Image# 15950604789 PAGE 1 / 19

FEC FORM 3Y

REPORT OF RECEIPTS AND DISBURSEMENTS

FORIWI SX F	or Other	Than An Autl	norized Comr	nittee		Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR F	PRINT ▼	Example: If over the line		12FE4M	5
THE AMERICAN CON	GRESS	OF OB-GYN	IS PAC (OB	-GYN PAC)		
ADDRESS (number and street)	409 12TF	I STREET, SW				
Check if different						
than previously reported. (ACC)	WASHIN	GTON			DC	20024
2. FEC IDENTIFICATION NU	MBER ▼	CIT	Y A		STATE A	ZIP CODE ▲
C C00364158			S THIS EPORT X	NEW (N) OR	Al (A	MENDED .)
4. TYPE OF REPORT (Choose One)	(b) Mon Rep		20 (M2)	May 20 (M5)	Aug	20 (M8) Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:		Mar	20 (M3)	Jun 20 (M6)	Sep	Dec 20 (M12) (Non-Election Year Only)
April 15		Apr	20 (M4)	Jul 20 (M7)	Oct	20 (M10) Jan 31 (YE)
Quarterly Report (Q July 15	(C)	12-Day PRE-Election	Primary	(12P)	General	(12G) Runoff (12R)
Quarterly Report (Q October 15	2)	Report for the:	Convent	ion (12C)	Special	(12S)
Quarterly Report (Q January 31	3)	Election	_M = M	/ D D /	Y Y Y Y	in the
Year-End Report (Y July 31 Mid-Year	´	Electio	n on			State of
Report (Non-election Year Only) (MY)	n (d)	30-Day POST-Election Report for the:	General	(30G)	Runoff (30R) Special (30S)
Termination Report (TER)		Electio	n on	/ D D /	Y Y Y Y Y	in the State of
5. Covering Period 01	v / D 01	2015	throu	gh 01	31	2015
I certify that I have examined thi	s Report a	nd to the best of	my knowledge a	and belief it is tru	ue, correct ar	d complete.
Type or Print Name of Treasurer	STACIE	MONROE				
Signature of Treasurer STAC	IE MONROE		[Electron	ically Filed] [Date 02	10 / 2015
NOTE: Submission of false, errone	ous, or inco	omplete information	n may subject the	person signing t	his 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)

Write or Type Committee Name

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

2015 01 2015 Report Covering the Period: 31 From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 171093.63 January 1, 2015 (b) Cash on Hand at 171093.63 Beginning of Reporting Period..... 36276.45 36276.45 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 207370.08 207370.08 6(a) and 6(c) for Column B)..... 84891.71 84891.71 Total Disbursements (from Line 31)...... Cash on Hand at Close of 8. Reporting Period 122478.37 122478.37 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 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)

Write or Type Committee Name

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

	eport Covering the Period: From: 01	01 2015 To:	COLUMN B			
	I. Receipts	Total This Period	Calendar Year-to-Date			
11.	Contributions (other than loans) From: (a) Individuals/Persons Other					
	Than Political Committees (i) Itemized (use Schedule A)	16813.00	16813.00			
	(ii) Unitemized(iii) TOTAL (add	19463.45	19463.45			
	Lines 11(a)(i) and (ii)▶	36276.45	36276.45			
	(b) Political Party Committees	0.00	0.00			
	(such as PACs)(d) Total Contributions (add Lines	0.00	0.00			
	11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	36276.45	36276.45			
12.	Transfers From Affiliated/Other Party Committees	0.00	0.00			
10	•	0.00	0.00			
13.	All Loans Received	0.00	0.00			
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00			
16	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	0.00			
	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))▶	36276.45	36276.45			
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)▶	36276.45	36276.45			

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		
I. Operating Expenditures: —	Total Tillo I criod	Calendar Tear-to-Date		
Activity (from Schedule H4)				
(i) Federal Share	0.00	0.00		
(ii) New Federal Obers	0.00	0.00		
(ii) Non-Federal Share(b) Other Federal Operating	0.00	0.00		
Expenditures	391.71	391.71		
(c) Total Operating Expenditures				
(add 21(a)(i), (a)(ii), and (b))▶	391.71	391.71		
2. Transfers to Affiliated/Other Party	0.00	0.00		
Committees	0.00	0.00		
Federal Candidates/Committees and Other Political Committees	84500.00	84500.00		
Independent Expenditures	0.00	0.00		
(use Schedule E) Coordinated Party Expenditures	3.00	0.00		
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00		
-				
Loan Repayments Made	0.00	0.00		
Loans Made	0.00	0.00		
Refunds of Contributions To:				
(a) Individuals/Persons Other Than Political Committees	0.00	0.00		
_				
(b) Political Party Committees	0.00	0.00		
(c) Other Political Committees	0.00	0.00		
(such as PACs)	0.00	7		
(d) Total Contribution Refunds				
(add Lines 28(a), (b), and (c))▶	0.00	0.00		
Oil Bill		0.00		
Other Disbursements	0.00	0.00		
Federal Election Activity (2 U.S.C. §431(20))				
(a) Allocated Federal Election Activity				
(from Schedule H6)		0.00		
(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		
Total Disbursements (add Lines 21(c), 22,				
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	84891.71	84891.71		
	7	7		
Total Federal Disbursements				
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	84891.71	84891.71		
HOIT LITE 31)	04001.71	0.4001.71		

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures			
3. Total Contributions (other than loans) (from Line 11(d), page 3)	36276.45	36276.45	
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00	
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	36276.45	36276.45	
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	391.71	391.71	
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00	
8. Net Operating Expenditures (subtract Line 37 from Line 36)	391.71	391.71	

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

FOR LIN	E NU	IMBER	:	PAGE		6	OF	19
(check only one)								
X 11a		11b		11c		12		
13		14		15		16	,	17

or for commercial purposes, other than using t	the name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS	S OF OB-GYNS PAC (OB-GYN PA	C)
Full Name (Last, First, Middle Initial) JOHN S. ADAMS Mailing Address 929 SPRING CREEK ROAL	D	Date of Receipt
City	State Zip Code	01 29 2015 Transaction ID : SA11AI.20859
CHATTANOOGA FEC ID number of contributing federal political committee.	TN 37412	Amount of Each Receipt this Period 1000.00
Name of Employer WOMEN'S HEALTH SERVICES	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) THOMAS F. ARNOLD Mailing Address 30 WEST 7TH STREET		Date of Receipt
City DICKINSON	State Zip Code ND 58601	01 06 2015 Transaction ID : SA11AI.20475 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	625.00
Name of Employer SELF-EMPLOYED Receipt For:	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 625.00	
Full Name (Last, First, Middle Initial) JAMES T. BREEDEN	•	Date of Receipt
Mailing Address 1775 CHAPARRAL	Chata 7: Onda	01 27 2015
City CARSON CITY	State Zip Code NV 89703	Transaction ID : SA11AI.20867 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	5000.00
Name of Employer CARSON MEDICAL GROUP	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	
SUBTOTAL of Receipts This Page (optional).	•	6625.00
TOTAL This Period (last page this line number	er only)	

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

FOR LINE NUMBER:						PAGE	:	7	OF		19	
	(check only one)											
		X	11a		11b		11c		12			
			13		14		15		16	;		17

or for commercial purposes, other than using t	the name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS	S OF OB-GYNS PAC (OB-GYN PA	C)
Full Name (Last, First, Middle Initial) PRASANTA CHANDRA Mailing Address 1168 BARBARA DRIVE		Date of Receipt
City CHERRYHILL FEC ID number of contributing federal political committee. Name of Employer ST. NICHOLAS OB/GYN ASSOCIATES Receipt For: Primary General Other (specify) ▼	State Zip Code NJ 08003 C Occupation PHYSICIAN Aggregate Year-to-Date ▼ 220.00	Transaction ID : SA11AI.20880 Amount of Each Receipt this Period
Full Name (Last, First, Middle Initial) ROBERT H. DEBBS Mailing Address 2 SASSAFRAS COURT	Chata Tin Code	Date of Receipt 01 11 2015
City VOORHEES FEC ID number of contributing federal political committee.	State Zip Code NJ 08043	Transaction ID: SA11AI.20636 Amount of Each Receipt this Period 209.00
Name of Employer UNIVERSITY OF PENNSYLVANIA Receipt For: Primary General Other (specify) ▼	Occupation PHYSICIAN Aggregate Year-to-Date ▼ 209.00	
Full Name (Last, First, Middle Initial) NATHANIEL DENICOLA Mailing Address 2121 PINE STREET City	State Zip Code	Date of Receipt 01 01 2015 Transaction ID: SA11AI.20500
PHILADELPHIA FEC ID number of contributing federal political committee. Name of Employer UNIVERSITY OF PENNSYLVANIA Receipt For: Primary General Other (specify)	PA 19103 C Occupation PHYSICIAN Aggregate Year-to-Date ▼ 209.00	Amount of Each Receipt this Period 209.00
SUBTOTAL of Receipts This Page (optional).		638.00
TOTAL This Period (last page this line number	er only)	

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

FOF	PAGE		8	OF		19				
(check only one)										
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or for commercial purposes, other than using the	e name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS	OF OB-GYNS PAC (OB-GYN PAG	C)
Full Name (Last, First, Middle Initial) DOUGLAS K. FENTON Mailing Address 2921 MANAGUA PLACE		Date of Receipt
City CARLSBAD	State Zip Code CA 92009	01 12 2015 Transaction ID : SA11AI.20633 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer	Occupation	209.00
SCRIPPS COASTAL MEDICAL GROUP Receipt For:	PHYSICIAN Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	209.00	
Full Name (Last, First, Middle Initial) JOHN J. GALLAGHER Mailing Address 220 CASE AVENUE		Date of Receipt O1 13 _2015 _
City SHARON	State Zip Code PA 16146	Transaction ID : SA11AI.20628 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer PRIMARY HEALTH NETWORK Receipt For:	Occupation PHYSICIAN	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) PAMELA GALLUP GAUDRY		Date of Receipt
Mailing Address P.O. BOX 2805 City	State Zip Code	01 26 2015 Transaction ID : SA11Al.20871
TYBEE ISLAND	GA 31328	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer MEMORIAL HEALTH MEDICAL CENTER	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)	<u> </u>	959.00
TOTAL This Period (last page this line number	only)	

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

FOF	PAGE		9	OF		19				
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or for commercial purposes, other than using	the name and address of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) THE AMERICAN CONGRES	S OF OB-GYNS PAC (OB-GYN PA	C)
Full Name (Last, First, Middle Initial) AASTA MEHTA		Date of Receipt
Mailing Address 201 NORTH 8TH STREET		01 10 / Y = Y = Y = Y
City	State Zip Code	Transaction ID : SA11AI.20639
PHILADELPHIA	PA 19106	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	209.00
Name of Employer	Occupation	1
DREXEL UNIVERSITY	PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 209.00	
Full Name (Last, First, Middle Initial)		Polo of Possiti
Mailing Address 450 CHAREL HEIGHTS B	240	Date of Receipt
Mailing Address 450 CHAPEL HEIGHTS R	JAD	01 06 _2015 _
City	State Zip Code	Transaction ID : SA11AI.20479
SEWELL	NJ 08080	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	209.00
Name of Employer	Occupation	
DREXEL UNIVERSITY	PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 209.00	
Full Name (Last, First, Middle Initial) . WADE A. NEIMAN	·	Date of Receipt
Mailing Address 1300 CRENSHAW COUR	Т	01 21 2015
City	State Zip Code	Transaction ID : SA11AI.20787
LYNCHBURG	VA 24503	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	2500.00
Name of Employer	Occupation	
WOMEN'S HEALTH SERVICES	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	2500.00	
SUBTOTAL of Receipts This Page (optional)	•	2918.00
TOTAL This Period (last page this line numb	per only)	

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

FOR LINE NUMBER (check only one) X 11a		:	PAGE	 10	OF	19			
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

Full Name (Last, First, Middle Initial) GLEN E. POWELL Mailing Address 101 EAST W.T. HARRIS E	Date of Receipt			
City	State Zip Code	01 29 2015		
CHARLOTTE	NC 28262	Transaction ID : SA11AI.20861 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	500.00		
Name of Employer	Occupation			
CAROLINAS MEDICAL CENTER	PHYSICIAN			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00			
Full Name (Last, First, Middle Initial) HARTAJ K. POWELL	Date of Receipt			
Mailing Address 4103 EDGEVALE COURT		M = M / D = D / Y = Y = Y		
City	State Zip Code	01 23 2015		
CHEVY CHASE	MD 20815	Transaction ID : SA11AI.20877 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	250.00		
Name of Employer CAPITAL WOMEN'S CARE	Occupation PHYSICIAN			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00			
Full Name (Last, First, Middle Initial)				
HOLLY S. PURITZ		Date of Receipt		
Mailing Address 7940 NORTH SHORE RO City	State Zip Code	01 09 2015		
NORFOLK	VA 23505	Transaction ID : SA11AI.20644 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С	245.00		
Name of Employer	Occupation			
THE GROUP FOR WOMEN	PHYSICIAN			
Receipt For:	Aggregate Year-to-Date ▼			
Primary General Other (specify) ▼	245.00			

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

FOR LIN	IE NU	IMBER	:	PAGE	1	11	OF	19
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or for commercial purposes, other than using	the name and address of any political committee to	solicit contributions from such committee.		
NAME OF COMMITTEE (In Full) THE AMERICAN CONGRES	S OF OB-GYNS PAC (OB-GYN PA	C)		
Full Name (Last, First, Middle Initial) STEVEN W. REMMENGA Mailing Address 16995 PRINCETON ROAD				
City ADAMS	State Zip Code NE 68301	01 04 2015 Transaction ID : SA11AI.20483 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	209.00		
Name of Employer UNIVERSITY OF NEBRASKA	Occupation PHYSICIAN			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 209.00			
Full Name (Last, First, Middle Initial) ROBERT K. SILVERMAN Mailing Address 736 IRVING AVENUE	Date of Receipt			
City SYRACUSE	State Zip Code NY 13210	01 22 2015 Transaction ID : SA11AI.20883 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С	250.00		
Name of Employer UPSTATE MEDICAL UNIVERSITY	Occupation PHYSICIAN			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00			
Full Name (Last, First, Middle Initial) BARRY D. SMITH		Date of Receipt		
Mailing Address P.O. BOX 238		01 23 2015		
City NORWICH	State Zip Code VT 05055	Transaction ID : SA11AI.20878 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	2500.00		
Name of Employer RETIRED	Occupation PHYSICIAN			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00			
SUBTOTAL of Receipts This Page (optional)		2959.00		
TOTAL This Period (last page this line numb	er only)			

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

_		NUMBER	:	PAGE	. ′	12 OF	=	19
(ch	eck only	one)						
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	13	14		15		16		17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

Full Name (Last, First, Middle Initial) DANA G. STONE		Date of Receipt
Mailing Address 1730 HUNTINGTON AVE	NUE	01 09 2015
City	State Zip Code	Transaction ID : SA11AI.20645
OKLAHOMA CITY	OK 73116	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	210.00
Name of Employer	Occupation	
SELF-EMPLOYED	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	210.00	
Full Name (Last, First, Middle Initial) ERWIN G. SZELA	Date of Receipt	
Mailing Address 600 WEST LAKE COOK I	M = M / D = D / Y = Y = Y	
City	State Zip Code	01 28 2015
BUFFALO GROVE	IL 60089	Transaction ID : SA11AI.20865
		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
WOMEN'S HEALTH FIRST	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) JANICE TILDON-BURTON	<u>'</u>	Date of Receipt
Mailing Address 1700 TALLEY ROAD		01 05 2015
City WILMINGTON	State Zip Code DE 19803	Transaction ID : SA11AI.20482 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	209.00
Name of Employer	Occupation	
SELF-EMPLOYED	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	0.0	
Other (specify) ▼	209.00	

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

FOR LINE NUMBER: (check only one) X 11a 11b 11b 114	:	PAGE	 13	OF	19				
(c	he	ck only	or	ne)					
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		13		14		15	16	,	17

or for commercial purposes, other than using the	e name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS	OF OB-GYNS PAC (OB-GYN PA	C)
Full Name (Last, First, Middle Initial) ASHLEY K. WEINERT Mailing Address 4465 PARKER HILL ROAD		Date of Receipt
City SANTA ROSA	State Zip Code CA 95404	01 27 2015 Transaction ID : SA11AI.20868 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer SUTTER MEDICAL GROUP	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) 3. CATHY H. WHITTLESEY Mailing Address 5356 PROMONTORY CIRCLE	_E	Date of Receipt 01 26 2015
City WINDSOR	State Zip Code CO 80528	Transaction ID : SA11AI.20873 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	500.00
Name of Employer LARIMER COUNTY MEDICAL SOCIETY Receipt For:	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		M = M / D = D / Y = Y = Y
City	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	
Name of Employer	Occupation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional)	•	800.00
TOTAL This Period (last page this line numbe	r only)	16813.00

SCHEDULE B (FEC Form 3X)		1	D105 44 05 40				
	Use separate schedule(s)	FOR LINE (check only					
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	Check only 21b 27	22 23 24 25 26 28a 28b 28c 29 30b				
Any information copied from such Reports and State or for commercial purposes, other than using the na							
NAME OF COMMITTEE (In Full)							
angle THE AMERICAN CONGRESS OF	OB-GYNS PAC (OE	B-GYN PA	C)				
Full Name (Last, First, Middle Initial) A. FIRST NATIONAL MERCHANT S		Date of Disbursement					
Mailing Address 1620 DODGE STREET		01 06 2015					
City OMAHA	State Zip Code NE 68197		Transaction ID : SB21B.20472				
Purpose of Disbursement CREDIT CARD TRANSACTION FEES			Amount of Each Disbursement this Period				
Candidate Name		Category/ Type	212.83				
Senate President	ment For: Primary General Other (specify)						
State: District: Full Name (Last, First, Middle Initial) B.			Date of Disbursement				
		M = M / D = D / Y = Y = Y					
Mailing Address							
City							
Purpose of Disbursement		Amount of Each Disbursement this Period					
Candidate Name		Category/ Type					
Senate President	ment For: Primary General Other (specify)	,,					
State: District: Full Name (Last, First, Middle Initial)							
C.			Date of Disbursement				
Mailing Address			M M / D D / Y Y Y Y				
City	City State Zip Code						
Purpose of Disbursement	Purpose of Disbursement						
Candidate Name	Category/ Type	Amount of Each Disbursement this Period					
Senate President	ment For: Primary General Other (specify)	<i>,</i> ,					
State: District:							
SUBTOTAL of Disbursements This Page (optional)			212.83				
TOTAL This Period (last nage this line number only	<i>(</i>)		212.83				

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S	CHEDULE B (FEC Form 3X)		LINE NUMBER: PAGE 15 OF 19									
ΙT	EMIZED DISBURSEMENTS	Use separate schedule(s)	\ I '		only o			ت		-		
		for each category of the Detailed Summary Page			21b	22	X 23	24		25	<u> </u>	
_				1	27	28a	28b	28	С	29	301	b
	ny information copied from such Reports and Staten											
or	for commercial purposes, other than using the name	e and address of any politi	cai con	nmitte	ee to s	Olicit coi	ntribution	s from s	ucn co	ommi	tee.	_
$ \rangle$	NAME OF COMMITTEE (In Full)		D ()	/N I I		`						
/	THE AMERICAN CONGRESS OF	OB-GYNS PAC (O	ים-טי	I IN I	PAC)						
_	Full Name (Last, First, Middle Initial)											
A.	BRADY FOR CONGRESS					Date of	Disburs	ement				
						M = M		D /		I Y	Υ	
	Mailing Address P.O. BOX 8277					01	J L	26	_ 20	015		
	City	State Zip Code										
	THE WOODLANDS	TX 77387				Trans	action II) : SB23	20844	ļ		
	Purpose of Disbursement			-	_							
	CONTRIBUTION		Ι.			Amount	t of Each	Disburs	ement	this	Period	
	Candidate Name			egory	//					250	0.00	
	KEVIN BRADY		Ту	уре			7	- 7			0.00	
		nent For: 2016 Primary General										
	President	Other (specify)										
	State: TX District: 08	(op)/ •										
	Full Name (Last, First, Middle Initial)											
В.	CHARLIE DENT FOR CONGRESS	3				Date of	Disburs	ement				
						M = M		D /		Y	Υ	
	Mailing Address P.O. BOX 442					01		19	_ 20	015		
	City											
	ALLENTOWN	State Zip Code PA 18105				Trans	action I	D : SB23	.20647	7		
	Purpose of Disbursement			_	$\overline{}$							
	CONTRIBUTION					Amount of Each Disbursement this Period					Period	
	CLIADI ES W. DENT	Category/					2500.00					
	CHARLES W. DENT Office Sought:	nent For: 2016	ly	уре			,	,				
		Primary General										
		Other (specify)										
	State: PA District: 15	, , , , , , , , , , , , , , , , , , ,										
	Full Name (Last, First, Middle Initial)											
C.	DEMOCRATIC CONGRESSIONAL	CAMPAIGN COM	1MIT1	ΓΕΕ	.	Date of	Disburs	ement				
						M = M		D /		Y	Y	
	Mailing Address 430 SOUTH CAPITOL STREET, S	E				01		19	20	015	_	
	City	State Zip Code										
	•	DC 20003				Trans	action I) : SB23	.20659)		
	Purpose of Disbursement			_								
	CONTRIBUTION					Amount	t of Each	Disburs	ement	this	Period	
	Candidate Name		egory	//					500	0.00		
	Office Sought: House Disbursen	1)	ype	_		7						
	Senate											
	President	Primary ☐ General Other (specify) ▼										
	State: District:											
						-	-			4000	200	
5	SUBTOTAL of Disbursements This Page (optional)				>		- 1			10000	0.00	
	Total This Deviced (leaders 1911 1911 1911 1911 1911											
1 1	'OTAL This Period (last page this line number only)					1						

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SCHEDULE B (FEC Form 3X)					
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only			
	Detailed Summary Page	21b 27	22 X 23 28b	24 25 26 28c 29 30b	
Any information copied from such Reports and State	ments may not be sold or use				
or for commercial purposes, other than using the na					
NAME OF COMMITTEE (In Full)					
$ \; angle$ THE AMERICAN CONGRESS OF	OB-GYNS PAC (OE	B-GYN PAC	C)		
Full Name (Last, First, Middle Initial)					
A. DEMOCRATIC SENATORIAL CA	MPAIGN COMMITTE	:F	Date of Disbursemer	nt	
	,		M M / D D	/ Y Y Y Y Y	
Mailing Address 120 MARYLAND AVENUE, NE			01 26	2015	
City	State Zip Code				
WASHINGTON	DC 20002		Transaction ID : SI	323.20851	
Purpose of Disbursement CONTRIBUTION					
			Amount of Each Disk	oursement this Period	
Candidate Name		Category/ Type		15000.00	
Office Sought: House Disburse	ment For:	i ype	7	7	
Senate	Primary General				
President	Other (specify) ▼				
State: District:					
Full Name (Last, First, Middle Initial) B. KIRK FOR SENATE			Date of Disbursemer	nt	
			M M / D D	/ Y Y Y Y Y	
Mailing Address P.O. BOX 8			01 19	2015	
City	State Zip Code		Transaction ID : SI	B23.20650	
WINNETKA Purpose of Disbursement	IL 60093				
CONTRIBUTION			Amount of Each Disk	oursement this Period	
Candidate Name		Category/		5000.00	
MARK S. KIRK		Туре		5000.00	
	ment For: 2016 Primary General				
X Seriale X President	Other (specify)				
State: IL District: 00	- \				
Full Name (Last, First, Middle Initial)					
C. LISA MURKOWSKI FOR US SEN	ATE		Date of Disbursemer	nt	
Mailing Address P.O. BOX 100847			01 26	2015	
Maining Address F.O. DON 100047			01 20	2010	
City	State Zip Code		Transaction ID : SI	B23.20845	
ANCHORAGE Purpose of Disbursement	AK 99510				
CONTRIBUTION		· · ·	Amount of Each Dial	oursement this Period	
Candidate Name		Category/	AMOUNT OF EACH DIST		
LISA MURKOWSKI		Type		2500.00	
	ment For: 2016				
Senate President	Primary General Other (specify) ▼				
State: AK District: 00	Other (Specify)				
SUBTOTAL of Disbursements This Page (optional).		·····•		22500.00	
		<u> </u>			
TOTAL This Period (last page this line number only	')				

SCHEDULE B (FEC Form 3X)	Llea concrete celectivi	FOR LINE	
ITEMIZED DISBURSEMENTS	Use separate schedul for each category of the Detailed Summary Pa	the Check only	7 one) 22
Any information copied from such Reports and Sta or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS C	•		
Full Name (Last, First, Middle Initial)	ODESSIONAL OS		Date of Disbursement
Mailing Address 320 1ST STREET, SE	GRESSIONAL COI	VIIVII I I E E	01 26 2015
City	State Zip Code		
WASHINGTON	DC 20003		Transaction ID : SB23.20852
Purpose of Disbursement CONTRIBUTION			Amount of Each Disbursement this Period
Candidate Name		Category/ Type	15000.00
Senate President	rsement For: Primary Gener Other (specify)		
State: District:			
Full Name (Last, First, Middle Initial) B. NATIONAL REPUBLICAN SENA	ATORIAL COMMIT	TEE	Date of Disbursement
Mailing Address 425 SECOND STREET, NE			01 26 2015
City WASHINGTON	State Zip Code DC 20002		Transaction ID : SB23.20853
Purpose of Disbursement CONTRIBUTION		· · · ·	Amount of Each Disbursement this Period
Candidate Name		Category/ Type	15000.00
Office Sought: House Disbute	rsement For: Primary Gener Other (specify)		
Full Name (Last, First, Middle Initial) C. NEW DEMOCRAT COALITION	PAC		Date of Disbursement
Mailing Address 700 13TH STREET, NW			01 19 2015
City WASHINGTON	State Zip Code DC 20005		Transaction ID : SB23.20658
Purpose of Disbursement CONTRIBUTION			Amount of Each Disbursement this Period
Candidate Name		Category/ Type	5000.00
Office Sought: House Disbute	rsement For: Primary Gener Other (specify) ▼	ral	
SUBTOTAL of Disbursements This Page (optional	al)		35000.00
<u> </u>	<u>, </u>		
TOTAL This Period (last page this line number o	nly)		

S	CHEDULE B (FEC Form 3X)			EOD LINE	UIIMRED:	PAGE 18 OF 19
ITEMIZED DISBURSEMENTS		Use separate schedule(s)		FOR LINE NUMBER: (check only one)		
• •		for each catego Detailed Summa		21b	22 🗶 23	24 25 26
		Dotalica Guillille	ary rage	27	28a 28b	28c 29 30b
	y information copied from such Reports and Staten					
or	for commercial purposes, other than using the name	e and address of	any politica	I committee to	solicit contribution	is from such committee.
	NAME OF COMMITTEE (In Full)		M O (OD		2)	
/	THE AMERICAN CONGRESS OF	OB-GYNS F	AC (OB	-GYN PAC	(ر	
_	Full Name (Last, First, Middle Initial)					
A.	PEOPLE FOR PATTY MURRAY				Date of Disburs	sement
	Maller Address DO DOVICE					D / Y Y Y Y Y
	Mailing Address P.O. BOX 3662				01	26 2015
	City State Zip Code					
	SEATTLE	WA 9812			Transaction I	D : SB23.20848
	Purpose of Disbursement					
	CONTRIBUTION				Amount of Eacl	n Disbursement this Period
	Candidate Name PATTY MURRAY			Category/		2000.00
		nent For: 2016		Туре		
			General			
	President	Other (specify)				
	State: WA District: 00					
_	Full Name (Last, First, Middle Initial)					
В.	PORTMAN FOR SENATE COMMITTEE				Date of Disburs	
	Mailing Address 9856 ARCHER LANE				M M / D	19 2015
	Mailing Address 9000 ARCHER LAINE	Ų1	2010			
	City	State Zip C	Code		Transaction I	D : SB23,20653
	DUBLIN Purpose of Disbursement	OH 430 ²	17		Transaction 1	3 . 0520.2000
	CONTRIBUTION				Amount of Eacl	n Disbursement this Period
	Candidate Name		I	Category/		
	ROB PORTMAN			Type		2500.00
	Office Sought: House Disbursen	nent For: 2016	'			
		,	General			
	State: OH District: 00	Other (specify)	,			
_	Full Name (Last, First, Middle Initial)					
C.	SCALISE FOR CONGRESS				Date of Disburs	sement
					M M / D	D / Y Y Y Y
	Mailing Address P.O. BOX 23219				01	19 2015
	City	State Zip (`odo			
	City S JEFFERSON	LA 7018			Transaction I	D : SB23.20654
	Purpose of Disbursement					
	CONTRIBUTION				Amount of Eacl	n Disbursement this Period
	Candidate Name			Category/		2500.00
	STEVE SCALISE Office Sought: House Disbursen	nent For: 2016		Туре		1000.00
			General			
	President	Other (specify)				
	State: LA District: 01					
Г	·					
s	UBTOTAL of Disbursements This Page (optional)					7000.00
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1 1	OTAL This Period (last page this line number only)				1 1 2	

SCHEDULE B (FEC Form 3X)		F00 : :::=	NUMBER: PAGE 19 OF 19	
ITEMIZED DISBURSEMENTS	Use separate schedule(s			
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	Detailed Summary Page	27	28a 28b 28c 29 30b	
Any information copied from such Reports and Stater	nents may not be sold or u	sed by any person	on for the purpose of soliciting contributions	
or for commercial purposes, other than using the name				
NAME OF COMMITTEE (In Full)				
THE AMERICAN CONGRESS OF	OR-GYNS PAC (C	B-GYN PA	CI	
	0) 0110170 (0	DOMIN	3)	
Full Name (Last, First, Middle Initial)				
A. SCHOCK FOR CONGRESS	Date of Disbursement			
	M M / D D / Y Y Y Y			
Mailing Address P.O. BOX 10555	01 19 2015			
City				
City PEORIA	State Zip Code IL 61612		Transaction ID: SB23.20657	
Purpose of Disbursement	IL 01012			
CONTRIBUTION			Amount of Each Disbursement this Period	
Candidate Name		Catagony		
AARON J. SCHOCK		Category/ Type	5000.00	
	ment For: 2016	71	,	
Senate	Primary General			
President	Other (specify) ▼			
State: IL District: 18				
Full Name (Last, First, Middle Initial)				
B. TREASURE STATE PAC	Date of Disbursement			
	M M / D D / Y Y Y Y			
Mailing Address 3242 CUMMINS WAY	01 26 2015			
City				
MISSOULA	State Zip Code MT 59802		Transaction ID : SB23.20849	
Purpose of Disbursement				
CONTRIBUTION			Amount of Each Disbursement this Period	
Candidate Name		Category/	5000.00	
		Type	5000.00	
Office Sought: House Disburser				
Senate	Primary General			
President	Other (specify) ▼			
State: District:				
Full Name (Last, First, Middle Initial) C.	Date of Disbursement			
o .				
Mailing Address	M = M / D = D / Y = Y = Y			
maming / taal ooo				
City	State Zip Code			
D				
Purpose of Disbursement				
Candidate Name			Amount of Each Disbursement this Period	
Candidate Name		Category/		
Office Sought: House Disburser	ment For:	Туре		
Senate Sought.	Primary General			
President	Other (specify)			
State: District:	- \-i: J/ ▼			
SUBTOTAL of Disbursements This Page (optional)			10000.00	
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