Image# 14970755790 PAGE 1 / 33

FEC FORM 3Y

REPORT OF RECEIPTS AND DISBURSEMENTS

ronw 3X	For Other Than An	Authorized Committe	ee		Office Use Only	
1. NAME OF	TYPE OR PRINT ▼	Example: If typir	a, type	10004345	Since ese only	
COMMITTEE (in full)		over the lines.	.9, ., po	12FE4M5		
THE AMERICAN C	ONGRESS OF OB-G	SYNS PAC (OB-G)	N PAC)			
ADDRESS (number and stree	t) 409 12TH STREET, SV	V				
Check if different						
than previously reported. (ACC)	WASHINGTON			DC	20024	
2. FEC IDENTIFICATION	I NUMBER ▼	CITY A	S	STATE A	ZIP COE)E ▲
C C00364158	3		IEW N) OR	AM (A)	ENDED	
4. TYPE OF REPORT (Choose One)	Report	Feb 20 (M2)	May 20 (M5)	Aug	20 (M8)	Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:	Due On:	Mar 20 (M3)	un 20 (M6)	X Sep	20 (M9)	Dec 20 (M12) (Non-Election Year Only)
April 15		Apr 20 (M4)	ul 20 (M7)	Oct 2	20 (M10)	Jan 31 (YE)
Quarterly Repo	(C) 12-Day	Primary (12P)	General (12G)	Runoff (12R)
Quarterly Repo	Report for th	e: Convention (12C)	Special (12S)	
Quarterly Repo January 31 Year-End Repo		ection on	D D /	Y Y Y Y	in the State of	
July 31 Mid-Ye Report (Non-el Year Only) (MY	ection (d) 30-Day POST-Election	(111	i)	Runoff (3	0R)	Special (30S)
Termination Re (TER)		e: ection on	D	Y	in the State of	
5. Covering Period		through	M M M	/ 31 /	2014	
I certify that I have examine	ed this Report and to the bes	st of my knowledge and b	elief it is true	e, correct and	I complete.	
Type or Print Name of Trea	•	. <u> </u>				
Signature of Treasurer	STACIE MONROE	[Electronically	Filed] Da	ate 09	/ 12 /	2014
NOTE: Submission of false, e	erroneous, or incomplete inform	nation may subject the pers	on signing th	s Report to th	e penalties of 2 U	.S.C. §437g.
Office					FEC FORI	
Use Only					Rev. 12/20	

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

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

Write or Type Committee Name

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

80 01 2014 08 2014 Report Covering the Period: 31 From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 300966.48 January 1, 2014 (b) Cash on Hand at 321805.51 Beginning of Reporting Period..... 431922.56 23612.33 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 345417.84 732889.04 6(a) and 6(c) for Column B)..... 42891.27 430362.47 Total Disbursements (from Line 31)...... Cash on Hand at Close of 8. Reporting Period 302526.57 302526.57 (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)

R	eport Covering the Period: From:	01 2014	To: 08 / 31 / 2014
	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)	18499.33	304929.73
	(ii) Unitemized(iii) TOTAL (add	, 4613.00	126492.83
	Lines 11(a)(i) and (ii)▶	, 23112.33	431422.56
	(b) Political Party Committees (c) Other Political Committees	0.00	0.00
	(such as PACs)(d) Total Contributions (add Lines	0.00	0.00
10	11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) Transfers From Affiliated/Other	23112.33	431422.56
12.	Party Committees	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
17	to Federal Candidates and Other Political Committees Other Federal Receipts	500.00	500.00
	(Dividends, Interest, etc.)	0.00	0.00
	(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))▶	23612.33	431922.56
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)▶	23612.33	431922.56

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	Total This Period			
. Operating Expenditures: - (a) Allocated Federal/Non-Federal	Total Tillo Follow	Calendar Year-to-Date		
Activity (from Schedule H4)	0.00	0.00		
(i) Federal Share		5.00		
(ii) Non-Federal Share	0.00	0.00		
(b) Other Federal Operating Expenditures	891.27	10142.47		
(c) Total Operating Expenditures				
(add 21(a)(i), (a)(ii), and (b))▶	891.27	10142.47		
Transfers to Affiliated/Other Party Committees	0.00	0.00		
Contributions to Federal Candidates/Committees and Other Political Committees	42000.00	405000.00		
Independent Expenditures				
(use Schedule E) Coordinated Party Expenditures	0.00	0.00		
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00		
Loan Repayments Made	0.00	0.00		
Loans MadeRefunds of Contributions To:	0.00	0.00		
(a) Individuals/Persons Other Than Political Committees	0.00	1720.00		
(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	1720.00		
Other Disbursements	0.00	13500.00		
Federal Election Activity (2 U.S.C. §431(20)) (a) Allocated Federal Election Activity				
(from Schedule H6) (i) Federal Share	0.00	0.00		
(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))	42891.27	430362.47		
Total Federal Disbursements				
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	42891.27	430362.47		

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	23112.33	431422.56
4. Total Contribution Refunds (from Line 28(d))	0.00	1720.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	23112.33	429702.56
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	891.27	10142.47
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	891.27	10142.47

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

	FOR LINE NUMBER:					PAGE	6	OF	33
(check only one)									
X 11a 11b 11c 12									
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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) THOMAS L. ALDERSON Mailing Address 3664 EDINBOROUGH DR	VE	Date of Receipt
City ROCHESTER HILLS	State Zip Code MI 48306	08 21 2014 Transaction ID : SA11AI.17596 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer MCLAREN WOMEN'S HEALTH Receipt For:	Occupation PHYSICIAN	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) JOSEPH D. AUSTIN Mailing Address 100 MAXWELL DRIVE		Date of Receipt
City VICKSBURG	State Zip Code MS 39180	08 12 2014 Transaction ID : SA11AI.17499 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	1000.00
Name of Employer VICKSBURG WOMEN'S CARE	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) JANICE L. BACON		Date of Receipt
Mailing Address 3401 HEATHERWOOD RO		08 12 2014
City COLUMBIA	State Zip Code SC 29205	Transaction ID : SA11AI.17524 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	175.00
Name of Employer LEXINGTEN MEDICAL CENTER	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	
SUBTOTAL of Receipts This Page (optional)		1275.00
TOTAL This Period (last page this line numb	er only)	

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

	FOR LINE NUMBER:					PAGE	7	OF	33
(check only one)									
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	OF OB-GYNS PAC (OB-GYN PA	C)
Full Name (Last, First, Middle Initial) HARRISON W. BARNES		Date of Receipt
Mailing Address 285 LINKSIDE CIRCLE		08 16 2014
City	State Zip Code	Transaction ID : SA11AI.17617
PONTE VEDRA BEACH	FL 32082	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
NORTH FLORIDA OB/GYN	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) ANN E. BEHREND-UHLS		Date of Receipt
Mailing Address 2540 KENNETH DRIVE		08 15 _2014 _
City	State Zip Code	Transaction ID : SA11AI.17476
CAPE GIRARDEAU	MO 63701	Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.	C	1000.00
Name of Employer	Occupation	
ST. FRANCIS MEDICAL PARTNERS	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial)	1	
CONSTANCE BOHON		Date of Receipt
Mailing Address 15201 ARMINIO COURT		08 08 2014
City	State Zip Code	Transaction ID : SA11AI.17395
DARNESTOWN	MD 20874	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	2500.00
Name of Employer	Occupation	
CAPITAL WOMEN'S CARE	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	2000.00	
Other (specify)	3000.00	
	1	
SUBTOTAL of Receipts This Page (optional)		3750.00

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

FOR LINE	PAGE	8	OF	33			
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or for commercial purposes, other than using th	e name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS	OF OB-GYNS PAC (OB-GYN PAG	C)
Full Name (Last, First, Middle Initial) KEITH R. BRILL Mailing Address 5502 SOUTH FORT APACH	E ROAD	Date of Receipt
City	State Zip Code	08 16 2014 Transaction ID : SA11AI.17591
LAS VEGAS	NV 89148	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	65.00
Name of Employer WOMEN'S SPECIALTY CARE	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	
Full Name (Last, First, Middle Initial) KENNETH E. BROWN Mailing Address 3212 SOUTH FIELDSPAN R	OAD	Date of Receipt
City DUSON	State Zip Code LA 70529	08 12 2014 Transaction ID : SA11AI.17501 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	500.00
Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) BEN H. CHEEK		Date of Receipt
Mailing Address 1626 SUMMIT DRIVE		08 19 2014 _
City COLUMBUS	State Zip Code GA 31906	Transaction ID : SA11AI.17593 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer OB/GYN ASSOCIATES OF COLUMBUS	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2083.31	
SUBTOTAL of Receipts This Page (optional)	·····	648.33
TOTAL This Period (last page this line number	· only)	

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

	FOR LINE NUMBER:					PAGE	9	OF	33
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or for commercial purposes, other than using	the name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS	S OF OB-GYNS PAC (OB-GYN PA	C)
Full Name (Last, First, Middle Initial) JEANNE A. CONRY Mailing Address 8204 CANTERSHIRE WAY	,	Date of Receipt
City	State Zip Code CA 95746	08 03 2014 Transaction ID : SA11AI.17444
FEC ID number of contributing federal political committee.	C 95746	Amount of Each Receipt this Period
Name of Employer PERMANENTE MEDICAL GROUP Receipt For:	Occupation PHYSICIAN	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 3750.00	
Full Name (Last, First, Middle Initial) 3. LIBBY D. CROCKETT Mailing Address 5650 BURDETTE STREET		Date of Receipt
City OMAHA	State Zip Code NE 68104	08 14 2014 Transaction ID : SA11AI.17512 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer UNIVERSITY OF NEBRASKA Receipt For:	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) . WENDY S. CRUZ		Date of Receipt
Mailing Address 2741 DEBARR ROAD	State Zin Code	08 11 2014
City ANCHORAGE	State Zip Code AK 99508	Transaction ID : SA11AI.17521 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	430.00
Name of Employer WOMEN'S CARE OF ALASKA	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 930.00	
SUBTOTAL of Receipts This Page (optional).		580.00
TOTAL This Period (last page this line numb	er only)	

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

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or for commercial purposes, other than using t	he name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS	S OF OB-GYNS PAC (OB-GYN PA	C)
Full Name (Last, First, Middle Initial) THOMAS S. DARDARIAN		Date of Receipt
Mailing Address 108 CETON COURT		08 16 2014
City BROOMAIL	State Zip Code PA 19008	Transaction ID : SA11AI.17592
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 125.00
Name of Employer MAIN LINE WOMEN'S HEALTH CARE Receipt For: Primary General	Occupation PHYSICIAN Aggregate Year-to-Date ▼	
Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) 3. LAURA J. DAVID Mailing Address 5323 MEADOW WOOD BO	ULEVARD	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City LYNDHURST	State Zip Code OH 44124	Transaction ID : SA11AI.17526 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	300.00
Name of Employer UNIVERSITY HOSPITALS PRACTICES	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2800.00	
Full Name (Last, First, Middle Initial) C. ROBERT H. DEBBS		Date of Receipt
Mailing Address 2 SASSAFRAS COURT		08 10 2014
City VOORHEES	State Zip Code NJ 08043	Transaction ID : SA11AI.17489 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	209.00
Name of Employer UNIVERSITY OF PENNSYLVANIA	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1554.00	
SUBTOTAL of Receipts This Page (optional).		634.00
TOTAL This Period (last page this line number	er only)	

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

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	S OF OB-GYNS PAC (OB-GYN PA	C)
Full Name (Last, First, Middle Initial) JULIE DECESARE		Date of Receipt
Mailing Address 2856 PARADISE BAY DRIV	/E	08 16 2014
City	State Zip Code	Transaction ID : SA11AI.17619
GULF BREEZE	FL 32563	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
FLORIDA STATE UNIVERSITY	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) MARK S. DEFRANCESCO	1	Date of Receipt
Mailing Address 35 TERRELL FARM PLACE	<u> </u>	M = M / D = D / Y = Y = Y
City	State Zip Code	08 03 2014 Transportion ID - CA11 A 1 1 7 1 4 5
CHESHIRE	CT 06410	Transaction ID : SA11AI.17445 Amount of Each Receipt this Period
FEC ID number of contributing	30.110	, another of Each recorpt this i chou
federal political committee.	C	200.00
Name of Employer	Occupation	
WOMEN'S HEALTH CONNECTICUT	PHYSICIAN	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify)	2100.00	
Full Name (Last, First, Middle Initial) DAVID W. DOTY	•	Date of Receipt
Mailing Address 927 KENTON STATION DR		08 08 2014
City MAYSVILLE	State Zip Code KY 41056	Transaction ID : SA11AI.17520 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer	Occupation	
PRIMARY PLUS OB/GYN	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	00 0	
Other (specify) ▼	400.00	
SUBTOTAL of Receipts This Page (optional).		1000.00

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

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or for commercial purposes, other than using t	he name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS	S OF OB-GYNS PAC (OB-GYN PA	C)
Full Name (Last, First, Middle Initial) A. RIZWANA FAREEDUDDIN Mailing Address 13562 NORTHWEST 9TH F	ROAD	Date of Receipt
City NEWBERRY	State Zip Code FL 32669	08 16 2014 Transaction ID : SA11AI.17622 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	300.00
Name of Employer NORTH FLORIDA REGIONAL MEDICAL Receipt For:	Occupation PHYSICIAN Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	300.00	
Full Name (Last, First, Middle Initial) GIL M. FARKASH Mailing Address 43 NOTTINGHAM TERRAC	CE	Date of Receipt 08 11 2014
City BUFFALO	State Zip Code NY 14216	08 11 2014 Transaction ID : SA11AI.17496 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	167.00
Name of Employer KALEIDA HEALTH Receipt For:	Occupation PHYSICIAN	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 501.00	
Full Name (Last, First, Middle Initial) DOUGLAS K. FENTON		Date of Receipt
Mailing Address 2921 MANAGUA PLACE	Chate 7in Code	08 12 / Y Y Y Y Y
City CARLSBAD	State Zip Code CA 92009	Transaction ID : SA11AI.17503 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	209.00
Name of Employer SCRIPPS COASTAL MEDICAL GROUP	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1672.00	
SUBTOTAL of Receipts This Page (optional)		676.00
TOTAL This Period (last page this line number	er only)	

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

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		13		14		15	16		17

or for commercial purposes, other than using	the name and address of any political committee t	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) THE AMERICAN CONGRES	SS OF OB-GYNS PAC (OB-GYN PA	.C)
Full Name (Last, First, Middle Initial) A. DAVID A. FORSTEIN Mailing Address 890 WEST FARIS ROAD		Date of Receipt
City	State Zip Code	08 21 2014 Transaction ID : SA11AI.17598
GREENVILLE	SC 29605	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	
GREENVILLE HEALTH SYSTEM Receipt For:	PHYSICIAN Aggregate Vegreto-Date	-
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) TINA C. FOSTER	'	Date of Receipt
Mailing Address 1 MEDICAL CENTER DR		08 09 2014
City LEBANON	State Zip Code NH 03756	Transaction ID : SA11AI.17484
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 50.00
Name of Employer DARTMOUTH HITCHCOCK MEDICAL	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) C. ANDREW C. FOWLER	·	Date of Receipt
Mailing Address 140 SOUTH PARKSIDE I	DRIVE	08 01 2014
City COLORADO SPRINGS	State Zip Code CO 80910	Transaction ID : SA11AI.17434 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	-
BLUE SKIES CENTER FOR WOMEN Receipt For:	PHYSICIAN	_
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional	l)	650.00
, , , , , , , , , , , , , , , , , , , ,	<u></u>	
TOTAL This Period (last page this line num	ber only)	

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

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or for commercial purposes, other than using the	e name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS	OF OB-GYNS PAC (OB-GYN PAC	C)
Full Name (Last, First, Middle Initial) A. RAJIV B. GALA		Date of Receipt
Mailing Address 4429 CLARA STREET		08 11 2014
City	State Zip Code	Transaction ID : SA11AI.17522
NEW ORLEANS	LA 70115	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer	Occupation	
OCHSNER MEDICAL CENTER	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	490.00	
Full Name (Last, First, Middle Initial) COLE GREVES		Date of Receipt
Mailing Address 12214 HATFIELD COURT		08 15 2014
City	State Zip Code	Transaction ID : SA11AI.17608
ORLANDO	FL 32837	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1500.00
Name of Employer ORLANDO HEALTH	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	
Full Name (Last, First, Middle Initial) NEIL A. HAMILL		Date of Receipt
Mailing Address 3882 SOUTH 177TH AVENU	E	08 09 2014
City	State Zip Code	Transaction ID : SA11AI.17485
ОМАНА	NE 68130	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	
METHODIST HOSPITAL	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	800.00	
SUBTOTAL of Receipts This Page (optional)		1750.00
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Full Name (Last, First, Middle Initial) KAREN E. HARRIS Mailing Address 6440 WEST NEWBERRY ROAD City State Zip Code FL 32605 FEC ID number of contributing federal political committee. Name of Employer FLORIDA WOMEN'S PHYSICIANS Receipt For: Primary General Other (specify) Other (specify) Full Name (Last, First, Middle Initial) CHRISTINE M. HERDE Mailing Address 2507 SOUTH ROAD City State Zip Code NY 12603 FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 25.00 Date of Receipt 08 01 2014
City State Zip Code FL 32605 FEC ID number of contributing federal political committee. Name of Employer Occupation PHYSICIAN Receipt For: Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) CHRISTINE M. HERDE Mailing Address 2507 SOUTH ROAD City State Zip Code NY 12603 FEC ID number of contributing federal political committee. City State Zip Code NY 12603	Date of Receipt M M OB 01 2014 Transaction ID: SA11AI.17609 Date of Receipt M M OB 01 2014 Transaction ID: SA11AI.17436 Amount of Each Receipt this Period
GAINESVILLE FL 32605 FEC ID number of contributing federal political committee. Name of Employer FLORIDA WOMEN'S PHYSICIANS Receipt For: Primary General Other (specify) Other (specify) Full Name (Last, First, Middle Initial) CHRISTINE M. HERDE Mailing Address 2507 SOUTH ROAD City State Zip Code NY 12603 FEC ID number of contributing federal political committee.	Transaction ID : SA11AI.17609 Amount of Each Receipt this Period 25.00 Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer FLORIDA WOMEN'S PHYSICIANS Receipt For: Primary General Other (specify) Other (specify) Full Name (Last, First, Middle Initial) CHRISTINE M. HERDE Mailing Address 2507 SOUTH ROAD City State Zip Code NY 12603 FEC ID number of contributing federal political committee.	Date of Receipt 08 01 2014 Transaction ID: SA11AI.17436 Amount of Each Receipt this Period
Receipt For: Primary Other (specify) Full Name (Last, First, Middle Initial) CHRISTINE M. HERDE Mailing Address 2507 SOUTH ROAD City POUGHKEEPSIE FC ID number of contributing federal political committee.	Date of Receipt M M / D D / Y Y Y Y Y 08 01 2014 Transaction ID: SA11AI.17436 Amount of Each Receipt this Period
FLORIDA WOMEN'S PHYSICIANS Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) CHRISTINE M. HERDE Mailing Address 2507 SOUTH ROAD City State Zip Code POUGHKEEPSIE NY 12603 FEC ID number of contributing federal political committee.	Date of Receipt 08 01 2014 Transaction ID : SA11AI.17436 Amount of Each Receipt this Period
Receipt For: Primary Other (specify) ▼ Full Name (Last, First, Middle Initial) CHRISTINE M. HERDE Mailing Address 2507 SOUTH ROAD City POUGHKEEPSIE FEC ID number of contributing federal political committee. Aggregate Year-to-Date ▼ Characteristics Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Characteristics Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼	Date of Receipt 08 01 2014 Transaction ID : SA11AI.17436 Amount of Each Receipt this Period
Primary General Other (specify) Full Name (Last, First, Middle Initial) CHRISTINE M. HERDE Mailing Address 2507 SOUTH ROAD City State Zip Code POUGHKEEPSIE NY 12603 FEC ID number of contributing federal political committee.	Date of Receipt 08 01 2014 Transaction ID : SA11AI.17436 Amount of Each Receipt this Period
Other (specify) Full Name (Last, First, Middle Initial) CHRISTINE M. HERDE Mailing Address 2507 SOUTH ROAD City State Zip Code POUGHKEEPSIE NY 12603 FEC ID number of contributing federal political committee.	Date of Receipt 08 01 2014 Transaction ID: SA11AI.17436 Amount of Each Receipt this Period
CHRISTINE M. HERDE Mailing Address 2507 SOUTH ROAD City State Zip Code POUGHKEEPSIE NY 12603 FEC ID number of contributing federal political committee.	08 01 2014 Transaction ID: SA11AI.17436 Amount of Each Receipt this Period
City State Zip Code POUGHKEEPSIE NY 12603 FEC ID number of contributing federal political committee.	08 01 2014 Transaction ID : SA11AI.17436 Amount of Each Receipt this Period
POUGHKEEPSIE NY 12603 FEC ID number of contributing federal political committee.	Transaction ID : SA11AI.17436 Amount of Each Receipt this Period
POUGHKEEPSIE NY 12603 FEC ID number of contributing federal political committee.	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	
federal political committee.	250.00
V (E)	
Name of Employer Occupation	
MOUNT KISCO MEDICAL GROUP PHYSICIAN	
Receipt For: Aggregate Year-to-Date ▼ Primary General	7
Other (specify) ▼	750.00
Full Name (Last, First, Middle Initial) WASHINGTON C. HILL	Date of Receipt
Mailing Address 8304 ALEXANDRIA COURT	08 16 2014
City State Zip Code SARASOTA FL 34238	Transaction ID : SA11AI.17626 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	250.00
Name of Employer Occupation	
FLORIDA STATE UNIVERSITY PHYSICIAN	
Receipt For: Aggregate Year-to-Date ▼	,
Primary General	
Other (specify) ▼	290.00

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or for commercial purposes, other than using the	e name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS	OF OB-GYNS PAC (OB-GYN PAC	C)
Full Name (Last, First, Middle Initial) CAROLINE A. KAUFMAN Mailing Address 1000 SAN MARCOS		Date of Receipt
		08 27 2014
City AUSTIN	State Zip Code TX 78702	Transaction ID : SA11AI.17572
FEC ID number of contributing		Amount of Each Receipt this Period
federal political committee.	C	175.00
Name of Employer	Occupation	
AUSTIN REGIONAL CLINIC	PHYSICIAN	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	375.00	
Full Name (Last, First, Middle Initial) 3. LEAH A. KAUFMAN		Date of Receipt
Mailing Address 8525 WOODBOX ROAD		08 12 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.17504
MANLIUS	NY 13104	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer NSLI JEWISH HEALTH SYSTEM	Occupation	
Receipt For:	PHYSICIAN	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) TRACEY L. LAKIN		Date of Receipt
Mailing Address 324 EAST 20TH STREET		08 15 _ 2014 _
City	State Zip Code	Transaction ID : SA11AI.17480
TULSA	OK 74120	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
THE WOMEN'S HEALTH GROUP	PHYSICIAN	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify)	250.00	
SUBTOTAL of Receipts This Page (optional)	•	475.00
TOTAL This Period (last page this line number	<u></u>	

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Mailing Address 3226 WELLINGTON COURT City State Zip Code MI 48324 FEC ID number of contributing federal political committee. Name of Employer WILLIAM BEAUMONT HOSPITAL Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) MARGARET P. MAEDER Mailing Address 856 JACKSON STREET City State Zip Code CO 80206 FEC ID number of contributing federal political committee. Name of Employer SELF-EMPLOYED Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Tr Am Am Dati MARGARET P. MAEDER Mailing Address 856 JACKSON STREET City State Zip Code CO 80206 FEC ID number of contributing federal political committee. Name of Employer SELF-EMPLOYED Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) C. KELLY SKILLING MCCUE Mailing Address 2345 FAIR OAKS BOULEVARD City State Zip Code Ti	cit contributions from such committee.
Mailing Address 856 JACKSON STREET City State Zip Code Tr DENVER CO 80206 FEC ID number of contributing federal political committee. Name of Employer SELF-EMPLOYED PHYSICIAN Receipt For: Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) KELLY SKILLING MCCUE Mailing Address 2345 FAIR OAKS BOULEVARD City State Zip Code Tr SACRAMENTO CA 95825 FEC ID number of contributing federal political committee. City State Zip Code Tr Am FEC ID number of contributing federal political committee.	ate of Receipt 08 18 2014 Transaction ID : SA11AI.17558 mount of Each Receipt this Period
City State Zip Code CO 80206 FEC ID number of contributing federal political committee. Name of Employer SELF-EMPLOYED PHYSICIAN Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) KELLY SKILLING MCCUE Mailing Address 2345 FAIR OAKS BOULEVARD City State Zip Code SACRAMENTO CA 95825 FEC ID number of contributing federal political committee. Co 80206 Am Am Cocupation PHYSICIAN Aggregate Year-to-Date ▼ 1200.00 Dat Ti Code CA 95825 Am Code CA 95825	ate of Receipt
SELF-EMPLOYED Receipt For: Primary Other (specify) ▼ Aggregate Year-to-Date ▼ 1200.00 Full Name (Last, First, Middle Initial) KELLY SKILLING MCCUE Mailing Address 2345 FAIR OAKS BOULEVARD City SACRAMENTO CA 95825 FEC ID number of contributing federal political committee.	08 22 2014 Transaction ID : SA11AI.17604 mount of Each Receipt this Period 400.00
City State Zip Code Ti SACRAMENTO CA 95825 FEC ID number of contributing federal political committee.	
SACRAMENTO CA 95825 Am FEC ID number of contributing federal political committee.	ate of Receipt 08 23 2014 Transaction ID : SA11AI.17566
KAISER PERMANENTE Receipt For: Primary Other (specify) ▼ Aggregate Year-to-Date ▼ 255.00	nount of Each Receipt this Period 215.00
SUBTOTAL of Receipts This Page (optional)	765.00

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Full Name (Last, First, Middle Initial)	OF OB-GYNS PAC (OB-GYN PA	C)
JEANNINE M. MCMAHON Mailing Address 11436 LAKEWOOD STREET		Date of Receipt
City	State Zip Code	08 21 2014
CROWN POINT	IN 46207	Transaction ID : SA11AI.17602 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer	Occupation	
CROWN POINT OB/GYN	PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 625.00	
Full Name (Last, First, Middle Initial) AASTA MEHTA		Date of Receipt
Mailing Address 201 NORTH 8TH STREET		M = M / D = D / Y = Y = Y
City	State Zip Code	08 10 2014
PHILADELPHIA	PA 19106	Transaction ID : SA11AI.17492 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	209.00
Name of Employer DREXEL UNIVERSITY	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1444.00	
Full Name (Last, First, Middle Initial)		
KEITH A. MICETICH		Date of Receipt
Mailing Address 72 PHYSICIANS DRIVE City	State Zip Code	08 01 2014
JACKSON	TN 38305	Transaction ID : SA11AI.17439 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
JACKSON WOMEN'S CENTER	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	750.00	
SUBTOTAL of Receipts This Page (optional)		584.00

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or for commercial purposes, other than using the	ne name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS	OF OB-GYNS PAC (OB-GYN PA	C)
Full Name (Last, First, Middle Initial) OWEN C. MONTGOMERY Mailing Address 450 CHAPEL HEIGHTS RO	AD	Date of Receipt
City	State Zip Code	08 06 2014
SEWELL	NJ 08080	Transaction ID : SA11AI.17457 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	209.00
Name of Employer DREXEL UNIVERSITY	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1997.00	
Full Name (Last, First, Middle Initial) 3. LUKE A. NEWTON Mailing Address 314 TRAFALGAR		Date of Receipt
City SAN ANTONIO	State Zip Code TX 78216	08 25 2014 Transaction ID : SA11AI.17605 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer UT HEALTH SCIENCE CENTER	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	
Full Name (Last, First, Middle Initial) MARIO M. PADILLA		Date of Receipt
Mailing Address 1300 MURCHISON DRIVE		08 06 2014 _
City EL PASO	State Zip Code TX 79902	Transaction ID : SA11AI.17458 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)		484.00
TOTAL This Period (last page this line number	er only)	

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or for commercial purposes, other than using	the name and address of any political committee to	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) A. AMIT I. PATEL		Date of Receipt
Mailing Address 3822 BOWSER AVENUE		08 03 2014
City DALLAS	State Zip Code TX 75219	Transaction ID : SA11AI.17448
FEC ID number of contributing		Amount of Each Receipt this Period
federal political committee.	C	100.00
Name of Employer	Occupation	1
MODERN GYNECOLOGY	PHYSICIAN	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify)	800.00	
Full Name (Last, First, Middle Initial) 3. JAMES J. PEREZ		Date of Receipt
Mailing Address 193 LAKE BLUFF DRIVE		08 21 _2014 _
City	State Zip Code	Transaction ID : SA11AI.17603
COLUMBUS	OH 43235	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	120.00
Name of Employer DOCTORS HOSPITAL OHIO HEALTH	Occupation	
Receipt For:	PHYSICIAN Annual rate Vegeta Bate 7	-
Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	600.00	
Full Name (Last, First, Middle Initial) . HOLLY S. PURITZ		Date of Receipt
Mailing Address 7940 NORTH SHORE RO	AD	08 09 2014
City	State Zip Code	Transaction ID : SA11AI.17487
NORFOLK	VA 23505	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	245.00
Name of Employer	Occupation	1
THE GROUP FOR WOMEN	PHYSICIAN	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify)	1525.00	
SUBTOTAL of Receipts This Page (optional))	465.00
TOTAL This Period (last page this line numb	per only)	

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Full Name (Last, First, Middle Initial) VIRGINIA A. RAUTH Mailing Address 301 UNIVERSITY BOULE	EVARD	Date of Receipt
		08 27 2014
City GALVESTON	State Zip Code TX 77555	Transaction ID : SA11AI.17573
	1/ //555	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer	Occupation	
UT MEDICAL BRANCH	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	600.00	
Full Name (Last, First, Middle Initial) SANDRA B. REED	<u>'</u>	Date of Receipt
Mailing Address 103 HIDING PLACE		M = M / D = D / Y = Y = Y
City	State Zip Code	08 20 2014 Transaction ID - SA14 AL 17563
THOMASVILLE	GA 31792	Transaction ID : SA11AI.17562 Amount of Each Receipt this Period
FEC ID number of contributing		Autourit of Lacif Hoodpt this Feriod
federal political committee.	C	325.00
Name of Employer	Occupation	
SHAW CENTER FOR WOMEN'S HEALTH	PHYSICIAN	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	325.00	
Full Name (Last, First, Middle Initial) STEVEN W. REMMENGA		Date of Receipt
Mailing Address 16995 PRINCETON ROA	,D	M = M / D = D / Y = Y = Y
City	State Zip Code	08 04 2014 Transaction ID : SA11AI.17452
ADAMS	NE 68301	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	209.00
Name of Employer	Occupation	
UNIVERSITY OF NEBRASKA	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	0.0	
Other (specify) ▼	1380.00	

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or for commercial purposes, other than using th	e name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS	OF OB-GYNS PAC (OB-GYN PA	C)
Full Name (Last, First, Middle Initial) MARY E. SCHLEGEL		Date of Receipt
Mailing Address 104 RED SUNSET PLACE		08 08 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City CARRBORO	State Zip Code NC 27510	Transaction ID : SA11AI.17403 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer UNIVERSITY OF NORTH CAROLINA Receipt For:	Occupation PHYSICIAN Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) FRANCINE H. SINOFSKY		Date of Receipt
Mailing Address 64 CEDAR AVENUE		08 12 2014
City HIGHLAND PARK	State Zip Code NJ 08904	Transaction ID : SA11AI.17525 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	175.00
Name of Employer OB/GYN GROUP OF EAST BRUNSWICK	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 475.00	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address 3900 HAMILTON BOULEVA	RD	08 12 _ 2014 _
City ALLENTOWN	State Zip Code PA 18103	Transaction ID : SA11AI.17507 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer LEHIGH VALLEY HEALTH NETWORK	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)		675.00
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or for commercial purposes, other than using the	ne name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS	OF OB-GYNS PAC (OB-GYN PA	C)
Full Name (Last, First, Middle Initial) BENJAMIN STALNAKER Mailing Address 10023 AUTUMN LANE		Date of Receipt
City	State Zip Code	08 16 2014 Transaction ID : SA11AI.17627
PENSACOLA	FL 32514	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer RETIRED	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) MARY E. STAUBLE Mailing Address 2539 DELL ROAD		Date of Receipt
City	State Zip Code KY 40205	08 23 2014
FEC ID number of contributing federal political committee.	C 40205	Amount of Each Receipt this Period
Name of Employer UNIVERSITY OF LOUISVILLE	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) C. ANGELA R. STOEHR		Date of Receipt
Mailing Address 5875 95TH AVENUE NORT	Н	08 14 2014 _
City PINELLAS PARK	State Zip Code FL 33782	Transaction ID : SA11AI.17515 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer EASTERN IOWA HEALTH CENTER	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (optional)	•	410.00
TOTAL This Period (last page this line number	r only)	

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or for commercial purposes, other than using t	he name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS	S OF OB-GYNS PAC (OB-GYN PA	C)
Full Name (Last, First, Middle Initial) DANA G. STONE		Date of Receipt
Mailing Address 1730 HUNTINGTON AVEN	UE	08 09 2014
City	State Zip Code	Transaction ID : SA11AI.17488
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: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1687.00	
Full Name (Last, First, Middle Initial) HOWARD T. STRASSNER		Date of Receipt
Mailing Address 2432 NEWPORT ROAD		08 06 _2014 _
City	State Zip Code	Transaction ID : SA11AI.17519
NORTHBROOK	IL 60062	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	430.00
Name of Employer RUSH UNIVERSITY MEDICAL CENTER	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1030.00	
Full Name (Last, First, Middle Initial) PATRICK J. SWEENEY	•	Date of Receipt
Mailing Address 200 WINDMILL DRIVE		08 18 2014
City WAKEFIELD	State Zip Code RI 02879	Transaction ID : SA11AI.17559 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	175.00
Name of Employer	Occupation	
RETIRED	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	375.00	
SUBTOTAL of Receipts This Page (optional).		815.00
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or for commercial purposes, other than using th	e name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS	OF OB-GYNS PAC (OB-GYN PA	C)
Full Name (Last, First, Middle Initial) ELIZABETH J. TIGGES Mailing Address 615 FAHRNEY BOULEVARD		Date of Receipt
		08 02 2014
City OTTUMWA	State Zip Code IA 52501	Transaction ID : SA11AI.17410 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	215.00
Name of Employer OTTUMWA REGIONAL HEALTH CENTER Receipt For:	Occupation PHYSICIAN Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	215.00	
Full Name (Last, First, Middle Initial) JANICE TILDON-BURTON Mailing Address 1700 TALLEY ROAD		Date of Receipt 08 05 2014
City WILMINGTON	State Zip Code DE 19803	Transaction ID : SA11AI.17454 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	209.00
Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1136.00	
Full Name (Last, First, Middle Initial) PAUL G. TOMICH		Date of Receipt
Mailing Address 983255 NEBRASKA MEDIC	AL CENTER	08 25 2014 _
City OMAHA	State Zip Code NE 68198	Transaction ID : SA11AI.17568 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	750.00
Name of Employer UNIVERSITY OF NEBRASKA	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 3290.00	
SUBTOTAL of Receipts This Page (optional)		1174.00
TOTAL This Period (last page this line number	only)	

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

FOR LINE NUMBER:					PAGE	2	26	OF	33
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×	11a		11b		11c		12		
	13		14		15		16		17

NAME OF COMMITTEE (In Full) THE AMERICAN CONGRE	SS OF OB-GYNS PAC (OB-GYN F	AC)
Full Name (Last, First, Middle Initial) LUCY T. TOVMASIAN Mailing Address 70 SOUTH MUNN AVE	NUE	Date of Receipt
		08 01 2014
City EAST ORANGE	State Zip Code NJ 07018	Transaction ID : SA11AI.17440 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
SELF-EMPLOYED	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00]
Full Name (Last, First, Middle Initial) MELISSA M. YATES		Date of Receipt
Mailing Address 2163 LAKE BALDWIN L	ANE	M = M / D = D / Y = Y = Y
City	State Zip Code	08
ORLANDO	FL 32814	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	10.00
Name of Employer ADVANCED REPRODUCTIVE	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 510.00	
Full Name (Last, First, Middle Initial) C. ROBERT YELVERTON		Data of Descipt
Mailing Address 2526 JETTON AVENUE	<u> </u>	Date of Receipt 08 10 2014
City TAMPA	State Zip Code FL 33629	Transaction ID : SA11AI.17495 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	70.00
Name of Employer	Occupation	
SELF-EMPLOYED	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	420.00]
SUBTOTAL of Receipts This Page (option	al)	330.00
	,	10100.00
TOTAL This Period (last page this line nu	mber only)	18499.33

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Use separate schedule(s) for each category of the	(check only o	ne)							
Detailed Summary Page	11a	11b	11c		12				
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not be sold or used by any pe									
ess of any political committee to solicit contributions from such committee.									

Any information copied from such Reports and Statements may or for commercial purposes, other than using the name and add NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC) Full Name (Last, First, Middle Initial) SCHOCK FOR CONGRESS Date of Receipt Mailing Address P.O. BOX 10555 2014 29 City State Zip Code Transaction ID: SA16.17632 **PEORIA** IL 61612 Amount of Each Receipt this Period FEC ID number of contributing 500.00 C00437756 federal political committee. REFUND OF 03/19/2014 CONTRIBUTION Name of Employer Occupation Receipt For: 2014 Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) В. Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 500.00 SUBTOTAL of Receipts This Page (optional)..... 500.00 TOTAL This Period (last page this line number only).....

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S	CHEDULE B (FEC Form 3X)							NUMBER: PAGE 28 OF 33						
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П	EMIZED DISBURSEMENTS	for each	category of the	(CHECK C	, _	22		23	☐ 2 ⁴	4 「	25		7 26	
		Detailed	Summary Page			28a		28b	H 28		29	-	30b	
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101		ie aliu auul	cos or arry politi	cai committee	C 10 S	DIIGIT COL	illibul	10115	HOIII S	sucii (COMMIN	uce.		
\	NAME OF COMMITTEE (In Full)	OD 01	NO DAO (O	D 0) (1) D	· • • • •									
[/	THE AMERICAN CONGRESS OF	OB-GY	NS PAC (O	B-GYN P	AC)									
\angle	Full Name (Last, First, Middle Initial)													
Δ	AMERICAN EXPRESS					Date of Disbursement								
	AIVIENIUAIN EAFRESS													
	Mailing Address P.O. BOX 53852			\neg	08	/	01	_		2014	Y			
						00	4	Ų.			_017			
	City	State	Zip Code		\dashv	_								
	PHOENIX	AZ	85072			Trans	actio	n ID	: SB21	IB.17	392			
	Purpose of Disbursement				-									
	CREDIT CARD TRANSACTION FEES					Amount	t of E	ach	Disbur	seme	nt this	Perio	bd	
	Candidate Name			Category/			-	_	_	-	_			
				Type						7		7.95		
	Office Sought: House Disbursen	nent For:			\dashv									
	Senate	Primary	General											
	President	Other (spec	cify) 🔻											
	State: District:		•											
	Full Name (Last, First, Middle Initial)				\neg									
В.	AMERICAN EXPRESS					Date of	f Disb	ursei	ment					
	/ WILITIO/ WY L/W INLOO					M M / D D / Y Y Y Y								
	Mailing Address P.O. BOX 53852				\dashv	08	'	0			2014	- T		
	3 1.0. DOX 30002					30	- 1	-						
	City	State	Zip Code		\neg	T			. 050	4D 4=	202			
	PHOENIX	AZ 85072				Transaction ID : SB21B.17393								
	Purpose of Disbursement				7	1								
	CREDIT CARD TRANSACTION FEES			1		Amount of Each Disbursement this Period						od		
	Candidate Name				470.07									
			179.37											
	Office Sought: House Disbursen	nent For:			\neg									
	Senate	Primary	General											
	President	Other (spec	cify) 🔻											
	State: District:													
_	Full Name (Last, First, Middle Initial)													
C.	FIRST NATIONAL MERCHANT SO	OLUTIO	NS			Date of	f Disb	ursei	ment					
						M M	7 /	D	D /	Υ	YY	Y		
	Mailing Address 1620 DODGE STREET				\neg	08		05			2014	_		
	City	State	Zip Code			Trans	actic	חו ח	: SB21	1B 47	304			
	· · · · · · · ·	NE	68197			irans	actio	טו וו	. 362	ID. 17	J94			
	Purpose of Disbursement				7									
	CREDIT CARD TRANSACTION FEES			1		Amount	t of E	ach	Disbur	seme	nt this	Perio	od	
	Candidate Name			Category/			-	-	_	-				
				Type		L					47	4.41		
	Office Sought: House Disbursen	nent For:			\neg									
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	President	Other (spec	cify) 🔻											
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s	UBTOTAL of Disbursements This Page (optional)						_				66	1.73		
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П	EMIZED DISBURSEMENTS	for each category of the	21b	22 23 24 25 26		
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	ny information copied from such Reports and Staten for commercial purposes, other than using the nam					
\ <u>\</u>		ic and address of any point	icai committee to	Solicit Contributions from Such Continues.		
$ \setminus $	NAME OF COMMITTEE (In Full)			2)		
/	THE AMERICAN CONGRESS OF	OB-GYNS PAC (C	B-GYN PAG	()		
<u></u>	Full Name (Last, First, Middle Initial)					
Δ	SQUARE, INC.			Date of Disbursement		
	SQUARE, INC.			M M / D D / Y Y Y Y		
	Mailing Address 901 MISSION STREET			08 15 2014		
	Mailing Address 901 MISSION STREET			00 10 2011		
	City	State Zip Code				
	SAN FRANCISCO	CA 94103		Transaction ID : SB21B.17615		
	Purpose of Disbursement					
	CREDIT CARD TRANSACTION FEES			Amount of Each Disbursement this Period		
	Candidate Name		Category/			
			Type	44.98		
	Office Sought: House Disbursen	nent For:				
	Senate	Primary General				
	President	Other (specify) ▼				
	State: District:					
	Full Name (Last, First, Middle Initial)					
В.	SQUARE, INC.			Date of Disbursement		
				M M / D D / Y Y Y Y		
	Mailing Address 901 MISSION STREET			08 16 2014		
	City	State Zip Code		Transaction ID : SB21B.17616		
	SAN FRANCISCO	CA 94103		Transaction is . OBZ IB. 17010		
	Purpose of Disbursement CREDIT CARD TRANSACTION FEES					
				Amount of Each Disbursement this Period		
	Candidate Name		Category/	44.99		
			Type	77.00		
	Office Sought: House Disbursen					
		Primary General				
	President	Other (specify) ▼				
_	State: District:					
	Full Name (Last, First, Middle Initial)					
C.				Date of Disbursement		
				M M / D D / Y Y Y Y		
	Mailing Address					
	-					
	City	State Zip Code				
	Purpose of Disbursement					
	ruipose oi Dispuisettietit					
	Candidate Name			Amount of Each Disbursement this Period		
	Candidate Name		Category/			
	Office Sought: House Disbursen	nont For:	Туре	7 7 7		
	Senate Disbursen					
	President	Other (appoint) — General				
		Other (specify) ▼				
_	State: District:					
				90.07		
S	SUBTOTAL of Disbursements This Page (optional)		·····	89.97		
ſ_				751.70		
. 1	OTAL This Period (last name this line number only)			751.76		

SCHEDULE B (FEC Form 3X)				
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T	EMIZED DISBURSEMENTS	for each category of the	(Clieck Offin	
		Detailed Summary Page	ge \square^{210}	22 🗶 23 24 25 26
		, ,	27	28a 28b 28c 29 30b
Ar	ny information copied from such Reports and Statem	nents may not be sold o	r used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the nam	e and address of any po	olitical committee to	solicit contributions from such committee.
\	NAME OF COMMITTEE (In Full)			
	THE AMERICAN CONGRESS OF	OR-CVNS DAC	OR-CVN DAG	~)
/	THE AMERICAN CONGRESS OF	OB-GTNS PAC	(OB-GTN PAC	J)
_	Full Name (Last, First, Middle Initial)			
^	•			Date of Disbursement
4.	BERA VICTORY FUND			Date of Dispursement
	NACTOR Address Front Manager Avenue			M M / D D / Y Y Y Y
	Mailing Address 5429 MADISON AVENUE			08 04 2014
	Oth.	Ztata		
		State Zip Code		Transaction ID: SB23.17427
	SACRAMENTO	CA 95841		
	Purpose of Disbursement ALLOCATED CONTRIBUTION			
				Amount of Each Disbursement this Period
	Candidate Name		Category/	5000.00
			Type	3000.00
	Office Sought: House Disbursen	nent For:	·	
	Senate	Primary Genera	al	
	President	Other (specify) ▼		
	State: District:			
	Full Name (Last, First, Middle Initial)			
3.	BRALEY FOR IOWA			Date of Disbursement
	BITALL I I OIL IOWA			
	Mailing Address P.O. BOX 856			08 11 2014
	Mailing Address F.O. BOX 650			00 11 2014
	City	State Zip Code		
	DES MOINES	IA 50304		Transaction ID : SB23.17466
	Purpose of Disbursement			
	CONTRIBUTION			Amount of Each Disbursement this Period
	Candidate Name			THIS AND THE STATE OF THE STATE
	BRUCE L. BRALEY		Category/	4000.00
			Туре	
	Office Sought: House Dishurson	ont For: 0044		
		nent For: 2014		
	X Senate	Primary Senera	al	
	Senate President		al	
	X Senate	Primary Senera	al	
	Senate President	Primary Senera	al	
	Senate President State: IA District: 00	Primary	al	Date of Disbursement
- .	State: IA District: 00 Full Name (Last, First, Middle Initial)	Primary	al	Date of Disbursement
- .	State: IA District: 00 Full Name (Last, First, Middle Initial)	Primary	al	
- .	Senate President State: IA District: 00 Full Name (Last, First, Middle Initial) CHRIS GIBSON FOR CONGRESS	Primary	al	M M / D D / Y Y Y
- .	Senate President State: IA District: 00 Full Name (Last, First, Middle Initial) CHRIS GIBSON FOR CONGRESS Mailing Address P.O. BOX 255	Primary	al	08 / 04 / 2014
- .	Senate President State: IA District: 00 Full Name (Last, First, Middle Initial) CHRIS GIBSON FOR CONGRESS Mailing Address P.O. BOX 255 City	Primary	al	M M / D D / Y Y Y
- .	Senate President State: IA District: 00 Full Name (Last, First, Middle Initial) CHRIS GIBSON FOR CONGRESS Mailing Address P.O. BOX 255 City KINDERHOOK Purpose of Disbursement	Primary	al	08 / 04 / 2014
-	Senate President State: IA District: 00 Full Name (Last, First, Middle Initial) CHRIS GIBSON FOR CONGRESS Mailing Address P.O. BOX 255 City KINDERHOOK	Primary	al	08 / 04 / 2014
- .	Senate President State: IA District: 00 Full Name (Last, First, Middle Initial) CHRIS GIBSON FOR CONGRESS Mailing Address P.O. BOX 255 City KINDERHOOK Purpose of Disbursement	Primary		M M M M M M M M M M M M M M M M M M M
- .	Senate President State: IA District: 00 Full Name (Last, First, Middle Initial) CHRIS GIBSON FOR CONGRESS Mailing Address P.O. BOX 255 City SKINDERHOOK Purpose of Disbursement CONTRIBUTION	Primary	Category/ Type	M M M M M M M M M M M M M M M M M M M
- .	Senate President State: IA District: 00 Full Name (Last, First, Middle Initial) CHRIS GIBSON FOR CONGRESS Mailing Address P.O. BOX 255 City KINDERHOOK Purpose of Disbursement CONTRIBUTION Candidate Name CHRISTOPHER P. GIBSON	Primary General Other (specify) ▼ State Zip Code NY 12106	Category/	Transaction ID : SB23.17421 Amount of Each Disbursement this Period
D .	Senate President State: IA District: 00 Full Name (Last, First, Middle Initial) CHRIS GIBSON FOR CONGRESS Mailing Address P.O. BOX 255 City KINDERHOOK Purpose of Disbursement CONTRIBUTION Candidate Name CHRISTOPHER P. GIBSON Office Sought: House Disbursement	Primary General Other (specify) ▼ State Zip Code NY 12106	Category/ Type	Transaction ID : SB23.17421 Amount of Each Disbursement this Period
-	Senate President State: IA District: 00 Full Name (Last, First, Middle Initial) CHRIS GIBSON FOR CONGRESS Mailing Address P.O. BOX 255 City KINDERHOOK Purpose of Disbursement CONTRIBUTION Candidate Name CHRISTOPHER P. GIBSON Office Sought: House Senate	Primary	Category/ Type	Transaction ID : SB23.17421 Amount of Each Disbursement this Period
D.	Senate President State: IA District: 00 Full Name (Last, First, Middle Initial) CHRIS GIBSON FOR CONGRESS Mailing Address P.O. BOX 255 City S KINDERHOOK Purpose of Disbursement CONTRIBUTION Candidate Name CHRISTOPHER P. GIBSON Office Sought: House Senate President	Primary General Other (specify) ▼ State Zip Code NY 12106	Category/ Type	Transaction ID : SB23.17421 Amount of Each Disbursement this Period
	Senate President State: IA District: 00 Full Name (Last, First, Middle Initial) CHRIS GIBSON FOR CONGRESS Mailing Address P.O. BOX 255 City KINDERHOOK Purpose of Disbursement CONTRIBUTION Candidate Name CHRISTOPHER P. GIBSON Office Sought: House Senate	Primary	Category/ Type	Transaction ID : SB23.17421 Amount of Each Disbursement this Period
D .	State: IA District: 00 Full Name (Last, First, Middle Initial) CHRIS GIBSON FOR CONGRESS Mailing Address P.O. BOX 255 City KINDERHOOK Purpose of Disbursement CONTRIBUTION Candidate Name CHRISTOPHER P. GIBSON Office Sought: House Senate President State: NY District: 19	Primary	Category/ Type	Transaction ID : SB23.17421 Amount of Each Disbursement this Period 2500.00
	Senate President State: IA District: 00 Full Name (Last, First, Middle Initial) CHRIS GIBSON FOR CONGRESS Mailing Address P.O. BOX 255 City S KINDERHOOK Purpose of Disbursement CONTRIBUTION Candidate Name CHRISTOPHER P. GIBSON Office Sought: House Senate President	Primary	Category/ Type	Transaction ID : SB23.17421 Amount of Each Disbursement this Period
	State: IA District: 00 Full Name (Last, First, Middle Initial) CHRIS GIBSON FOR CONGRESS Mailing Address P.O. BOX 255 City KINDERHOOK Purpose of Disbursement CONTRIBUTION Candidate Name CHRISTOPHER P. GIBSON Office Sought: House Senate President State: NY District: 19	Primary	Category/ Type	Transaction ID : SB23.17421 Amount of Each Disbursement this Period 2500.00

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 31 OF 33
ITEMIZED DISBURSEMENTS	Use separate schedule(s)	(check only	TOWELL:
	for each category of the Detailed Summary Page	21b	22 🗙 23 24 25 26
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Any information copied from such Reports and Statem			
or for commercial purposes, other than using the nam	e and address of any politica	al committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			_,
$ \rangle$ THE AMERICAN CONGRESS OF	OB-GYNS PAC (OE	B-GYN PAG	C)
Full Name (Last, First, Middle Initial)			
A. DEMOCRATIC STATE CENTRAL COMMIT	TEE OF CALIFORNIA -	FEDERAL	Date of Disbursement
Mailing Address 1401 21ST STREET			08 04 2014
City	7:- O		
City S SACRAMENTO	State Zip Code CA 95811		Transaction ID : SB23.17431
Purpose of Disbursement	33011		
BERA VICTORY FUND ALLOCATION		11	Amount of Each Disbursement this Period
Candidate Name		Category/	5000.00
		Туре	5000.00
Office Sought: House Disbursen			[MEMO ITEM]
	Primary General		
State: District:	Other (specify) ▼		
Full Name (Last, First, Middle Initial)			
B. DOLD FOR CONGRESS			Date of Disbursement
DOED FOR CONCRECC			M M / D D / Y Y Y Y
Mailing Address P.O. BOX 6312			08 11 2014
•	State Zip Code IL 60048		Transaction ID : SB23.17467
LIBERTYVILLE Purpose of Disbursement	00046		
CONTRIBUTION			Amount of Each Disbursement this Period
Candidate Name		Category/	
ROBERT J. DOLD, JR.		Type	5000.00
	nent For: 2014		
	Primary General		
	Other (specify) ▼		
State: IL District: 10 Full Name (Last, First, Middle Initial)			
C. FRIENDS OF NAN HAYWORTH			Date of Disbursement
TRIENDS OF MAINTIAT WORTH			M M / D D / Y Y Y Y
Mailing Address P.O. BOX 394			08 11 2014
•	State Zip Code		Transaction ID : SB23.17468
FISHKILL Purpose of Disbursement	NY 12524		
CONTRIBUTION			Amount of Each Disbursement this Period
Candidate Name		Category/	
NAN HAYWORTH		Type	5000.00
	nent For: 2014		
	Primary General		
	Other (specify) ▼		
State: NY District: 18			
SUBTOTAL of Disbursements This Page (optional)			10000.00
COSTOTAL OF DISDUISEMENTS THIS Fage (optional)		·····•	
TOTAL This Period (last page this line number only)			

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 32 OF 33
ITEMIZED DISBURSEMENTS	Use separate schedule(s)	FOR LINE (check only	NOMBELL.
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Any information copied from such Reports and Staten			
or for commercial purposes, other than using the nam	ie and address of any politic	ai committee to	SOLICIT COLLINATIONS FROM SUCH COMMITTEE.
NAME OF COMMITTEE (In Full)	OR-CANS DVC (OR	R-CVN DAG	<u> </u>
THE AMERICAN CONGRESS OF	OD-GINS PAC (OI	O IN PAU	<i>-</i>)
Full Name (Last, First, Middle Initial)			
A. JENKINS FOR CONGRESS			Date of Disbursement
Mailing Address P.O. BOX 727			08 11 2014
HUNTINGTON	WV 25711		Transaction ID : SB23.17469
Purpose of Disbursement CONTRIBUTION			Amount of Each Disbursement this Period
Candidate Name			Amount of Lacif Dispulsement this Period
EVAN H. JENKINS		Category/ Type	5000.00
	nent For: 2014		,
	Primary General		
President Districts 22	Other (specify) ▼		
State: WV District: 03 Full Name (Last, First, Middle Initial)			
B. NUNN FOR SENATE			Date of Disbursement
NOMINION SENAIL			M M / D D / Y Y Y Y
Mailing Address P.O. BOX 78936	Mailing Address P.O. BOX 78936		
0"			
City S ATLANTA	State Zip Code GA 30357		Transaction ID : SB23.17471
Purpose of Disbursement	30001		
CONTRIBUTION			Amount of Each Disbursement this Period
Candidate Name		Category/	5000.00
MARY M. NUNN Office Sought: House Disburser	nent For: 2014	Туре	5555.55
Senate	Primary Seneral		
President	Other (specify) ▼		
State: GA District:	· 		
Full Name (Last, First, Middle Initial)			
C. PALLONE FOR CONGRESS			Date of Disbursement
Mailing Address B.O. POV 2476			08 11 2014
Maining Address F.O. BOX 31/6	Mailing Address P.O. BOX 3176		
City	State Zip Code		Transaction ID : SB23.17474
LONG BRANCH	NJ 07740		
Purpose of Disbursement CONTRIBUTION		· · · ·	Amount of East Distriction 1911 D. 1
Candidate Name		Catagory	Amount of Each Disbursement this Period
FRANK PALLONE JR.		Category/ Type	5000.00
	nent For: 2014		,
Senate	Primary General		
State: NJ District: 06	Other (specify) ▼		
State: NJ District: 06			
SUBTOTAL of Disbursements This Page (optional)			15000.00
TOTAL This Period (last page this line number only)			

SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 33 OF 33		
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)	
	Detailed Summary Page	21b	22 X 23 24 25 28 28b 28c 29	26 30b
Any information copied from such Reports and Stat	ements may not be sold or us			
or for commercial purposes, other than using the na				
NAME OF COMMITTEE (In Full)				
$ \hspace{.05cm} angle$ THE AMERICAN CONGRESS O	F OB-GYNS PAC (O	B-GYN PAG	C)	
Full Name (Last, First, Middle Initial)				
A. SCHOCK FOR CONGRESS			Date of Disbursement	
Mailing Address P.O. BOX 10555			08 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y]
City	State Zip Code		- · · · · · · · · · · · · · · · · · · ·	
PEORIA	IL 61612		Transaction ID : SB23.17633	
Purpose of Disbursement CONTRIBUTION			Amount of Each Disbursement this Per	riod
Candidate Name		Category/	500.00	0
AARON J. SCHOCK Office Sought: House Disburs	ement For: 2014	Туре	7	۳
Senate Senate	Primary Seneral			
President	Other (specify) ▼			
State: IL District: 18				
Full Name (Last, First, Middle Initial)				
B. UDALL FOR COLORADO			Date of Disbursement	
Mailing Address P.O. BOX 40158			08 04 2014	
City DENVER	State Zip Code CO 80204		Transaction ID : SB23.17424	
Purpose of Disbursement CONTRIBUTION		· · ·	Amount of Each Disbursement this Per	riod
Candidate Name		Category/	5000 0	
MARK E. UDALL		Type	5000.00	U
Office Sought: House Disburs Senate	ement For: 2014			
President	Primary			
State: CO District: 00				
Full Name (Last, First, Middle Initial)				
C.			Date of Disbursement	
Mailing Address			M M / D D / Y Y Y Y	1
Mailing Address				-
City	State Zip Code			
Purpose of Disbursement				
Candidate Name		Category/	Amount of Each Disbursement this Per	riod
		Type		
Office Sought: House Disburs Senate	ement For: Primary			
President	Other (specify)			
State: District:				
				$\overline{}$
SUBTOTAL of Disbursements This Page (optional)		·····•	5500.00)
	`		42000.00	0
TOTAL This Period (last page this line number on	y)	•••••••••••••••••••••••••••••••••••••••	42000.00	_