

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

Office Use Only

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

12FE4M5

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

ADDRESS (number and street)

409 12TH STREET, SW

☐ Check if different than previously reported. (ACC)

WASHINGTON

DC

20024

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00364158

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- ☐ April 15  
Quarterly Report (Q1)
- ☐ July 15  
Quarterly Report (Q2)
- ☐ October 15  
Quarterly Report (Q3)
- ☐ January 31  
Year-End Report (YE)
- ☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)
- ☐ Termination Report  
(TER)

(b) Monthly  
Report  
Due On:

- ☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11)  
(Non-Election Year Only)
- ☐ Mar 20 (M3) ☐ Jun 20 (M6) ☒ Sep 20 (M9) ☐ Dec 20 (M12)  
(Non-Election Year Only)
- ☐ Apr 20 (M4) ☐ Jul 20 (M7) ☐ Oct 20 (M10) ☐ Jan 31 (YE)

(c) 12-Day  
PRE-Election  
Report for the:

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

Election on

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

in the  
State of(d) 30-Day  
POST-Election  
Report for the:

- ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on

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

in the  
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y  
08 01 2014

through

M M M / D D D / Y Y Y Y Y Y  
08 31 2014

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

Type or Print Name of Treasurer STACIE MONROE

Signature of Treasurer

STACIE MONROE

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
09 12 2014

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

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

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

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

Report Covering the Period: From: M M / D D / Y Y Y Y Y 08 / 01 / 2014 To: M M / D D / Y Y Y Y Y 08 / 31 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y</span> 2014		<span style="border: 1px solid black; padding: 2px;">300966.48</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">321805.51</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">23612.33</span>	<span style="border: 1px solid black; padding: 2px;">431922.56</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">345417.84</span>	<span style="border: 1px solid black; padding: 2px;">732889.04</span>
7. Total Disbursements (from Line 31) .....	<span style="border: 1px solid black; padding: 2px;">42891.27</span>	<span style="border: 1px solid black; padding: 2px;">430362.47</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<span style="border: 1px solid black; padding: 2px;">302526.57</span>	<span style="border: 1px solid black; padding: 2px;">302526.57</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

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

Report Covering the Period:

From:

M M / D D / Y Y Y Y  
08 01 2014

To:

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

4613.00

126492.83

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ►

23112.33

431422.56

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ..... ►

23112.33

431422.56

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

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

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

500.00

500.00

## 17. Other Federal Receipts

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

0.00

0.00

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

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

0.00

0.00

## 19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c))..... ►

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	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	891.27	10142.47
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	891.27	10142.47
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	42000.00	405000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	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
29. Other Disbursements .....	0.00	13500.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	42891.27	430362.47
32. 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
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	23112.33	431422.56
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	1720.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	23112.33	429702.56
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	891.27	10142.47
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	891.27	10142.47

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

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

FOR LINE NUMBER: PAGE 6 OF 33  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 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 or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. THOMAS L. ALDERSON**

Mailing Address 3664 EDINBOROUGH DRIVE

City State Zip Code  
 ROCHESTER HILLS MI 48306

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 MCLAREN WOMEN'S HEALTH

Occupation  
 PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 21 / 2014

Transaction ID : SA11AI.17596

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. JOSEPH D. AUSTIN**

Mailing Address 100 MAXWELL DRIVE

City State Zip Code  
 VICKSBURG MS 39180

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 VICKSBURG WOMEN'S CARE

Occupation  
 PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 12 / 2014

Transaction ID : SA11AI.17499

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. JANICE L. BACON**

Mailing Address 3401 HEATHERWOOD ROAD

City State Zip Code  
 COLUMBIA SC 29205

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 LEXINGTON MEDICAL CENTER

Occupation  
 PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

08 / 12 / 2014

Transaction ID : SA11AI.17524

Amount of Each Receipt this Period

175.00

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

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

1275.00

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

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

FOR LINE NUMBER:  
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PAGE 7 OF 33

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. HARRISON W. BARNES**

Mailing Address 285 LINKSIDE CIRCLE

City State Zip Code  
 PONTE VEDRA BEACH FL 32082

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NORTH FLORIDA OB/GYN

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 16 / 2014

Transaction ID : SA11AI.17617

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. ANN E. BEHREND-UHLS**

Mailing Address 2540 KENNETH DRIVE

City State Zip Code  
 CAPE GIRARDEAU MO 63701

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ST. FRANCIS MEDICAL PARTNERS

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 15 / 2014

Transaction ID : SA11AI.17476

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. CONSTANCE BOHON**

Mailing Address 15201 ARMINIO COURT

City State Zip Code  
 DARNESTOWN MD 20874

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CAPITAL WOMEN'S CARE

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

08 / 08 / 2014

Transaction ID : SA11AI.17395

Amount of Each Receipt this Period

2500.00

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

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

3750.00

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 8 OF 33

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. KEITH R. BRILL**

Mailing Address 5502 SOUTH FORT APACHE ROAD

City State Zip Code  
 LAS VEGAS NV 89148

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WOMEN'S SPECIALTY CARE

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

08 / 16 / 2014

Transaction ID : SA11Al.17591

Amount of Each Receipt this Period

65.00

Full Name (Last, First, Middle Initial)

**B. KENNETH E. BROWN**

Mailing Address 3212 SOUTH FIELDSPAN ROAD

City State Zip Code  
 DUSON LA 70529

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 12 / 2014

Transaction ID : SA11Al.17501

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. BEN H. CHEEK**

Mailing Address 1626 SUMMIT DRIVE

City State Zip Code  
 COLUMBUS GA 31906

FEC ID number of contributing  
federal political committee.

C

Name of Employer

OB/GYN ASSOCIATES OF COLUMBUS

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2083.31

Date of Receipt

08 / 19 / 2014

Transaction ID : SA11Al.17593

Amount of Each Receipt this Period

83.33

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

648.33

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



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

 Use separate schedule(s)  
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 Detailed Summary Page

 FOR LINE NUMBER: PAGE 9 OF 33  
 (check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. JEANNE A. CONRY**

Mailing Address 8204 CANTERSHIRE WAY

City

GRANITE BAY

State

CA

Zip Code

95746

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PERMANENTE MEDICAL GROUP

Occupation

PHYSICIAN

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

3750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	03	/	2014

Transaction ID : SA11AI.17444

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. LIBBY D. CROCKETT**

Mailing Address 5650 BURDETTE STREET

City

OMAHA

State

NE

Zip Code

68104

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UNIVERSITY OF NEBRASKA

Occupation

PHYSICIAN

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	14	/	2014

Transaction ID : SA11AI.17512

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. WENDY S. CRUZ**

Mailing Address 2741 DEBARR ROAD

City

ANCHORAGE

State

AK

Zip Code

99508

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WOMEN'S CARE OF ALASKA

Occupation

PHYSICIAN

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

930.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	11	/	2014

Transaction ID : SA11AI.17521

Amount of Each Receipt this Period

430.00

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

580.00

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

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 10 OF 33

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

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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial)  <b>A. THOMAS S. DARDARIAN</b></p> <p>Mailing Address 108 CETON COURT</p> <p>City State Zip Code          BROOMAIL PA 19008</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation          MAIN LINE WOMEN'S HEALTH CARE PHYSICIAN</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼          1000.00</p>		<p>Date of Receipt          M M / D D / Y Y Y Y Y          08 / 16 / 2014  <b>Transaction ID : SA11AI.17592</b></p> <p>Amount of Each Receipt this Period          125.00</p>
<p>Full Name (Last, First, Middle Initial)  <b>B. LAURA J. DAVID</b></p> <p>Mailing Address 5323 MEADOW WOOD BOULEVARD</p> <p>City State Zip Code          LYNDHURST OH 44124</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation          UNIVERSITY HOSPITALS PRACTICES PHYSICIAN</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼          2800.00</p>		<p>Date of Receipt          M M / D D / Y Y Y Y Y          08 / 13 / 2014  <b>Transaction ID : SA11AI.17526</b></p> <p>Amount of Each Receipt this Period          300.00</p>
<p>Full Name (Last, First, Middle Initial)  <b>C. ROBERT H. DEBBS</b></p> <p>Mailing Address 2 SASSAFRAS COURT</p> <p>City State Zip Code          VOORHEES NJ 08043</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation          UNIVERSITY OF PENNSYLVANIA PHYSICIAN</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼          1554.00</p>		<p>Date of Receipt          M M / D D / Y Y Y Y Y          08 / 10 / 2014  <b>Transaction ID : SA11AI.17489</b></p> <p>Amount of Each Receipt this Period          209.00</p>
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>		634.00
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>		

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 11 OF 33

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. JULIE DECESARE**

Mailing Address 2856 PARADISE BAY DRIVE

City State Zip Code  
 GULF BREEZE FL 32563

FEC ID number of contributing  
federal political committee.

C

Name of Employer

FLORIDA STATE UNIVERSITY

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 16 / 2014

Transaction ID : SA11AI.17619

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. MARK S. DEFRANCESCO**

Mailing Address 35 TERRELL FARM PLACE

City State Zip Code  
 CHESHIRE CT 06410

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WOMEN'S HEALTH CONNECTICUT

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2100.00

Date of Receipt

08 / 03 / 2014

Transaction ID : SA11AI.17445

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**C. DAVID W. DOTY**

Mailing Address 927 KENTON STATION DRIVE

City State Zip Code  
 MAYSVILLE KY 41056

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PRIMARY PLUS OB/GYN

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 08 / 2014

Transaction ID : SA11AI.17520

Amount of Each Receipt this Period

300.00

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

1000.00

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

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

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

FOR LINE NUMBER: PAGE 12 OF 33  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. RIZWANA FAREEDUDDIN**

Mailing Address 13562 NORTHWEST 9TH ROAD

City State Zip Code  
 NEWBERRY FL 32669

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
 NORTH FLORIDA REGIONAL MEDICAL PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 08 16 2014

Transaction ID : SA11AI.17622

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**B. GIL M. FARKASH**

Mailing Address 43 NOTTINGHAM TERRACE

City State Zip Code  
 BUFFALO NY 14216

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
 KALEIDA HEALTH PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

501.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 08 11 2014

Transaction ID : SA11AI.17496

Amount of Each Receipt this Period

167.00

Full Name (Last, First, Middle Initial)

**C. DOUGLAS K. FENTON**

Mailing Address 2921 MANAGUA PLACE

City State Zip Code  
 CARLSBAD CA 92009

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
 SCRIPPS COASTAL MEDICAL GROUP PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1672.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 08 12 2014

Transaction ID : SA11AI.17503

Amount of Each Receipt this Period

209.00

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

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

676.00

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

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

FOR LINE NUMBER: PAGE 13 OF 33  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. DAVID A. FORSTEIN**

Mailing Address 890 WEST FARIS ROAD

City State Zip Code  
GREENVILLE SC 29605

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GREENVILLE HEALTH SYSTEM

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 21 / 2014

Transaction ID : SA11AI.17598

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. TINA C. FOSTER**

Mailing Address 1 MEDICAL CENTER DRIVE

City State Zip Code  
LEBANON NH 03756

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DARTMOUTH HITCHCOCK MEDICAL

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 09 / 2014

Transaction ID : SA11AI.17484

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. ANDREW C. FOWLER**

Mailing Address 140 SOUTH PARKSIDE DRIVE

City State Zip Code  
COLORADO SPRINGS CO 80910

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BLUE SKIES CENTER FOR WOMEN

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 01 / 2014

Transaction ID : SA11AI.17434

Amount of Each Receipt this Period

500.00

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

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

650.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 14 OF 33

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. RAJIV B. GALA**

Mailing Address 4429 CLARA STREET

City

NEW ORLEANS

State

LA

Zip Code

70115

FEC ID number of contributing  
federal political committee.

C

Name of Employer

OCHSNER MEDICAL CENTER

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

490.00

Date of Receipt

08 / 11 / 2014

Transaction ID : SA11Al.17522

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

**B. COLE GREVES**

Mailing Address 12214 HATFIELD COURT

City

ORLANDO

State

FL

Zip Code

32837

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ORLANDO HEALTH

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

08 / 15 / 2014

Transaction ID : SA11Al.17608

Amount of Each Receipt this Period

1500.00

Full Name (Last, First, Middle Initial)

**C. NEIL A. HAMILL**

Mailing Address 3882 SOUTH 177TH AVENUE

City

OMAHA

State

NE

Zip Code

68130

FEC ID number of contributing  
federal political committee.

C

Name of Employer

METHODIST HOSPITAL

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

08 / 09 / 2014

Transaction ID : SA11Al.17485

Amount of Each Receipt this Period

100.00

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

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

1750.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 15 OF 33

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. KAREN E. HARRIS**

Mailing Address 6440 WEST NEWBERRY ROAD

City  
GAINESVILLE

State Zip Code  
FL 32605

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FLORIDA WOMEN'S PHYSICIANS

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

08 / 15 / 2014

Transaction ID : SA11AI.17609

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B. CHRISTINE M. HERDE**

Mailing Address 2507 SOUTH ROAD

City  
POUGHKEEPSIE

State Zip Code  
NY 12603

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MOUNT KISCO MEDICAL GROUP

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

08 / 01 / 2014

Transaction ID : SA11AI.17436

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. WASHINGTON C. HILL**

Mailing Address 8304 ALEXANDRIA COURT

City  
SARASOTA

State Zip Code  
FL 34238

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FLORIDA STATE UNIVERSITY

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

08 / 16 / 2014

Transaction ID : SA11AI.17626

Amount of Each Receipt this Period

250.00

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

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

525.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 16 OF 33

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. CAROLINE A. KAUFMAN**

Mailing Address 1000 SAN MARCOS

City  
AUSTIN

State  
TX

Zip Code  
78702

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AUSTIN REGIONAL CLINIC

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

08 / 27 / 2014

Transaction ID : SA11AI.17572

Amount of Each Receipt this Period

175.00

Full Name (Last, First, Middle Initial)

**B. LEAH A. KAUFMAN**

Mailing Address 8525 WOODBOX ROAD

City  
MANLIUS

State  
NY

Zip Code  
13104

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NSLI JEWISH HEALTH SYSTEM

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

08 / 12 / 2014

Transaction ID : SA11AI.17504

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. TRACEY L. LAKIN**

Mailing Address 324 EAST 20TH STREET

City  
TULSA

State  
OK

Zip Code  
74120

FEC ID number of contributing  
federal political committee.

C

Name of Employer

THE WOMEN'S HEALTH GROUP

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 15 / 2014

Transaction ID : SA11AI.17480

Amount of Each Receipt this Period

250.00

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

475.00

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



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 17 OF 33

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. ROBERT P. LORENZ**

Mailing Address 3226 WELLINGTON COURT

City State Zip Code  
WEST BLOOMFIELD MI 48324

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WILLIAM BEAUMONT HOSPITAL

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

08 / 18 / 2014

Transaction ID : SA11AI.17558

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

**B. MARGARET P. MAEDER**

Mailing Address 856 JACKSON STREET

City State Zip Code  
DENVER CO 80206

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

08 / 22 / 2014

Transaction ID : SA11AI.17604

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

**C. KELLY SKILLING MCCUE**

Mailing Address 2345 FAIR OAKS BOULEVARD

City State Zip Code  
SACRAMENTO CA 95825

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
KAISER PERMANENTE

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

08 / 23 / 2014

Transaction ID : SA11AI.17566

Amount of Each Receipt this Period

215.00

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

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

765.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 18 OF 33

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. JEANNINE M. MCMAHON**

Mailing Address 11436 LAKEWOOD STREET

City State Zip Code  
CROWN POINT IN 46207

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CROWN POINT OB/GYN

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

08 / 21 / 2014

Transaction ID : SA11AI.17602

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

**B. AASTA MEHTA**

Mailing Address 201 NORTH 8TH STREET

City State Zip Code  
PHILADELPHIA PA 19106

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DREXEL UNIVERSITY

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1444.00

Date of Receipt

08 / 10 / 2014

Transaction ID : SA11AI.17492

Amount of Each Receipt this Period

209.00

Full Name (Last, First, Middle Initial)

**C. KEITH A. MICETICH**

Mailing Address 72 PHYSICIANS DRIVE

City State Zip Code  
JACKSON TN 38305

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
JACKSON WOMEN'S CENTER

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

08 / 01 / 2014

Transaction ID : SA11AI.17439

Amount of Each Receipt this Period

250.00

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

584.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 19 OF 33

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. OWEN C. MONTGOMERY**

Mailing Address 450 CHAPEL HEIGHTS ROAD

City  
SEWELL

State Zip Code  
NJ 08080

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DREXEL UNIVERSITY

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1997.00

Date of Receipt

08 / 06 / 2014

Transaction ID : SA11AI.17457

Amount of Each Receipt this Period

209.00

Full Name (Last, First, Middle Initial)

**B. LUKE A. NEWTON**

Mailing Address 314 TRAFALGAR

City  
SAN ANTONIO

State Zip Code  
TX 78216

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UT HEALTH SCIENCE CENTER

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

08 / 25 / 2014

Transaction ID : SA11AI.17605

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**C. MARIO M. PADILLA**

Mailing Address 1300 MURCHISON DRIVE

City  
EL PASO

State Zip Code  
TX 79902

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 06 / 2014

Transaction ID : SA11AI.17458

Amount of Each Receipt this Period

250.00

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

484.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 20 OF 33

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. AMIT I. PATEL**

Mailing Address 3822 BOWSER AVENUE

City  
DALLAS

State Zip Code  
TX 75219

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MODERN GYNECOLOGY

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 03 / 2014

**Transaction ID : SA11AI.17448**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. JAMES J. PEREZ**

Mailing Address 193 LAKE BLUFF DRIVE

City  
COLUMBUS

State Zip Code  
OH 43235

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DOCTORS HOSPITAL OHIO HEALTH

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 21 / 2014

**Transaction ID : SA11AI.17603**

Amount of Each Receipt this Period

120.00

Full Name (Last, First, Middle Initial)

**C. HOLLY S. PURITZ**

Mailing Address 7940 NORTH SHORE ROAD

City  
NORFOLK

State Zip Code  
VA 23505

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
THE GROUP FOR WOMEN

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1525.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 09 / 2014

**Transaction ID : SA11AI.17487**

Amount of Each Receipt this Period

245.00

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

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

465.00

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	13		14		15		16		17

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

[illegible]

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 22 OF 33

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. MARY E. SCHLEGEL**

Mailing Address 104 RED SUNSET PLACE

City State Zip Code  
 CARRBORO NC 27510

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 UNIVERSITY OF NORTH CAROLINA

Occupation  
 PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 08 / 2014

Transaction ID : SA11AI.17403

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. FRANCINE H. SINOFSKY**

Mailing Address 64 CEDAR AVENUE

City State Zip Code  
 HIGHLAND PARK NJ 08904

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 OB/GYN GROUP OF EAST BRUNSWICK

Occupation  
 PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

08 / 12 / 2014

Transaction ID : SA11AI.17525

Amount of Each Receipt this Period

175.00

Full Name (Last, First, Middle Initial)

**C. JOHN C. SMULIAN**

Mailing Address 3900 HAMILTON BOULEVARD

City State Zip Code  
 ALLENTOWN PA 18103

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 LEHIGH VALLEY HEALTH NETWORK

Occupation  
 PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 12 / 2014

Transaction ID : SA11AI.17507

Amount of Each Receipt this Period

250.00

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

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

675.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 23 OF 33

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. BENJAMIN STALNAKER**

Mailing Address 10023 AUTUMN LANE

City  
PENSACOLA

State Zip Code  
FL 32514

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 16 / 2014

Transaction ID : SA11Al.17627

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. MARY E. STAUBLE**

Mailing Address 2539 DELL ROAD

City  
LOUISVILLE

State Zip Code  
KY 40205

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UNIVERSITY OF LOUISVILLE

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 23 / 2014

Transaction ID : SA11Al.17567

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

**C. ANGELA R. STOEHR**

Mailing Address 5875 95TH AVENUE NORTH

City  
PINELLAS PARK

State Zip Code  
FL 33782

FEC ID number of contributing  
federal political committee.

C

Name of Employer

EASTERN IOWA HEALTH CENTER

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

08 / 14 / 2014

Transaction ID : SA11Al.17515

Amount of Each Receipt this Period

10.00

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

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

410.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 24 OF 33

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. DANA G. STONE**

Mailing Address 1730 HUNTINGTON AVENUE

City State Zip Code  
 OKLAHOMA CITY OK 73116

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1687.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 08 / 09 / 2014

**Transaction ID : SA11AI.17488**

Amount of Each Receipt this Period

210.00

Full Name (Last, First, Middle Initial)

**B. HOWARD T. STRASSNER**

Mailing Address 2432 NEWPORT ROAD

City State Zip Code  
 NORTHBROOK IL 60062

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RUSH UNIVERSITY MEDICAL CENTER

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1030.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 08 / 06 / 2014

**Transaction ID : SA11AI.17519**

Amount of Each Receipt this Period

430.00

Full Name (Last, First, Middle Initial)

**C. PATRICK J. SWEENEY**

Mailing Address 200 WINDMILL DRIVE

City State Zip Code  
 WAKEFIELD RI 02879

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 08 / 18 / 2014

**Transaction ID : SA11AI.17559**

Amount of Each Receipt this Period

175.00

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

815.00

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



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 25 OF 33

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. ELIZABETH J. TIGGES**

Mailing Address 615 FAHRNEY BOULEVARD

City State Zip Code  
OTTUMWA IA 52501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OTTUMWA REGIONAL HEALTH CENTER

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

08 / 02 / 2014

Transaction ID : SA11AI.17410

Amount of Each Receipt this Period

215.00

Full Name (Last, First, Middle Initial)

**B. JANICE TILDON-BURTON**

Mailing Address 1700 TALLEY ROAD

City State Zip Code  
WILMINGTON DE 19803

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1136.00

Date of Receipt

08 / 05 / 2014

Transaction ID : SA11AI.17454

Amount of Each Receipt this Period

209.00

Full Name (Last, First, Middle Initial)

**C. PAUL G. TOMICH**

Mailing Address 983255 NEBRASKA MEDICAL CENTER

City State Zip Code  
OMAHA NE 68198

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UNIVERSITY OF NEBRASKA

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3290.00

Date of Receipt

08 / 25 / 2014

Transaction ID : SA11AI.17568

Amount of Each Receipt this Period

750.00

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

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

1174.00

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

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

FOR LINE NUMBER: PAGE 26 OF 33  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. LUCY T. TOVMASIAN**

Mailing Address 70 SOUTH MUNN AVENUE

City State Zip Code  
EAST ORANGE NJ 07018

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 01 / 2014

Transaction ID : SA11AI.17440

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. MELISSA M. YATES**

Mailing Address 2163 LAKE BALDWIN LANE

City State Zip Code  
ORLANDO FL 32814

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ADVANCED REPRODUCTIVE

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

08 / 15 / 2014

Transaction ID : SA11AI.17613

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**C. ROBERT YELVERTON**

Mailing Address 2526 JETTON AVENUE

City State Zip Code  
TAMPA FL 33629

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

08 / 10 / 2014

Transaction ID : SA11AI.17495

Amount of Each Receipt this Period

70.00

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

330.00

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

18499.33

**SCHEDULE A (FEC Form 3X)****ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 OF 33

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. SCHOCK FOR CONGRESS**

Mailing Address P.O. BOX 10555

City  
PEORIAState  
ILZip Code  
61612FEC ID number of contributing  
federal political committee.**C** C00437756

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		29		2014

**Transaction ID : SA16.17632**

Amount of Each Receipt this Period

500.00

REFUND OF 03/19/2014 CONTRIBUTION

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

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

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

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

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y

Amount of Each Receipt this Period

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

500.00

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

500.00

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

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

### A. AMERICAN EXPRESS

Date of Disbursement

Transaction ID : SB21B.17392

Category/  
Type

Disbursement For:

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

Amount of Each Disbursement this Period

7.95

Full Name (Last, First, Middle Initial)

## B. AMERICAN EXPRESS

Date of Disbursement

MM / DD / YYYY

Transaction ID : SB21B.17393

Category/  
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Amount of Each Disbursement this Period

Age Group	Percentage
18-24	17.93
25-34	17.93
35-44	17.93
45-54	17.93
55-64	17.93
65-74	17.93
75-84	17.93
85+	17.93

Full Name (Last, First, Middle Initial)

### C. FIRST NATIONAL MERCHANT SOLUTIONS

Date of Disbursement

08 / 05 / 2014

Transaction ID : SB21B.17394

Amount of Each Disbursement this Period

Category/  
Type

Disbursement For:

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

Amount of Each Disbursement this Period

474.41

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

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

661.73

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

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

Percentage

44.98

44.99

751.70

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

PAGE 30 OF 33

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. BERA VICTORY FUND**

Mailing Address 5429 MADISON AVENUE

City	State	Zip Code
SACRAMENTO	CA	95841

Purpose of Disbursement  
ALLOCATED CONTRIBUTION

Candidate Name

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

State: District:

Disbursement For:

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		04		2014

**Transaction ID : SB23.17427**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**B. BRALEY FOR IOWA**

Mailing Address P.O. BOX 856

City	State	Zip Code
DES MOINES	IA	50304

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

**BRUCE L. BRALEY**

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

State: IA District: 00

Disbursement For: 2014

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		11		2014

**Transaction ID : SB23.17466**

Amount of Each Disbursement this Period

4000.00
---------

Full Name (Last, First, Middle Initial)

**C. CHRIS GIBSON FOR CONGRESS**

Mailing Address P.O. BOX 255

City	State	Zip Code
KINDERHOOK	NY	12106

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

**CHRISTOPHER P. GIBSON**

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

State: NY District: 19

Disbursement For: 2014

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		04		2014

**Transaction ID : SB23.17421**

Amount of Each Disbursement this Period

2500.00
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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

11500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 31 OF 33

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. DEMOCRATIC STATE CENTRAL COMMITTEE OF CALIFORNIA - FEDERAL**

Mailing Address 1401 21ST STREET

City	State	Zip Code
SACRAMENTO	CA	95811

Purpose of Disbursement  
BERA VICTORY FUND ALLOCATION

Candidate Name

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

State: District:

Disbursement For:

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		04		2014

**Transaction ID : SB23.17431**

Amount of Each Disbursement this Period

5000.00
---------

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B. DOLD FOR CONGRESS**

Mailing Address P.O. BOX 6312

City	State	Zip Code
LIBERTYVILLE	IL	60048

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

**ROBERT J. DOLD, JR.**

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

State: IL District: 10

Disbursement For: 2014

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		11		2014

**Transaction ID : SB23.17467**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF NAN HAYWORTH**

Mailing Address P.O. BOX 394

City	State	Zip Code
FISHKILL	NY	12524

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

**NAN HAYWORTH**

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

State: NY District: 18

Disbursement For: 2014

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		11		2014

**Transaction ID : SB23.17468**

Amount of Each Disbursement this Period

5000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

10000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 32 OF 33

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. JENKINS FOR CONGRESS**

Mailing Address P.O. BOX 727

City	State	Zip Code
HUNTINGTON	WV	25711

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

**EVAN H. JENKINS**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: WV District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		11		2014

**Transaction ID : SB23.17469**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**B. NUNN FOR SENATE**

Mailing Address P.O. BOX 78936

City	State	Zip Code
ATLANTA	GA	30357

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

**MARY M. NUNN**Office Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: GA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		11		2014

**Transaction ID : SB23.17471**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**C. PALLONE FOR CONGRESS**

Mailing Address P.O. BOX 3176

City	State	Zip Code
LONG BRANCH	NJ	07740

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

**FRANK PALLONE JR.**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NJ District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		11		2014

**Transaction ID : SB23.17474**

Amount of Each Disbursement this Period

5000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 33 OF 33

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. SCHOCK FOR CONGRESS**

Mailing Address P.O. BOX 10555

City  
PEORIAState  
ILZip Code  
61612Purpose of Disbursement  
CONTRIBUTION

Candidate Name

**AARON J. SCHOCK**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

State: IL District: 18

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	29	/	2014

**Transaction ID : SB23.17633**

Amount of Each Disbursement this Period

500.00
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Full Name (Last, First, Middle Initial)

**B. UDALL FOR COLORADO**

Mailing Address P.O. BOX 40158

City  
DENVERState  
COZip Code  
80204Purpose of Disbursement  
CONTRIBUTION

Candidate Name

**MARK E. UDALL**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

State: CO District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	04	/	2014

**Transaction ID : SB23.17424**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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

5500.00
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42000.00
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