

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 WASHINGTON DC 20024

2. FEC IDENTIFICATION NUMBER C C00364158 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) January 31 Year-End Report (YE) July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report (TER) (b) Monthly Report Due On: Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only) Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) (c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) Convention (12C) Special (12S) Election on M M / 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 / D D / Y Y Y Y Y Y in the State of

5. Covering Period 11 / 25 / 2014 through 12 / 31 / 2014

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

Type or Print Name of Treasurer STACIE MONROE

Signature of Treasurer STACIE MONROE [Electronically Filed] Date 01 / 13 / 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.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

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

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>	<input type="text" value="300966.48"/>	<input type="text" value="300966.48"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="140372.49"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="31302.01"/>	<input type="text" value="659969.70"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="171674.50"/>	<input type="text" value="960936.18"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="580.87"/>	<input type="text" value="789842.55"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="171093.63"/>	<input type="text" value="171093.63"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="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

Write or Type Committee Name

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

Report Covering the Period: From: / / To: / /

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).....	12730.00	457462.39
(ii) Unitemized	18572.01	196319.85
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	31302.01	653782.24
(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)	31302.01	653782.24
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	5687.46
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	500.00
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))..... ▶	31302.01	659969.70
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	31302.01	659969.70

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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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	580.87	15401.61
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	580.87	15401.61
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	481000.00
24. Independent Expenditures (use Schedule E)	0.00	264920.94
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	1870.00
(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	1870.00
29. Other Disbursements	0.00	26650.00
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)) ..	580.87	789842.55
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	580.87	789842.55

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)	31302.01	653782.24
34. Total Contribution Refunds (from Line 28(d))	0.00	1870.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	31302.01	651912.24
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	580.87	15401.61
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	5687.46
38. Net Operating Expenditures (subtract Line 37 from Line 36)	580.87	9714.15

**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 6 OF 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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)

A. THOMAS L. ALDERSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 3664 EDINBOROUGH DRIVE
 City ROCHESTER HILLS State MI Zip Code 48306
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MCLAREN WOMEN'S HEALTH Occupation 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
 12 / 24 / 2014
Transaction ID : SA11AI.20015
 Amount of Each Receipt this Period
 100.00

B. TED L. ANDERSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 516 LEANNE WAY
 City FRANKLIN State TN Zip Code 37069
 FEC ID number of contributing federal political committee. **C**
 Name of Employer VANDERBILT UNIVERSITY 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
 12 / 09 / 2014
Transaction ID : SA11AI.19880
 Amount of Each Receipt this Period
 1000.00

C. RAUL ARTAL
 Full Name (Last, First, Middle Initial)
 Mailing Address 8 SUSSEX DRIVE
 City BRENTWOOD State MO Zip Code 63144
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ST. LOUIS UNIVERSITY Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 08 / 2014
Transaction ID : SA11AI.19756
 Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2100.00
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 7 OF 31
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. TAMIKA C. AUGUSTE
 Full Name (Last, First, Middle Initial)
 Mailing Address 110 IRVING STREET, NW
 City WASHINGTON State DC Zip Code 20010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MEDSTAR HEALTH Occupation PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **800.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 19 / 2014
Transaction ID : SA11AI.20003
 Amount of Each Receipt this Period
200.00

B. MAY H. BLANCHARD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1316 BELT STREET
 City BALTIMORE State MD Zip Code 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 **575.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 06 / 2014
Transaction ID : SA11AI.19874
 Amount of Each Receipt this Period
25.00

C. LEONARD A. BRABSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 939 EAST EMERALD AVENUE
 City KNOXVILLE State TN Zip Code 37917
 FEC ID number of contributing federal political committee. **C**
 Name of Employer TENNOVA HEALTHCARE Occupation PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 12 / 2014
Transaction ID : SA11AI.19990
 Amount of Each Receipt this Period
625.00

SUBTOTAL of Receipts This Page (optional).....▶	850.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 31
<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. KEITH R. BRILL		Date of Receipt M M / D D / Y Y Y Y 12 / 16 / 2014 Transaction ID : SA11AI.20000
Mailing Address 5502 SOUTH FORT APACHE ROAD		Amount of Each Receipt this Period 65.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 780.00	

Full Name (Last, First, Middle Initial) B. CYNTHIA A. BRINCAT		Date of Receipt M M / D D / Y Y Y Y 12 / 03 / 2014 Transaction ID : SA11AI.19773
Mailing Address 308 NORTH KENILWORTH		Amount of Each Receipt this Period 400.00
City OAK PARK	State IL	Zip Code 60302
FEC ID number of contributing federal political committee. C		
Name of Employer LOYOLA UNIVERSITY	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2690.00	

Full Name (Last, First, Middle Initial) C. CYNTHIA A. BRINCAT		Date of Receipt M M / D D / Y Y Y Y 12 / 24 / 2014 Transaction ID : SA11AI.20261
Mailing Address 308 NORTH KENILWORTH		Amount of Each Receipt this Period 40.00
City OAK PARK	State IL	Zip Code 60302
FEC ID number of contributing federal political committee. C		
Name of Employer LOYOLA UNIVERSITY	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2730.00	

SUBTOTAL of Receipts This Page (optional).....▶	505.00
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 9 OF 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. ERIN C. BROUSSEAU		Date of Receipt
Mailing Address 85 STRATHMORE ROAD		<input type="text" value="11"/> / <input type="text" value="26"/> / <input type="text" value="2014"/>
City	State	Zip Code
CRANSTON	RI	02905
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.19682
Name of Employer	Occupation	Amount of Each Receipt this Period
WOMEN & INFANTS HOSPITAL	PHYSICIAN	<input type="text" value="40.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="880.00"/>	

Full Name (Last, First, Middle Initial) B. ANNA BURGANSKY		Date of Receipt
Mailing Address 82 ALPINE DRIVE		<input type="text" value="12"/> / <input type="text" value="24"/> / <input type="text" value="2014"/>
City	State	Zip Code
CLOSTER	NJ	07624
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.20262
Name of Employer	Occupation	Amount of Each Receipt this Period
COLUMBIA UNIVERSITY	PHYSICIAN	<input type="text" value="40.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="240.00"/>	

Full Name (Last, First, Middle Initial) C. YING CHAN		Date of Receipt
Mailing Address 350 ENGLE STREET		<input type="text" value="11"/> / <input type="text" value="25"/> / <input type="text" value="2014"/>
City	State	Zip Code
ENGLEWOOD	NJ	07631
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.19662
Name of Employer	Occupation	Amount of Each Receipt this Period
ENGLEWOOD HOSPITAL	PHYSICIAN	<input type="text" value="40.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="790.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="120.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**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 10 OF 31
	<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		Date of Receipt M M / D D / Y Y Y Y Y 12 / 22 / 2014 Transaction ID : SA11AI.20014
Mailing Address 1168 BARBARA DRIVE		Amount of Each Receipt this Period 220.00
City CHERRYHILL	State NJ	Zip Code 08003
FEC ID number of contributing federal political committee. C	Name of Employer ST. NICHOLAS OB/GYN ASSOCIATES	
Occupation PHYSICIAN		Aggregate Year-to-Date ▼ 660.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. ALBERT C. CHEN		Date of Receipt M M / D D / Y Y Y Y Y 11 / 30 / 2014 Transaction ID : SA11AI.19740
Mailing Address P.O. BOX 14534		Amount of Each Receipt this Period 40.00
City TORRANCE	State CA	Zip Code 90503
FEC ID number of contributing federal political committee. C	Name of Employer SELF-EMPLOYED	
Occupation PHYSICIAN		Aggregate Year-to-Date ▼ 340.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. JEANNE A. CONRY		Date of Receipt M M / D D / Y Y Y Y Y 12 / 03 / 2014 Transaction ID : SA11AI.19774
Mailing Address 8204 CANTERSHIRE WAY		Amount of Each Receipt this Period 100.00
City GRANITE BAY	State CA	Zip Code 95746
FEC ID number of contributing federal political committee. C	Name of Employer PERMANENTE MEDICAL GROUP	
Occupation PHYSICIAN		Aggregate Year-to-Date ▼ 4335.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	360.00
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 11 OF 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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)

A. LIBBY D. CROCKETT
 Full Name (Last, First, Middle Initial)
 Mailing Address 5650 BURDETTE STREET
 City OMAHA State NE Zip Code 68104
 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 ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 14 / 2014
Transaction ID : SA11AI.19998
 Amount of Each Receipt this Period
 50.00

B. HOLLY CUMMINGS
 Full Name (Last, First, Middle Initial)
 Mailing Address 603 MONTROSE STREET
 City PHILADELPHIA State PA Zip Code 19147
 FEC ID number of contributing federal political committee. **C**
 Name of Employer PENNSYLVANIA HOSPITAL 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
 12 / 02 / 2014
Transaction ID : SA11AI.19769
 Amount of Each Receipt this Period
 25.00

C. STELLA DANTAS
 Full Name (Last, First, Middle Initial)
 Mailing Address 6906 SOUTHWEST WINDEMERE LOOP
 City PORTLAND State OR Zip Code 97225
 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 ▼ 1085.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2014
Transaction ID : SA11AI.20333
 Amount of Each Receipt this Period
 40.00

SUBTOTAL of Receipts This Page (optional).....▶	115.00
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 12 OF 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<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. THOMAS S. DARDARIAN			Date of Receipt
Mailing Address 108 CETON COURT			<input type="text" value="12"/> / <input type="text" value="16"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : SA11AI.20001
BROOMAIL	PA	19008	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="125.00"/>
Name of Employer	Occupation		
MAIN LINE WOMEN'S HEALTH CARE	PHYSICIAN		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1500.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. LAURA A. DEAN			Date of Receipt
Mailing Address 921 GREELEY STREET SOUTH			<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : SA11AI.20406
STILLWATER	MN	55082	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="40.00"/>
Name of Employer	Occupation		
STILLWATER MEDICAL GROUP	PHYSICIAN		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="455.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. ROBERT H. DEBBS			Date of Receipt
Mailing Address 2 SASSAFRAS COURT			<input type="text" value="12"/> / <input type="text" value="11"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : SA11AI.19988
VOORHEES	NJ	08043	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="209.00"/>
Name of Employer	Occupation		
UNIVERSITY OF PENNSYLVANIA	PHYSICIAN		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="2390.00"/>		
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="374.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**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 13 OF 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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)

A. NATHANIEL DENICOLA
 Full Name (Last, First, Middle Initial)
 Mailing Address 2121 PINE STREET
 City PHILADELPHIA State PA Zip Code 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 ▼ 2090.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2014
Transaction ID : SA11AI.19767
 Amount of Each Receipt this Period
 209.00

B. JONATHAN A. DUNN
 Full Name (Last, First, Middle Initial)
 Mailing Address 1707 FROUDE STREET
 City SAN DIEGO State CA Zip Code 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 ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 26 / 2014
Transaction ID : SA11AI.19683
 Amount of Each Receipt this Period
 40.00

C. GIL M. FARKASH
 Full Name (Last, First, Middle Initial)
 Mailing Address 43 NOTTINGHAM TERRACE
 City BUFFALO State NY Zip Code 14216
 FEC ID number of contributing federal political committee. **C**
 Name of Employer KALEIDA HEALTH Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1169.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 11 / 2014
Transaction ID : SA11AI.19989
 Amount of Each Receipt this Period
 167.00

SUBTOTAL of Receipts This Page (optional).....▶	416.00
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 14 OF 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<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. MAUREEN E. FARRELL		Date of Receipt M M / D D / Y Y Y Y 12 / 19 / 2014 Transaction ID : SA11AI.20004
Mailing Address 4344 SANTA MONICA AVENUE		Amount of Each Receipt this Period 25.00
City SAN DIEGO	State CA	Zip Code 92107
FEC ID number of contributing federal political committee. C		
Name of Employer U.S. NAVY	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. DOUGLAS K. FENTON		Date of Receipt M M / D D / Y Y Y Y 12 / 12 / 2014 Transaction ID : SA11AI.19992
Mailing Address 2921 MANAGUA PLACE		Amount of Each Receipt this Period 209.00
City CARLSBAD	State CA	Zip Code 92009
FEC ID number of contributing federal political committee. C		
Name of Employer SCRIPPS COASTAL MEDICAL GROUP	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2508.00	

Full Name (Last, First, Middle Initial) C. BERRY A. FLEMING		Date of Receipt M M / D D / Y Y Y Y 12 / 17 / 2014 Transaction ID : SA11AI.20123
Mailing Address 3108 MIDWAY ROAD		Amount of Each Receipt this Period 40.00
City PLANO	State TX	Zip Code 75093
FEC ID number of contributing federal political committee. C		
Name of Employer PERSONALIZED WOMEN'S HEALTH	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	

SUBTOTAL of Receipts This Page (optional).....▶	274.00
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 15 OF 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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)

A. ROBERT F. FLORA
 Full Name (Last, First, Middle Initial)
 Mailing Address 22668 BECKENHAM COURT
 City State Zip Code
 NOVI MI 48374
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 ST. JOHN PROVIDENCE HEALTH PHYSICIAN
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1040.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 10 / 2014
Transaction ID : SA11AI.19886
 Amount of Each Receipt this Period
 250.00

B. DAVID A. FORSTEIN
 Full Name (Last, First, Middle Initial)
 Mailing Address 890 WEST FARIS ROAD
 City State Zip Code
 GREENVILLE SC 29605
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 GREENVILLE HEALTH SYSTEM PHYSICIAN
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 940.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2014
Transaction ID : SA11AI.20008
 Amount of Each Receipt this Period
 100.00

C. AARON E. GOLDBERG
 Full Name (Last, First, Middle Initial)
 Mailing Address 1612 MONUMENT AVENUE
 City State Zip Code
 RICHMOND VA 23220
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 COMMONWEALTH UNIVERSITY 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
 12 / 08 / 2014
Transaction ID : SA11AI.19758
 Amount of Each Receipt this Period
 150.00

SUBTOTAL of Receipts This Page (optional).....▶	500.00
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 16 OF 31
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. NEIL A. HAMILL
 Full Name (Last, First, Middle Initial)
 Mailing Address 3882 SOUTH 177TH AVENUE
 City OMAHA State NE Zip Code 68130
 FEC ID number of contributing federal political committee. **C**
 Name of Employer METHODIST HOSPITAL 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
 12 / 09 / 2014
Transaction ID : SA11AI.19881
 Amount of Each Receipt this Period
100.00

B. SCOTT R. HARRIAGE
 Full Name (Last, First, Middle Initial)
 Mailing Address 700 LILLY ROAD NORTHEAST
 City OLYMPIA State WA Zip Code 98506
 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 **240.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 08 / 2014
Transaction ID : SA11AI.19945
 Amount of Each Receipt this Period
100.00

C. AMY S. HAYES
 Full Name (Last, First, Middle Initial)
 Mailing Address 1200 NORTH MOUNTAIN STREET
 City CARSON CITY State NV Zip Code 89703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CARSON MEDICAL GROUP Occupation PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **440.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 30 / 2014
Transaction ID : SA11AI.20371
 Amount of Each Receipt this Period
40.00

SUBTOTAL of Receipts This Page (optional).....	240.00
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 17 OF 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<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		Date of Receipt
Mailing Address 1709 CLEAVER LANE		<input type="text" value="12"/> / <input type="text" value="10"/> / <input type="text" value="2014"/>
City	State	Zip Code
WILMINGTON	DE	19803
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.19887
Name of Employer	Occupation	Amount of Each Receipt this Period
ST. FRANCIS HOSPITAL	PHYSICIAN	<input type="text" value="625.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="2540.00"/>	

Full Name (Last, First, Middle Initial) B. THOMAS W. HEPFER		Date of Receipt
Mailing Address 2810 LILLINGTON DRIVE		<input type="text" value="12"/> / <input type="text" value="20"/> / <input type="text" value="2014"/>
City	State	Zip Code
SUMTER	SC	29150
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.20006
Name of Employer	Occupation	Amount of Each Receipt this Period
TUOMEY HEALTHCARE	PHYSICIAN	<input type="text" value="50.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1100.00"/>	

Full Name (Last, First, Middle Initial) C. JENNIFER G. KAISER-BLASE		Date of Receipt
Mailing Address 27 OXFORD BOULEVARD		<input type="text" value="12"/> / <input type="text" value="28"/> / <input type="text" value="2014"/>
City	State	Zip Code
PLEASANT RIDGE	MI	48069
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.20325
Name of Employer	Occupation	Amount of Each Receipt this Period
WOMEN FIRST OB/GYN CENTER	PHYSICIAN	<input type="text" value="40.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="540.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="715.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**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 18 OF 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. AMANDA KALLEN			Date of Receipt M M / D D / Y Y Y Y 12 / 10 / 2014 Transaction ID : SA11AI.19888
Mailing Address P.O. BOX 268			Amount of Each Receipt this Period 20.00
City MIDDLE HADDAM	State CT	Zip Code 06456	
FEC ID number of contributing federal political committee. C			
Name of Employer YALE UNIVERSITY	Occupation PHYSICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00		

Full Name (Last, First, Middle Initial) B. CAROLINE A. KAUFMAN			Date of Receipt M M / D D / Y Y Y Y 12 / 13 / 2014 Transaction ID : SA11AI.19995
Mailing Address 1000 SAN MARCOS			Amount of Each Receipt this Period 50.00
City AUSTIN	State TX	Zip Code 78702	
FEC ID number of contributing federal political committee. C			
Name of Employer AUSTIN REGIONAL CLINIC	Occupation PHYSICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00		

Full Name (Last, First, Middle Initial) C. KRIS E. KENNEDY			Date of Receipt M M / D D / Y Y Y Y 12 / 07 / 2014 Transaction ID : SA11AI.19932
Mailing Address 1812 UPPER JAMES COURT			Amount of Each Receipt this Period 40.00
City VIRGINIA BEACH	State VA	Zip Code 23454	
FEC ID number of contributing federal political committee. C			
Name of Employer RETIRED	Occupation PHYSICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 580.00		

SUBTOTAL of Receipts This Page (optional).....▶	110.00
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 19 OF 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. J. JOSHUA KOPELMAN		Date of Receipt M M / D D / Y Y Y Y 12 / 18 / 2014
Mailing Address 7600 LANDMARK WAY		Transaction ID : SA11AI.20002
City GREENWOOD VILLAGE	State CO	Zip Code 80111
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 75.00
Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. HAL C. LAWRENCE		Date of Receipt M M / D D / Y Y Y Y 12 / 12 / 2014
Mailing Address 2700 VIRGINIA AVENUE, NW		Transaction ID : SA11AI.19869
City WASHINGTON	State DC	Zip Code 20037
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1500.00
Name of Employer AMERICAN CONGRESS OF OB/GYNS	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) C. ELIZABETH G. LIVINGSTON		Date of Receipt M M / D D / Y Y Y Y 12 / 21 / 2014
Mailing Address 3908 WESTCHESTER ROAD		Transaction ID : SA11AI.20010
City DURHAM	State NC	Zip Code 27707
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer DUKE UNIVERSITY	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 235.00	

SUBTOTAL of Receipts This Page (optional).....▶	1585.00
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 20 OF 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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)

A. JEANNINE M. MCMAHON
 Full Name (Last, First, Middle Initial)
 Mailing Address 11436 LAKEWOOD STREET
 City State Zip Code
 CROWN POINT IN 46207
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CROWN POINT OB/GYN PHYSICIAN
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1125.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2014
Transaction ID : SA11AI.20011
 Amount of Each Receipt this Period
 125.00

B. AASTA MEHTA
 Full Name (Last, First, Middle Initial)
 Mailing Address 201 NORTH 8TH STREET
 City State Zip Code
 PHILADELPHIA PA 19106
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 DREXEL UNIVERSITY PHYSICIAN
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2280.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 10 / 2014
Transaction ID : SA11AI.19890
 Amount of Each Receipt this Period
 209.00

C. FONDA A. MITCHELL
 Full Name (Last, First, Middle Initial)
 Mailing Address 4280 KINGSTON GATE COVE
 City State Zip Code
 ATLANTA GA 30341
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 KAISER PERMANENTE PHYSICIAN
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 340.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 24 / 2014
Transaction ID : SA11AI.20275
 Amount of Each Receipt this Period
 40.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 374.00
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 21 OF 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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)

A. OWEN C. MONTGOMERY
 Full Name (Last, First, Middle Initial)
 Mailing Address 450 CHAPEL HEIGHTS ROAD
 City SEWELL State NJ Zip Code 08080
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DREXEL UNIVERSITY Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2833.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 06 / 2014
Transaction ID : SA11AI.19875
 Amount of Each Receipt this Period
 209.00

B. ALETHIA E. MORGAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 3075 SOUTH BIRCH STREET
 City DENVER State CO Zip Code 80222
 FEC ID number of contributing federal political committee. **C**
 Name of Employer COPIC Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 13 / 2014
Transaction ID : SA11AI.19996
 Amount of Each Receipt this Period
 625.00

C. LUKE A. NEWTON
 Full Name (Last, First, Middle Initial)
 Mailing Address 314 TRAFALGAR
 City SAN ANTONIO State TX Zip Code 78216
 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 ▼ 815.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 25 / 2014
Transaction ID : SA11AI.19659
 Amount of Each Receipt this Period
 25.00

SUBTOTAL of Receipts This Page (optional).....▶	859.00
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 22 OF 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. MICHAEL L. NIX
Full Name (Last, First, Middle Initial)

Mailing Address 820 TERRACE MOUNTAIN DRIVE

City AUSTIN State TX Zip Code 78746

FEC ID number of contributing federal political committee. **C**

Name of Employer SETON HEALTHCARE 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
 11 / 25 / 2014
Transaction ID : SA11AI.19672

Amount of Each Receipt this Period
 40.00

B. MARIO M. PADILLA
Full Name (Last, First, Middle Initial)

Mailing Address 1300 MURCHISON DRIVE

City EL PASO State TX Zip Code 79902

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
 12 / 29 / 2014
Transaction ID : SA11AI.20352

Amount of Each Receipt this Period
 40.00

C. AMIT I. PATEL
Full Name (Last, First, Middle Initial)

Mailing Address 3822 BOWSER AVENUE

City DALLAS State TX Zip Code 75219

FEC ID number of contributing federal political committee. **C**

Name of Employer MODERN GYNECOLOGY 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
 12 / 03 / 2014
Transaction ID : SA11AI.19779

Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 180.00

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 23 OF 31
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. JAMES J. PEREZ
 Full Name (Last, First, Middle Initial)
 Mailing Address 193 LAKE BLUFF DRIVE
 City COLUMBUS State OH Zip Code 43235
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OHIO HEALTH Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1130.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2014
Transaction ID : SA11AI.20013
 Amount of Each Receipt this Period
 120.00

B. SUJATHA PRABHAKARAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 736 CENTRAL AVENUE
 City SARASOTA State FL Zip Code 34236
 FEC ID number of contributing federal political committee. **C**
 Name of Employer PLANNED PARENTHOOD Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2014
Transaction ID : SA11AI.20353
 Amount of Each Receipt this Period
 40.00

C. HOLLY S. PURITZ
 Full Name (Last, First, Middle Initial)
 Mailing Address 7940 NORTH SHORE ROAD
 City NORFOLK State VA Zip Code 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 ▼ 2755.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2014
Transaction ID : SA11AI.19882
 Amount of Each Receipt this Period
 245.00

SUBTOTAL of Receipts This Page (optional).....▶	405.00
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 24 OF 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. DALE P. REISNER		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 31 / 2014 Transaction ID : SA11AI.20448
Mailing Address 2007 FEDERAL AVENUE EAST		Amount of Each Receipt this Period 40.00
City SEATTLE	State WA	Zip Code 98102
FEC ID number of contributing federal political committee. C		
Name of Employer OBSTETRIX MEDICAL GROUP	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	

Full Name (Last, First, Middle Initial) B. STEVEN W. REMMENGA		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 04 / 2014 Transaction ID : SA11AI.19872
Mailing Address 16995 PRINCETON ROAD		Amount of Each Receipt this Period 209.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2316.00	

Full Name (Last, First, Middle Initial) C. JEFFREY E. RODZAK		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 31 / 2014 Transaction ID : SA11AI.20455
Mailing Address 3111 GUNDERSEN DRIVE		Amount of Each Receipt this Period 40.00
City ONALASKA	State WI	Zip Code 54650
FEC ID number of contributing federal political committee. C		
Name of Employer GUNDERSEN HEALTH SYSTEM	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2040.00	

SUBTOTAL of Receipts This Page (optional).....▶	289.00
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 25 OF 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. WILLIAM K. SEIFERT		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 30 / 2014 Transaction ID : SA11AI.20393
Mailing Address 2790 CLAY EDWARDS DRIVE		Amount of Each Receipt this Period 40.00
City NORTH KANSAS CITY	State MO	Zip Code 64116
FEC ID number of contributing federal political committee. C		
Name of Employer MERITAS HEALTH	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) B. SLOAN S. SHAH		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 08 / 2014 Transaction ID : SA11AI.19764
Mailing Address 16816 ORCHARD RIDGE COURT		Amount of Each Receipt this Period 300.00
City GRANGER	State IN	Zip Code 46530
FEC ID number of contributing federal political committee. C		
Name of Employer ALLIED PHYSICIANS OF MICHIANA	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. FRANK SILVERMAN		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 03 / 2014 Transaction ID : SA11AI.19862
Mailing Address 530 1ST AVENUE		Amount of Each Receipt this Period 40.00
City NEW YORK	State NY	Zip Code 10016
FEC ID number of contributing federal political committee. C		
Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

SUBTOTAL of Receipts This Page (optional).....▶	380.00
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 26 OF 31
	<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. LAURA L. SIROTT		Date of Receipt M M / D D / Y Y Y Y Y 11 / 29 / 2014 Transaction ID : SA11AI.19734
Mailing Address 10 CONGRESS STREET		Amount of Each Receipt this Period 40.00
City PASADENA State CA Zip Code 91105	FEC ID number of contributing federal political committee. C	
Name of Employer SELF-EMPLOYED Occupation PHYSICIAN	Aggregate Year-to-Date ▼ 2015.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. LAURA L. SIROTT		Date of Receipt M M / D D / Y Y Y Y Y 12 / 10 / 2014 Transaction ID : SA11AI.19892
Mailing Address 10 CONGRESS STREET		Amount of Each Receipt this Period 625.00
City PASADENA State CA Zip Code 91105	FEC ID number of contributing federal political committee. C	
Name of Employer SELF-EMPLOYED Occupation PHYSICIAN	Aggregate Year-to-Date ▼ 2640.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. PATRICIA A. SMITH		Date of Receipt M M / D D / Y Y Y Y Y 12 / 09 / 2014 Transaction ID : SA11AI.19883
Mailing Address 738 FONTAINE STREET		Amount of Each Receipt this Period 250.00
City ALEXANDRIA State VA Zip Code 22302	FEC ID number of contributing federal political committee. C	
Name of Employer GWU MEDICAL FACULTY ASSOCIATES Occupation PHYSICIAN	Aggregate Year-to-Date ▼ 750.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	915.00
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 27 OF 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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)

A. STEPHEN J. SMITH
Full Name (Last, First, Middle Initial)

Mailing Address LEVY MEDICAL PLAZA

City ABINGTON State PA Zip Code 19001

FEC ID number of contributing federal political committee. **C**

Name of Employer ABINGTON PERINATAL ASSOCIATES Occupation PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt **12 / 22 / 2014**

Transaction ID : SA11AI.20230

Amount of Each Receipt this Period **250.00**

B. WILLIAM M. STEVENS
Full Name (Last, First, Middle Initial)

Mailing Address 1023 MEDICAL CENTER PARKWAY

City SELMA State AL Zip Code 36701

FEC ID number of contributing federal political committee. **C**

Name of Employer ADOLESCENT & ADULT HEALTHCARE Occupation PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt **12 / 21 / 2014**

Transaction ID : SA11AI.20166

Amount of Each Receipt this Period **150.00**

C. KATHRYN E. STEWART
Full Name (Last, First, Middle Initial)

Mailing Address 2506 LINK ROAD

City LYNCHBURG State VA Zip Code 24503

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **315.00**

Date of Receipt **12 / 10 / 2014**

Transaction ID : SA11AI.19893

Amount of Each Receipt this Period **45.00**

SUBTOTAL of Receipts This Page (optional)..... **445.00**

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 28 OF 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. ANGELA R. STOEHR		Date of Receipt
Mailing Address 5090 TRIPLE CROWN DRIVE		<input type="text" value="12"/> / <input type="text" value="14"/> / <input type="text" value="2014"/>
City	State	Zip Code
MARIAON	IA	52302
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.19999
Name of Employer	Occupation	Amount of Each Receipt this Period
EASTERN IOWA HEALTH CENTER	PHYSICIAN	<input type="text" value="10.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="340.00"/>	

Full Name (Last, First, Middle Initial) B. DANA G. STONE		Date of Receipt
Mailing Address 1730 HUNTINGTON AVENUE		<input type="text" value="12"/> / <input type="text" value="09"/> / <input type="text" value="2014"/>
City	State	Zip Code
OKLAHOMA CITY	OK	73116
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.19884
Name of Employer	Occupation	Amount of Each Receipt this Period
SELF-EMPLOYED	PHYSICIAN	<input type="text" value="210.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="2827.00"/>	

Full Name (Last, First, Middle Initial) C. JANICE TILDON-BURTON		Date of Receipt
Mailing Address 1700 TALLEY ROAD		<input type="text" value="12"/> / <input type="text" value="05"/> / <input type="text" value="2014"/>
City	State	Zip Code
WILMINGTON	DE	19803
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.19878
Name of Employer	Occupation	Amount of Each Receipt this Period
SELF-EMPLOYED	PHYSICIAN	<input type="text" value="209.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="2147.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="429.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 29 OF 31
(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)

A. CONNIE G. WHITE
 Full Name (Last, First, Middle Initial)
 Mailing Address 203 WILKINSON STREET
 City FRANKFORT State KY Zip Code 40601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DEPARTMENT OF PUBLIC HEALTH 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 Y Y
 12 / 21 / 2014
Transaction ID : SA11AI.20167
 Amount of Each Receipt this Period
 40.00

B. WILLIAM F. WHITE
 Full Name (Last, First, Middle Initial)
 Mailing Address 13 PEMBROKE LANE
 City LAGUNA NIGUEL State CA Zip Code 92677
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MAMMOTH HOSPITAL 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
 11 / 28 / 2014
Transaction ID : SA11AI.19720
 Amount of Each Receipt this Period
 40.00

C. PAULA WHITE-PROCK
 Full Name (Last, First, Middle Initial)
 Mailing Address 7257 COMMONWEALTH AVENUE
 City BURR RIDGE State IL Zip Code 60527
 FEC ID number of contributing federal political committee. **C**
 Name of Employer LOYOLA UNIVERSITY 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
 12 / 07 / 2014
Transaction ID : SA11AI.19938
 Amount of Each Receipt this Period
 40.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 120.00
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 30 OF 31
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

Full Name (Last, First, Middle Initial) A. ROBERT YELVERTON		Date of Receipt M M / D D / Y Y Y Y 12 / 10 / 2014 Transaction ID : SA11AI.19894
Mailing Address 2526 WEST JETTON AVENUE		Amount of Each Receipt this Period 70.00
City TAMPA	State FL	Zip Code 33629
FEC ID number of contributing federal political committee. C		
Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	

Full Name (Last, First, Middle Initial) B.		Date of Receipt M M / D D / Y Y Y Y
Mailing Address		Amount of Each Receipt this Period
City	State	Zip Code
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) C.		Date of Receipt M M / D D / Y Y Y Y
Mailing Address		Amount of Each Receipt this Period
City	State	Zip Code
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional).....▶	70.00
TOTAL This Period (last page this line number only).....▶	12730.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. AMERICAN EXPRESS

Mailing Address P.O. BOX 53852

City PHOENIX State AZ Zip Code 85072

Purpose of Disbursement
CREDIT CARD TRANSACTION FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
12 / 02 / 2014

Transaction ID : SB21B.19782

Amount of Each Disbursement this Period

7.95

Full Name (Last, First, Middle Initial)

B. AMERICAN EXPRESS

Mailing Address P.O. BOX 53852

City PHOENIX State AZ Zip Code 85072

Purpose of Disbursement
CREDIT CARD TRANSACTION FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
12 / 05 / 2014

Transaction ID : SB21B.19783

Amount of Each Disbursement this Period

163.91

Full Name (Last, First, Middle Initial)

C. FIRST NATIONAL MERCHANT SOLUTIONS

Mailing Address 1620 DODGE STREET

City OMAHA State NE Zip Code 68197

Purpose of Disbursement
CREDIT CARD TRANSACTION FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
12 / 03 / 2014

Transaction ID : SB21B.19781

Amount of Each Disbursement this Period

409.01

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

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

580.87

580.87