORTH FEDERAL HIGHWAY

City	State	Zip Code
HOLLYWOOD	FL	33020

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 ▼

615.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	28	/	2015

Transaction ID : SA11AI.27377

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. MEGAN L. EVANS

Mailing Address 190 DUDLEY STREET

City	State	Zip Code
BROOKLINE	MA	02445

FEC ID number of contributing
federal political committee.

C

Name of Employer

TUFTS MEDICAL CENTER

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	24	/	2015

Transaction ID : SA11AI.27155

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. NANCY FAN

Mailing Address 316 ORACLE ROAD

City	State	Zip Code
WILMINGTON	DE	19808

FEC ID number of contributing
federal political committee.

C

Name of Employer

ST. FRANCIS HOSPITAL

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	08	/	2015

Transaction ID : SA11AI.26799

Amount of Each Receipt this Period

200.00

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

260.00

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
☐ 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. MAUREEN E. FARRELL

Mailing Address 4344 SANTA MONICA AVENUE

City State Zip Code
 SAN DIEGO CA 92107

FEC ID number of contributing
federal political committee.

C

Name of Employer

U.S. NAVY

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
 10 / 19 / 2015

Transaction ID : SA11AI.26821

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. MERIDITH FARROW

Mailing Address 2026 CHEROKEE DRIVE

City State Zip Code
 NEPTUNE BEACH FL 32266

FEC ID number of contributing
federal political committee.

C

Name of Employer

UNIVERSITY OF FLORIDA

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
 10 / 09 / 2015

Transaction ID : SA11AI.26638

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. MARTHA T. FERNANDEZ

Mailing Address 880 KEMPSVILLE ROAD

City State Zip Code
 NORFOLK VA 23502

FEC ID number of contributing
federal political committee.

C

Name of Employer

THE GROUP FOR WOMEN

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 25 / 2015

Transaction ID : SA11AI.27315

Amount of Each Receipt this Period

40.00

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

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

115.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse 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. STEVEN FLEISCHMAN

Mailing Address 148 RIMMON ROAD

City

WOODBIDGE

State

CT

Zip Code

06525

FEC ID number of contributing
federal political committee.

C

Name of Employer

OB/GYN & MENOPAUSE PHYSICIANS

Occupation

PHYSICIAN

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1459.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		23		2015

Transaction ID : SA11AI.27078

Amount of Each Receipt this Period

209.00

Full Name (Last, First, Middle Initial)

B. DAVID A. FORSTEIN

Mailing Address 890 WEST FARIS ROAD

City

GREENVILLE

State

SC

Zip Code

29605

FEC ID number of contributing
federal political committee.

C

Name of Employer

GREENVILLE HEALTH SYSTEM

Occupation

PHYSICIAN

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		22		2015

Transaction ID : SA11AI.26812

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. DAVID A. FORSTEIN

Mailing Address 890 WEST FARIS ROAD

City

GREENVILLE

State

SC

Zip Code

29605

FEC ID number of contributing
federal political committee.

C

Name of Employer

GREENVILLE HEALTH SYSTEM

Occupation

PHYSICIAN

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1040.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		23		2015

Transaction ID : SA11AI.27296

Amount of Each Receipt this Period

40.00

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

349.00

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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 (check only one)

<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. PAMELA GALLUP GAUDRY

Mailing Address P.O. BOX 2805

City	State	Zip Code
TYBEE ISLAND	GA	31328

FEC ID number of contributing federal political committee.

Name of Employer

MEMORIAL HEALTH MEDICAL CENTER

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	24	/	2015

Transaction ID : SA11AI.27066

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

B. DAVID L. GANDELL

Mailing Address 21 WARWICK DRIVE

City	State	Zip Code
FAIRPORT	NY	14450

FEC ID number of contributing federal political committee.

Name of Employer

ROCHESTER OB/GYN ASSOCIATES

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	23	/	2015

Transaction ID : SA11AI.27121

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C. WENDY GILES

Mailing Address 140 VANN STREET NORTHEAST

City	State	Zip Code
MARIETTA	GA	30060

FEC ID number of contributing federal political committee.

Name of Employer

SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	29	/	2015

Transaction ID : SA11AI.27046

Amount of Each Receipt this Period

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

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 25 OF 56
(check only one)

<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. R. MOSS HAMPTON

Mailing Address 3930 EDGEBROOK COURT

City	State	Zip Code
MIDLAND	TX	79707

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 ▼

4360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		09		2015

Transaction ID : SA11AI.26488

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. VERONICA HELGANS

Mailing Address 123 DOG LANE

City	State	Zip Code
STORRS	CT	06268

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 ▼

290.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		28		2015

Transaction ID : SA11AI.27379

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. RICHARD W. HENDERSON

Mailing Address 1709 CLEAVER LANE

City	State	Zip Code
WILMINGTON	DE	19803

FEC ID number of contributing
federal political committee.

C

Name of Employer

ST. FRANCIS HOSPITAL

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4720.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		09		2015

Transaction ID : SA11AI.26756

Amount of Each Receipt this Period

2500.00

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

3540.00

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

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

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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. RICHARD W. HENDERSON

Mailing Address 1709 CLEAVER LANE

City	State	Zip Code
WILMINGTON	DE	19803

FEC ID number of contributing
federal political committee.

C

Name of Employer
ST. FRANCIS HOSPITALOccupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4930.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		16		2015

Transaction ID : SA11AI.26814

Amount of Each Receipt this Period

210.00

Full Name (Last, First, Middle Initial)
B. LISA M. 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 MEDICINEOccupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		04		2015

Transaction ID : SA11AI.26536

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)
C. ANN L. HONEBRINK

Mailing Address 130 VALLEY ROAD

City	State	Zip Code
ARDMORE	PA	19003

FEC ID number of contributing
federal political committee.

C

Name of Employer
UNIVERSITY OF PENNSYLVANIAOccupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		08		2015

Transaction ID : SA11AI.26800

Amount of Each Receipt this Period

400.00

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

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

810.00

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. RICHARD T. IVEY

Mailing Address 4023 BETSY LANE

City
HOUSTON

State
TX

Zip Code
77027

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 ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 02 / 2015

Transaction ID : SA11AI.26578

Amount of Each Receipt this Period

800.00

Full Name (Last, First, Middle Initial)

B. MARIE JOHANTGEN

Mailing Address 3115 31ST COURT SOUTHEAST

City
OLYMPIA

State
WA

Zip Code
98501

FEC ID number of contributing
federal political committee.

C

Name of Employer

GROUP HEALTH COOPERATIVE

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
10 / 04 / 2015

Transaction ID : SA11AI.26496

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. DAPHNE L. JONES

Mailing Address 1755 DECATUR AVENUE

City
FLORENCE

State
AL

Zip Code
35630

FEC ID number of contributing
federal political committee.

C

Name of Employer

NORTH ALABAMA OB/GYN

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
10 / 15 / 2015

Transaction ID : SA11AI.26696

Amount of Each Receipt this Period

300.00

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

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

1600.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse 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. ELLEN M. JOYCE

Mailing Address P.O. BOX 363

City
MERIDENState
NHZip Code
03770FEC ID number of contributing
federal political committee.

C

Name of Employer

DARTMOUTH-HITCHCOCK MEDICAL

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		09		2015

Transaction ID : SA11AI.26757

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

B. SCOTT JULIAN

Mailing Address 5911 OAK CREEK DRIVE

City
MIDLANDState
TXZip Code
79707FEC 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 ▼

350.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		03		2015

Transaction ID : SA11AI.26546

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

C. DEBORAH D. KAMALI

Mailing Address 783 35TH AVENUE

City
SAN FRANCISCOState
CAZip Code
94121FEC ID number of contributing
federal political committee.

C

Name of Employer

USC SAN FRANCISCO

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
10		23		2015

Transaction ID : SA11AI.27083

Amount of Each Receipt this Period

500.00

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

1200.00

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

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

PAGE 29 OF 56

<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. ADI KATZ

Mailing Address 7610 34TH AVENUE

City	State	Zip Code
JACKSON HEIGHTS	NY	11372

FEC ID number of contributing
federal political committee.

C

Name of Employer
NSLI JEWISH HEALTH SYSTEMOccupation
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
10	/	23	/	2015

Transaction ID : SA11AI.27125

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. CAROLINE A. KAUFMAN

Mailing Address 1000 SAN MARCOS STREET

City	State	Zip Code
AUSTIN	TX	78702

FEC ID number of contributing
federal political committee.

C

Name of Employer
AUSTIN REGIONAL CLINICOccupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	14	/	2015

Transaction ID : SA11AI.26611

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. LEAH A. KAUFMAN

Mailing Address 8525 WOODBOX ROAD

City	State	Zip Code
MANLIUS	NY	13104

FEC ID number of contributing
federal political committee.

C

Name of Employer
SUNY UPSTATE MEDICALOccupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	08	/	2015

Transaction ID : SA11AI.26634

Amount of Each Receipt this Period

100.00

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

400.00

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

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

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

FOR LINE NUMBER:
(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. MICHAEL P. KEZMOH

Mailing Address 1525 FRESWICK DRIVE

City State Zip Code
 FOLSOM CA 95630

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 23 2015

Transaction ID : SA11AI.27085

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. LEANNE K. KOMOROWSKI

Mailing Address 1750 GEORGE BELL CIRCLE

City State Zip Code
 ANCHORAGE AK 99515

FEC ID number of contributing
federal political committee.

C

Name of Employer

SOUTH CENTRAL FOUNDATION

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 26 2015

Transaction ID : SA11AI.27335

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. NICHOLAS KULBIDA

Mailing Address 1043 LAMPLIGHTER ROAD

City State Zip Code
 NISKAYUNA NY 12309

FEC ID number of contributing
federal political committee.

C

Name of Employer

ELLIS MEDICINE

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 Y
 10 24 2015

Transaction ID : SA11AI.27162

Amount of Each Receipt this Period

500.00

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

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

790.00

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. VIRGINIA C. LESLIE

Mailing Address 2816 NORTHEAST 12TH AVENUE

City State Zip Code
 PORTLAND OR 97212

FEC ID number of contributing
federal political committee.

C

Name of Employer
 OREGON HEALTH & SCIENCE

Occupation
 PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 15 2015

Transaction ID : SA11AI.26703

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. JUDY LEVISON

Mailing Address 4607 PINE STREET

City State Zip Code
 BELLAIRE TX 77401

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 ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 15 2015

Transaction ID : SA11AI.26704

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. ROBERT P. LORENZ

Mailing Address 3226 WELLINGTON COURT

City State Zip Code
 WEST BLOOMFIELD MI 48324

FEC ID number of contributing
federal political committee.

C

Name of Employer
 BEAUMONT HEALTH

Occupation
 PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 16 2015

Transaction ID : SA11AI.26863

Amount of Each Receipt this Period

250.00

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

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

390.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse 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. JAY S. LUPIN

Mailing Address 12 CHURCH LANE SOUTH

City
SCARSDALEState Zip Code
NY 10583FEC ID number of contributing
federal political committee.

C

Name of Employer
WESTMED GROUPOccupation
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
10		25		2015

Transaction ID : SA11AI.27141

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. BERNARD LYNCH

Mailing Address 507 SABINE STREET

City
AUSTINState Zip Code
TX 78701FEC ID number of contributing
federal political committee.

C

Name of Employer
AUSTIN REGIONAL CLINICOccupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		14		2015

Transaction ID : SA11AI.26616

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. GLENN R. MARKENSON

Mailing Address 19 CHATHAM

City
LONGMEADOWState Zip Code
MA 01106FEC ID number of contributing
federal political committee.

C

Name of Employer
BAYSTATE HEALTHOccupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		09		2015

Transaction ID : SA11AI.26765

Amount of Each Receipt this Period

200.00

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

500.00

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

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

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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. ROGER W. MARSHALL

Mailing Address 4501 QUAIL CREEK

City

GREAT BEND

State

KS

Zip Code

67530

FEC ID number of contributing
federal political committee.

C

Name of Employer

HEARTLAND OB/GYN

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
10		30		2015

Transaction ID : SA11AI.27193

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. CLAYTON H. MCCracken

Mailing Address P.O. BOX 35100

City

BILLINGS

State

MT

Zip Code

59107

FEC ID number of contributing
federal political committee.

C

Name of Employer

BILLINGS CLINIC

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2540.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2015

Transaction ID : SA11AI.26711

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. AASTA MEHTA

Mailing Address 1001 TOWAMENCIN AVENUE

City

LANSDALE

State

PA

Zip Code

19446

FEC ID number of contributing
federal political committee.

C

Name of Employer

LEHIGH VALLEY PHYSICIAN GROUP

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2306.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		12		2015

Transaction ID : SA11AI.26642

Amount of Each Receipt this Period

210.00

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

1250.00

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

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

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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. M. KATHRYN MENARD

Mailing Address 1006 WOOD SAGE DRIVE

City

CHAPEL HILL

State

NC

Zip Code

27516

FEC ID number of contributing
federal political committee.

C

Name of Employer

UNIVERSITY OF NORTH CAROLINA

Occupation

PHYSICIAN

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		09		2015

Transaction ID : SA11AI.26766

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

B. KENNETH W. MERKITCH

Mailing Address W5732 HEATHERWOOD PLACE

City

LA CROSSE

State

WI

Zip Code

54601

FEC ID number of contributing
federal political committee.

C

Name of Employer

GUNDERSEN HEALTH SYSTEM

Occupation

PHYSICIAN

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2015

Transaction ID : SA11AI.27358

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. MARY ANN MILLAR

Mailing Address 5171 POINTE EAST DRIVE

City

JAMESVILLE

State

NY

Zip Code

13078

FEC ID number of contributing
federal political committee.

C

Name of Employer

UPSTATE COMMUNITY MEDICAL

Occupation

PHYSICIAN

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		23		2015

Transaction ID : SA11AI.27127

Amount of Each Receipt this Period

2500.00

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

2675.00

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

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

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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. MARY ANN MILLAR

Mailing Address 5171 POINTE EAST DRIVE

City
JAMESVILLEState Zip Code
NY 13078FEC ID number of contributing
federal political committee.

C

Name of Employer
UPSTATE COMMUNITY MEDICALOccupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2015

Transaction ID : SA11AI.27239

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. EILEAN L. MYER

Mailing Address 40 CRESTVIEW DRIVE

City
FLORENCEState Zip Code
MA 01062FEC ID number of contributing
federal political committee.

C

Name of Employer
BAYSTATE MEDICAL CENTEROccupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	08	/	2015

Transaction ID : SA11AI.26802

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

C. MARGARET C. NORDELL

Mailing Address 831 SOUTH BROADWAY

City
MINOTState Zip Code
ND 58701FEC ID number of contributing
federal political committee.

C

Name of Employer
TRINITY HEALTHOccupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2015

Transaction ID : SA11AI.26722

Amount of Each Receipt this Period

40.00

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

1115.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 36 OF 56
(check only one)

<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. GORDON J. OSTRUM

Mailing Address 1284 KING'S HIGHWAY

City	State	Zip Code
PIESGROVE	NJ	08098

FEC ID number of contributing
federal political committee.

C

Name of Employer

WOMEN FIRST

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		23		2015

Transaction ID : SA11AI.27097

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

B. GRETCHEN PARANYA

Mailing Address 212 PLEASANT HILL ROAD

City	State	Zip Code
SCARBOROUGH	ME	04074

FEC ID number of contributing
federal political committee.

C

Name of Employer

SOUTHERN MAINE HEALTHCARE

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
10		11		2015

Transaction ID : SA11AI.26790

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

C. HARTAJ K. POWELL

Mailing Address 4103 EDGEVALE COURT

City	State	Zip Code
CHEVY CHASE	MD	20815

FEC ID number of contributing
federal political committee.

C

Name of Employer

CAPITAL WOMEN'S CARE

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1325.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		23		2015

Transaction ID : SA11AI.27098

Amount of Each Receipt this Period

250.00

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

550.00

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
☐ 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. SARAH W. PRAGER

Mailing Address 1959 NORTHEAST PACIFIC STREET

City State Zip Code
 SEATTLE WA 98195

FEC ID number of contributing
federal political committee.

C

Name of Employer
 UNIVERSITY OF WASHINGTON

Occupation
 PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

415.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 15 / 2015

Transaction ID : SA11AI.26728

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. HOLLY S. PURITZ

Mailing Address 7940 NORTH SHORE ROAD

City State Zip Code
 NORFOLK VA 23505

FEC ID number of contributing
federal political committee.

C

Name of Employer
 THE GROUP FOR WOMEN

Occupation
 PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2498.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 07 / 2015

Transaction ID : SA11AI.26498

Amount of Each Receipt this Period

209.00

Full Name (Last, First, Middle Initial)

C. LAURA B. RAMSEY

Mailing Address 839 BROOKBERRY FARM CIRCLE

City State Zip Code
 WINSTON-SALEM NC 27106

FEC ID number of contributing
federal political committee.

C

Name of Employer
 NOVANT 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
 10 / 23 / 2015

Transaction ID : SA11AI.27099

Amount of Each Receipt this Period

500.00

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

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

749.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse 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. PATRICK S. RAMSEY

Mailing Address 1826 FAWN BLUFF

City

SAN ANTONIO

State

TX

Zip Code

78248

FEC ID number of contributing
federal political committee.

C

Name of Employer

UNIVERSITY OF TEXAS

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	3		2	0	1	5

Transaction ID : SA11AI.26554

Amount of Each Receipt this Period

65.00

Full Name (Last, First, Middle Initial)

B. PATRICK S. RAMSEY

Mailing Address 1826 FAWN BLUFF

City

SAN ANTONIO

State

TX

Zip Code

78248

FEC ID number of contributing
federal political committee.

C

Name of Employer

UNIVERSITY OF TEXAS

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

615.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	4		2	0	1	5

Transaction ID : SA11AI.26622

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

C. VIRGINIA A. RAUTH

Mailing Address 1309 FOREST COVE COURT

City

DICKINSON

State

TX

Zip Code

77539

FEC ID number of contributing
federal political committee.

C

Name of Employer

UT MEDICAL BRANCH

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	4		2	0	1	5

Transaction ID : SA11AI.26623

Amount of Each Receipt this Period

175.00

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

590.00

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
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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. STEVEN W. REMMENG

Mailing Address 16995 PRINCETON ROAD

City

ADAMS

State

NE

Zip Code

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 ▼

2185.00

Date of Receipt

10 / 09 / 2015

Transaction ID : SA11AI.26639

Amount of Each Receipt this Period

209.00

Full Name (Last, First, Middle Initial)

B. BRIAN J. RILEY

Mailing Address 30 SUMMIT CREST DRIVE

City

GLASTONBURY

State

CT

Zip Code

06073

FEC ID number of contributing
federal political committee.

C

Name of Employer

ST. FRANCIS HOSPITAL

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

10 / 09 / 2015

Transaction ID : SA11AI.26770

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

C. MARY L. ROSSER

Mailing Address 32 STUDIO LANE

City

BRONXVILLE

State

NY

Zip Code

10708

FEC ID number of contributing
federal political committee.

C

Name of Employer

MONTEFIORE MEDICAL CENTER

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1515.00

Date of Receipt

10 / 23 / 2015

Transaction ID : SA11AI.27131

Amount of Each Receipt this Period

500.00

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

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

1059.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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 (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. HEATHER Z. SANKEY

Mailing Address 34 LONGFELLOW DRIVE

City	State	Zip Code
WEST SPRINGFIELD	MA	01089

FEC ID number of contributing federal political committee.

C

Name of Employer

BAYSTATE MEDICAL CENTER

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	09	/	2015

Transaction ID : SA11AI.26772

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

B. MICHAEL A. SBARRA

Mailing Address 4 CONSTITUTION LANE

City	State	Zip Code
TOTOWA	NJ	07512

FEC ID number of contributing federal political committee.

C

Name of Employer

HACKENSACK UNIVERSITY MEDICAL

Occupation

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
10	/	28	/	2015

Transaction ID : SA11AI.27060

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

C. ROBERT K. SILVERMAN

Mailing Address 2 THORNWOOD LANE

City	State	Zip Code
FAYETTEVILLE	NY	13066

FEC ID number of contributing federal political committee.

C

Name of Employer

UPSTATE MEDICAL UNIVERSITY

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	23	/	2015

Transaction ID : SA11AI.27132

Amount of Each Receipt this Period

1000.00

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

1550.00

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)

PAGE 41 OF 56

☒ 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. DONNA C. SINCLAIR

Mailing Address 1046 RIDGE AVENUE SOUTHWEST

City State Zip Code
 ATLANTA GA 30315

FEC ID number of contributing
federal political committee.

C

Name of Employer
 SOUTHSIDE MEDICAL CENTER

Occupation
 PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 23 2015

Transaction ID : SA11AI.27303

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. PATRICIA A. SMITH

Mailing Address 738 FONTAINE STREET

City State Zip Code
 ALEXANDRIA VA 22302

FEC ID number of contributing
federal political committee.

C

Name of Employer
 GWU MEDICAL FACULTY ASSOCIATES

Occupation
 PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

990.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 09 2015

Transaction ID : SA11AI.26775

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. 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 ▼

2100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 09 2015

Transaction ID : SA11AI.26640

Amount of Each Receipt this Period

210.00

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

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

450.00

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

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

FOR LINE NUMBER: PAGE 42 OF 56

(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. JOANNE L. STONE

Mailing Address 19 EAST 88 STREET

City State Zip Code
NEW YORK NY 10128

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 Y
10 / 25 / 2015

Transaction ID : SA11AI.27145

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. RABIYA SULEMAN

Mailing Address 11609 TOMAHAWK CREEK PARKWAY

City State Zip Code
LEAWOOD KS 66211

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCA

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 19 / 2015

Transaction ID : SA11AI.26960

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. SCOTT A. SULLIVAN

Mailing Address 3423 COLONEL VANDERHORST CIRCLE

City State Zip Code
MT. PLEASANT SC 29466

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDICAL UNIVERSITY OF SC

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

715.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 30 / 2015

Transaction ID : SA11AI.27213

Amount of Each Receipt this Period

300.00

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

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

840.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 43 OF 56
(check only one)

<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. ERIC S. SURREY

Mailing Address 10290 RIDGE GATE CIRCLE

City	State	Zip Code
LONE TREE	CO	80124

FEC ID number of contributing
federal political committee.

C

Name of Employer

COLORADO CENTER

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		16		2015

Transaction ID : SA11AI.26870

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. JANICE TILDON-BURTON

Mailing Address 1700 TALLEY ROAD

City	State	Zip Code
WILMINGTON	DE	19803

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 ▼

2090.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		08		2015

Transaction ID : SA11AI.26635

Amount of Each Receipt this Period

209.00

Full Name (Last, First, Middle Initial)

C. JANICE TILDON-BURTON

Mailing Address 1700 TALLEY ROAD

City	State	Zip Code
WILMINGTON	DE	19803

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 ▼

2290.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		09		2015

Transaction ID : SA11AI.26777

Amount of Each Receipt this Period

200.00

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

449.00

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

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

PAGE 44 OF 56

<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. JANICE TILDON-BURTON

Mailing Address 1700 TALLEY ROAD

City

WILMINGTON

State

DE

Zip Code

19803

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

2390.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		30		2015

Transaction ID : SA11AI.27214

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. EUGENE C. TOY

Mailing Address 1115 MARTIN STREET

City

HOUSTON

State

TX

Zip Code

77018

FEC ID number of contributing
federal political committee.

C

Name of Employer

UNIVERSITY OF TEXAS HEALTH

Occupation

PHYSICIAN

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		02		2015

Transaction ID : SA11AI.26586

Amount of Each Receipt this Period

325.00

Full Name (Last, First, Middle Initial)

C. ERIN E. TRACY

Mailing Address 5 HIGH STREET

City

STONEHAM

State

MA

Zip Code

02180

FEC ID number of contributing
federal political committee.

C

Name of Employer

MASS GENERAL PHYSICIANS

Occupation

PHYSICIAN

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

835.33

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		23		2015

Transaction ID : SA11AI.27109

Amount of Each Receipt this Period

208.33

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

633.33

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 45 OF 56

(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. JENNIFER VILLAVICENCIO

Mailing Address 131 EVERGREEN STREET

City State Zip Code
PROVIDENCE RI 02906

FEC ID number of contributing
federal political committee.

C

Name of Employer
WOMEN & INFANTS HOSPITAL

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

305.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 09 / 2015

Transaction ID : SA11AI.26780

Amount of Each Receipt this Period

225.00

Full Name (Last, First, Middle Initial)

B. JENNIFER VILLAVICENCIO

Mailing Address 131 EVERGREEN STREET

City State Zip Code
PROVIDENCE RI 02906

FEC ID number of contributing
federal political committee.

C

Name of Employer
WOMEN & INFANTS HOSPITAL

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 21 / 2015

Transaction ID : SA11AI.26823

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. JUDITH K. VOLKAR

Mailing Address 309 RUSTIN WAY

City State Zip Code
WEXFORD PA 15090

FEC ID number of contributing
federal political committee.

C

Name of Employer
UNIVERSITY OF PITTSBURGH

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
10 / 08 / 2015

Transaction ID : SA11AI.26636

Amount of Each Receipt this Period

200.00

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

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

435.00

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

PAGE 46 OF 56

<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. JUDITH K. VOLKAR

Mailing Address 309 RUSTIN WAY

City

WEXFORD

State

PA

Zip Code

15090

FEC ID number of contributing
federal political committee.

C

Name of Employer

UNIVERSITY OF PITTSBURGH

Occupation

PHYSICIAN

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

Transaction ID : SA11AI.26876

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. JAMES WANG

Mailing Address 77 TANNERY ROAD

City

SOUTHWICK

State

MA

Zip Code

01072

FEC ID number of contributing
federal political committee.

C

Name of Employer

BAYSTATE HEALTH

Occupation

PHYSICIAN

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	09	/	2015

Transaction ID : SA11AI.26783

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. ELIZABETH D. WARNER

Mailing Address 19 CHATHAM WOODS

City

PITTSFORD

State

NY

Zip Code

14534

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

PHYSICIAN

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	23	/	2015

Transaction ID : SA11AI.27136

Amount of Each Receipt this Period

250.00

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

490.00

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
☐ 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. MINAKO WATABE

Mailing Address 448 COURT AVENUE

City
VENTURA

State Zip Code
CA 93003

FEC ID number of contributing
federal political committee.

C

Name of Employer
SANTA PAULA HOSPITAL CLINIC

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 25 / 2015

Transaction ID : SA11AI.27326

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. THOMAS WESTOVER

Mailing Address 91 HARROWGATE DRIVE

City
CHERRY HILL

State Zip Code
NJ 08003

FEC ID number of contributing
federal political committee.

C

Name of Employer
COOPER UNIVERSITY

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 09 / 2015

Transaction ID : SA11AI.26785

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. ROBERT M. WHEELER

Mailing Address 1233 MARIGOLD LANE

City
LONGVIEW

State Zip Code
TX 75604

FEC ID number of contributing
federal political committee.

C

Name of Employer
DIAGNOSTIC CLINIC OF LONGVIEW

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 09 / 2015

Transaction ID : SA11AI.26493

Amount of Each Receipt this Period

100.00

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

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

340.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

 FOR LINE NUMBER: PAGE 48 OF 56
 (check only one)

<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. ALLAN J. WHITE

Mailing Address 8701 MOUNTAIN TOP

 City
 SAN ANTONIO

 State
 TX

 Zip Code
 78255

 FEC ID number of contributing
 federal political committee.

C

 Name of Employer
 START CENTER CANCER CARE

 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
10	/	03	/	2015

Transaction ID : SA11AI.26564

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. EMILY M. WHITE

Mailing Address 55 FERNCREST AVENUE

 City
 CRANSTON

 State
 RI

 Zip Code
 02905

 FEC ID number of contributing
 federal political committee.

C

 Name of Employer
 PROVIDENCE COMMUNITY HEALTH

 Occupation
 PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1525.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	06	/	2015

Transaction ID : SA11AI.26506

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. ANNE M. WOODWARD

Mailing Address 10633 WYNSPIRE WAY

 City
 HIGHLANDS RANCH

 State
 CO

 Zip Code
 80130

 FEC ID number of contributing
 federal political committee.

C

 Name of Employer
 PROWERS MEDICAL GROUP

 Occupation
 PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	18	/	2015

Transaction ID : SA11AI.26929

Amount of Each Receipt this Period

40.00

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

640.00

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

640.00

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

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

FOR LINE NUMBER: PAGE 49 OF 56

(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. ELIZABETH WU

Mailing Address 2504 SAMARITAN DRIVE

City State Zip Code
 SAN JOSE CA 95124

FEC ID number of contributing
federal political committee.

C

Name of Employer
 SAN JOSE WOMEN'S MEDICAL GROUP

Occupation
 PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 15 2015

Transaction ID : SA11AI.26741

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

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 ☐ General
☐ Other (specify) ▼

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)..... ►

40.00

41667.43

<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

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

A. FIRST NATIONAL MERCHANT SOLUTIONS

Category/
Type

124.84

State: District:

B. SAGE PAYMENT SOLUTIONS

MM / DD / YYYY

Category/
Type

1122.98

State: District:

C. SQUARE, INC.

Category/
Type

75.38

State: District:

1323.20

<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

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

Category/
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

45.39

M M / D D / Y Y Y Y
10 04 2015

Category/
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

12.38

Three 7-segment displays are shown, each with a different number of segments lit. The first display shows '10', the second shows '08', and the third shows '2015'. The displays are arranged horizontally and separated by slashes.

Category/
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

41.95

99.72

**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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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 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. SQUARE, INC.

Date of Disbursement

M	M		D	D		Y	Y	Y	Y	Y	Y
1	0		0	9		2	0	1	5		

Mailing Address 901 MISSION STREET

City	State	Zip Code
SAN FRANCISCO	CA	94103

Transaction ID : SB21B.26807Purpose of Disbursement
CREDIT CARD TRANSACTION FEES

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

183.19

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. SQUARE, INC.

Date of Disbursement

M	M		D	D		Y	Y	Y	Y	Y	Y
1	0		1	0		2	0	1	5		

Mailing Address 901 MISSION STREET

City	State	Zip Code
SAN FRANCISCO	CA	94103

Transaction ID : SB21B.26808Purpose of Disbursement
CREDIT CARD TRANSACTION FEES

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

11.69

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. SQUARE, INC.

Date of Disbursement

M	M		D	D		Y	Y	Y	Y	Y	Y
1	0		1	1		2	0	1	5		

Mailing Address 901 MISSION STREET

City	State	Zip Code
SAN FRANCISCO	CA	94103

Transaction ID : SB21B.26809Purpose of Disbursement
CREDIT CARD TRANSACTION FEES

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

6.20

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)..... ►

201.08

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

**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. DUTCH RUPPERSBERGER FOR CONGRESS

Mailing Address P.O. BOX 231

City	State	Zip Code
LUTHERVILLE	MD	21094

Purpose of Disbursement
CONTRIBUTION

Candidate Name

C.A. DUTCH RUPPERSBERGEROffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: MD District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		13		2015

Transaction ID : SB23.26529

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. FRIENDS OF PAT TOOMEY

Mailing Address 228 SOUTH WASHINGTON STREET

City	State	Zip Code
ALEXANDRIA	VA	22314

Purpose of Disbursement
CONTRIBUTION

Candidate Name

PATRICK J. TOOMEYOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		13		2015

Transaction ID : SB23.26532

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. GRAHAM FOR CONGRESS

Mailing Address P.O. BOX 310

City	State	Zip Code
TALLAHASSEE	FL	32302

Purpose of Disbursement
CONTRIBUTION

Candidate Name

GWEN GRAHAMOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		13		2015

Transaction ID : SB23.26527

Amount of Each Disbursement this Period

1500.00

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

4000.00

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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. GRAHAM FOR CONGRESS

Mailing Address P.O. BOX 310

City
TALLAHASSEEState
FLZip Code
32302Purpose of Disbursement
CONTRIBUTION

Candidate Name

GWEN GRAHAMOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☐ Primary ☒ General
☐ Other (specify) ▼

State: FL District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		13		2015

Transaction ID : SB23.26528

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

Mailing Address 320 1ST STREET, SE

City
WASHINGTONState
DCZip Code
20003Purpose of Disbursement
CONTRIBUTION - BUILDING FUND

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2015

Transaction ID : SB23.26593

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. PROGRESSIVE CHOICES PAC

Mailing Address P.O. BOX 58

City
EVANSTONState
ILZip Code
60204Purpose of Disbursement
CONTRIBUTION

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		13		2015

Transaction ID : SB23.26535

Amount of Each Disbursement this Period

2500.00

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

8500.00

12500.00

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A=N5HCB
.

Form/Schedule: SB23

Transaction ID : SB23.26593

BUILDING FUND

Form/Schedule:

Transaction ID: