

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

Election on

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

in the
State of

(d) 30-Day

POST-Election

Report for the:

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

Election on

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

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
08 01 2013

through

M M M / D D D / Y Y Y Y Y Y
08 31 2013

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 2013

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

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

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

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

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y 08 / 01 / 2013 To: M M / D D / Y Y Y Y Y Y 08 / 31 / 2013

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2013		95382.62
(b) Cash on Hand at Beginning of Reporting Period.....	252547.80	
(c) Total Receipts (from Line 19)	25834.33	426473.32
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	278382.13	521855.94
7. Total Disbursements (from Line 31)	4648.12	248121.93
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	273734.01	273734.01
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	



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

For further information contact:

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

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

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

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

Report Covering the Period:

From:

M M / D D / Y Y Y Y Y
08 01 2013

To:

M M / D D / Y Y Y Y Y
08 31 2013

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).....

20318.33

319263.97

(ii) Unitemized

5516.00

99162.32

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ►

25834.33

418426.29

(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) ►

25834.33

418426.29

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

47.03

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

8000.00

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))..... ►

25834.33

426473.32

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ►

25834.33

426473.32

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	648.12	10621.93
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	648.12	10621.93
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	4000.00	235500.00
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	0.00
(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	0.00
29. Other Disbursements	0.00	2000.00
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)) ..	4648.12	248121.93
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	4648.12	248121.93

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)	25834.33	418426.29
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	25834.33	418426.29
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	648.12	10621.93
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	47.03
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	648.12	10574.90

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

PAGE 6 OF 37

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

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

NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. JOHANNA J. ABERNATHY

Mailing Address P.O. BOX 3080

City

CEDAR RAPIDS

State

IA

Zip Code

52406

FEC ID number of contributing
federal political committee.

C

Name of Employer

OB/GYN ASSOCIATES

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	6		2	0	1	3

Transaction ID : SA11AI.7913

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. ILANA B. ADDIS

Mailing Address 1501 NORTH CAMPBELL AVENUE

City

TUCSON

State

AZ

Zip Code

85724

FEC ID number of contributing
federal political committee.

C

Name of Employer

UNIVERSITY OF ARIZONA

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	7		2	0	1	3

Transaction ID : SA11AI.7833

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

C. KENNETH I. BARRON

Mailing Address 195 MORRIS AVENUE

City

PROVIDENCE

State

RI

Zip Code

02906

FEC ID number of contributing
federal political committee.

C

Name of Employer

TRUESDALE OB/GYN

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
0	8		0	6		2	0	1	3

Transaction ID : SA11AI.7799

Amount of Each Receipt this Period

250.00

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

650.00

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 PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. JOSEPH R. BIGGIO

Mailing Address 314 LA PLAYA PLACE

City

BIRMINGHAM

State

AL

Zip Code

35209

FEC ID number of contributing
federal political committee.

C

Name of Employer

UNIVERSITY OF ALABAMA

Occupation

PHYSICIAN

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08	/	22	/	2013

Transaction ID : SA11AI.7968

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. MAY H. BLANCHARD

Mailing Address 1316 BELT STREET

City

BALTIMORE

State

MD

Zip Code

21230

FEC ID number of contributing
federal political committee.

C

Name of Employer

UNIVERSITY OF MARYLAND

Occupation

PHYSICIAN

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08	/	26	/	2013

Transaction ID : SA11AI.8019

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

C. CONSTANCE BOHON

Mailing Address 15201 ARMINIO COURT

City

DARNESTOWN

State

MD

Zip Code

20874

FEC ID number of contributing
federal political committee.

C

Name of Employer

CAPITAL WOMEN'S CARE

Occupation

PHYSICIAN

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08	/	14	/	2013

Transaction ID : SA11AI.7905

Amount of Each Receipt this Period

150.00

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

550.00

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

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

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

FOR LINE NUMBER: PAGE 8 OF 37
(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)

<p>Full Name (Last, First, Middle Initial) A. MARYANNE C. BOMBAUGH</p> <p>Mailing Address 81 CLOWES DRIVE</p> <p>City FALMOUTH State MA Zip Code 02540</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer CARITAS HEALTHCARE Occupation PHYSICIAN</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 450.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 08 / 26 / 2013 Transaction ID : SA11AI.8020</p> <p>Amount of Each Receipt this Period 150.00</p>		
<p>Full Name (Last, First, Middle Initial) B. KEITH R. BRILL</p> <p>Mailing Address 5502 SOUTH FORT APACHE ROAD</p> <p>City LAS VEGAS State NV Zip Code 89148</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer WOMEN'S SPECIALTY CARE Occupation PHYSICIAN</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 520.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 08 / 16 / 2013 Transaction ID : SA11AI.7914</p> <p>Amount of Each Receipt this Period 65.00</p>		
<p>Full Name (Last, First, Middle Initial) C. ERIN C. BROUSSEAU</p> <p>Mailing Address 85 STRATHMORE ROAD</p> <p>City CRANSTON State RI Zip Code 02905</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer WOMEN & INFANTS HOSPITAL Occupation PHYSICIAN</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 625.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 08 / 30 / 2013 Transaction ID : SA11AI.8023</p> <p>Amount of Each Receipt this Period 150.00</p>		
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			365.00		
<p>TOTAL 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)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. WILLIAM E. BROWN

Mailing Address 2251 STANTONSBURG ROAD

City State Zip Code
 GREENVILLE NC 27834

FEC ID number of contributing
federal political committee.

C

Name of Employer
 PHYSICIANS EAST

Occupation
 PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

08 / 06 / 2013

Transaction ID : SA11AI.7835

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. KRISTIN BROZENA

Mailing Address 114 TALAVERIA PARKWAY

City State Zip Code
 SAN ANTONIO TX 78232

FEC ID number of contributing
federal political committee.

C

Name of Employer
 WOMEN PARTNERS IN OB/GYN

Occupation
 PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

08 / 14 / 2013

Transaction ID : SA11AI.7868

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. KARL M. BUTTERMAN

Mailing Address 4045 SMALL DRIVE

City State Zip Code
 AUSTIN TX 78731

FEC ID number of contributing
federal political committee.

C

Name of Employer
 AUSTIN MEDICAL EDUCATION

Occupation
 PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

08 / 06 / 2013

Transaction ID : SA11AI.7800

Amount of Each Receipt this Period

100.00

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

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

600.00

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

PAGE 10 OF 37

<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. DIVYA B. CANTOR

Mailing Address 1409 MOCKINGBIRD TERRACE DRIVE

City	State	Zip Code
LOUISVILLE	KY	40207

FEC ID number of contributing
federal political committee.

C

Name of Employer

LOUISVILLE OB/GYN

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	14	/	2013

Transaction ID : SA11AI.7906

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. CHARLES A. CASTLE

Mailing Address 555 NORTH DUKE STREET

City	State	Zip Code
LANCASTER	PA	17602

FEC ID number of contributing
federal political committee.

C

Name of Employer

LANCASTER GENERAL HOSPITAL

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	07	/	2013

Transaction ID : SA11AI.7834

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

C. JAMES P. CHANEY

Mailing Address 1730 HIGHWAY 25 NORTH

City	State	Zip Code
AMORY	MS	38821

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 ▼

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	22	/	2013

Transaction ID : SA11AI.7974

Amount of Each Receipt this Period

50.00

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

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

450.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 OF 37

(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. 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 ▼

2183.31

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	16	/	2013

Transaction ID : SA11AI.7915

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

B. JEANNE A. CONRY

Mailing Address 8204 CANTERSHIRE WAY

City	State	Zip Code
GRANITE BAY	CA	95746

FEC ID number of contributing federal political committee.

C

Name of Employer

PERMANENTE MEDICAL GROUP

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3160.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	03	/	2013

Transaction ID : SA11AI.7810

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. JEANNE A. CONRY

Mailing Address 8204 CANTERSHIRE WAY

City	State	Zip Code
GRANITE BAY	CA	95746

FEC ID number of contributing federal political committee.

C

Name of Employer

PERMANENTE MEDICAL GROUP

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	23	/	2013

Transaction ID : SA11AI.7893

Amount of Each Receipt this Period

100.00

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

433.33

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

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

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

FOR LINE NUMBER: PAGE 12 OF 37

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. THOMAS S. DARDARIAN

Mailing Address 108 CETON COURT

City

BROOMAIL

State

PA

Zip Code

19008

FEC ID number of contributing
federal political committee.

C

Name of Employer

MAIN LINE WOMEN'S HEALTH CARE

Occupation

PHYSICIAN

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 15 / 2013

Transaction ID : SA11AI.7908

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

B. ROBERT H. DEBBS

Mailing Address 2 SASSAFRAS COURT

City

VOORHEES

State

NJ

Zip Code

08043

FEC ID number of contributing
federal political committee.

C

Name of Employer

UNIVERSITY OF PENNSYLVANIA

Occupation

PHYSICIAN

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 10 / 2013

Transaction ID : SA11AI.7859

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. MARK S. DEFRANCESCO

Mailing Address 35 TERRELL FARM PLACE

City

CHESHIRE

State

CT

Zip Code

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 ▼

2225.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 03 / 2013

Transaction ID : SA11AI.7811

Amount of Each Receipt this Period

200.00

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

425.00

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 PageFOR LINE NUMBER:
(check only one)

PAGE 13 OF 37

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. NATHANIEL DENICOLA

Mailing Address 2121 PINE STREET

City

PHILADELPHIA

State

PA

Zip Code

19103

FEC ID number of contributing
federal political committee.

C

Name of Employer

UNIVERSITY OF PENNSYLVANIA

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1504.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08	/	23	/	2013

Transaction ID : SA11Al.7976

Amount of Each Receipt this Period

209.00

Full Name (Last, First, Middle Initial)

B. IAN S. EBESUGAWA

Mailing Address 75 PUUHONU PLACE

City

HILO

State

HI

Zip Code

96720

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 ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08	/	13	/	2013

Transaction ID : SA11Al.7869

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. TRINIDAD ESPIRITU-GARCIA

Mailing Address 306 NORTHEAST 19TH DRIVE

City

OKEECHOBEE

State

FL

Zip Code

34972

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 ▼

600.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08	/	21	/	2013

Transaction ID : SA11Al.7933

Amount of Each Receipt this Period

600.00

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

1809.00

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 PageFOR LINE NUMBER:
(check only one)

PAGE 14 OF 37

<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. NANCY FAN

Mailing Address 1806 NORTH VAN BUREN STREET

City	State	Zip Code
WILMINGTON	DE	19802

FEC ID number of contributing
federal political committee.

C

Name of Employer

ST. FRANCIS HOSPITAL

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	16	/	2013

Transaction ID : SA11AI.7904

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. 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

SCRIPPS COASTAL MEDICAL GROUP

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1254.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	12	/	2013

Transaction ID : SA11AI.7865

Amount of Each Receipt this Period

209.00

Full Name (Last, First, Middle Initial)

C. RAVI GADA

Mailing Address 1543 CAMINO LAGO

City	State	Zip Code
IRVING	TX	75039

FEC ID number of contributing
federal political committee.

C

Name of Employer

DALLAS FORT WORTH FERTILITY

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	09	/	2013

Transaction ID : SA11AI.7852

Amount of Each Receipt this Period

1675.00

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

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

2134.00

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

PAGE 15 OF 37

<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. MEADOW M. GOOD

Mailing Address 5148 WILLIS AVENUE

City	State	Zip Code
DALLAS	TX	75206

FEC ID number of contributing
federal political committee.

C

Name of Employer

UT SOUTHWESTERN

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08	/	21	/	2013

Transaction ID : SA11AI.7937

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. CHRISTINE S. GOUDGE WALKER

Mailing Address 15015 FREDERICK ROAD

City	State	Zip Code
ROGERS	MN	55374

FEC ID number of contributing
federal political committee.

C

Name of Employer

PARK NICOLLET

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08	/	09	/	2013

Transaction ID : SA11AI.7825

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. CECILIA F. GRASINGER

Mailing Address 381 DEERFIELD ROAD

City	State	Zip Code
BOONE	NC	28607

FEC ID number of contributing
federal political committee.

C

Name of Employer

HARMONY CENTER FOR WOMEN

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
08	/	26	/	2013

Transaction ID : SA11AI.8013

Amount of Each Receipt this Period

250.00

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

525.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 16 OF 37

☒ 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. LAURIE C. GREGG

Mailing Address 1846 ROCKWOOD DRIVE

City

SACRAMENTO

State

CA

Zip Code

95864

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1650.00

Date of Receipt

08 / 21 / 2013

Transaction ID : SA11AI.8006

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

B. 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
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

800.00

Date of Receipt

08 / 09 / 2013

Transaction ID : SA11AI.7853

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. CHARLES B. HAMMOND

Mailing Address P.O. BOX 3853

City

DURHAM

State

NC

Zip Code

27710

FEC ID number of contributing
federal political committee.

C

Name of Employer

DUKE UNIVERSITY MEDICAL CENTER

Occupation

PHYSICIAN

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 02 / 2013

Transaction ID : SA11AI.7790

Amount of Each Receipt this Period

250.00

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

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

500.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 17 OF 37

☒ 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. TAMARA HELFER

Mailing Address 4412 TROSTSHIRE CIRCLE

City State Zip Code
 CHAMPAIGN IL 61822

FEC ID number of contributing
federal political committee.

C

Name of Employer

CHRISTIE CLINIC

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y Y
 08 / 21 / 2013

Transaction ID : SA11AI.8001

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

B. JOEL B. HENRY

Mailing Address 14 MADELINE ISLAND

City State Zip Code
 MADISON WI 53719

FEC ID number of contributing
federal political committee.

C

Name of Employer

UNIVERSITY OF WISCONSIN

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 / 08 / 2013

Transaction ID : SA11AI.7827

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

C. THOMAS W. HEPFER

Mailing Address 2810 LILLINGTON DRIVE

City State Zip Code
 SUMTER SC 29150

FEC ID number of contributing
federal political committee.

C

Name of Employer

SUMTER OB/GYN

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y
 08 / 24 / 2013

Transaction ID : SA11AI.7984

Amount of Each Receipt this Period

50.00

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

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

350.00

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

PAGE 18 OF 37

<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. KIMIE K. HIRABAYASHI

Mailing Address P.O. BOX 23147

City

HONOLULU

State

HI

Zip Code

96823

FEC ID number of contributing
federal political committee.

C

Name of Employer

KAISER PERMANENTE

Occupation

PHYSICIAN

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	6		2	0	1	3

Transaction ID : SA11AI.7918

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. SHELLY HOLMSTROM

Mailing Address 633 BOSPHOROUS AVENUE

City

TAMPA

State

FL

Zip Code

33606

FEC ID number of contributing
federal political committee.

C

Name of Employer

UNIVERSITY OF SOUTH FLORIDA

Occupation

PHYSICIAN

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	1		2	0	1	3

Transaction ID : SA11AI.7817

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. ANN L. HONEBRINK

Mailing Address 130 VALLEY ROAD

City

ARDMORE

State

PA

Zip Code

19003

FEC ID number of contributing
federal political committee.

C

Name of Employer

UNIVERSITY OF PENNSYLVANIA

Occupation

PHYSICIAN

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	8		2	0	1	3

Transaction ID : SA11AI.8022

Amount of Each Receipt this Period

150.00

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

420.00

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 PageFOR LINE NUMBER:
(check only one)

PAGE 19 OF 37

<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. DIANE J. HORVATH-COSPER

Mailing Address 3238 HILL RIDGE DRIVE

City	State	Zip Code
EAGAN	MN	55121

FEC ID number of contributing
federal political committee.

C

Name of Employer

HEALTH PARTNERS

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	10	/	2013

Transaction ID : SA11AI.7860

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. DIANNE D. HOTMER

Mailing Address 817 KIMBERLY LANE

City	State	Zip Code
WEST CHESTER	PA	19382

FEC ID number of contributing
federal political committee.

C

Name of Employer

WOMEN'S HEALTH CARE GROUP

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	06	/	2013

Transaction ID : SA11AI.7803

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. DOUGLAS H. KIRKPATRICK

Mailing Address 400 SOUTH STEELE STREET

City	State	Zip Code
DENVER	CO	80209

FEC ID number of contributing
federal political committee.

C

Name of Employer

RED ROCKS OB/GYN

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	03	/	2013

Transaction ID : SA11AI.7794

Amount of Each Receipt this Period

250.00

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

550.00

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

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

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

FOR LINE NUMBER: PAGE 20 OF 37
(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)

<p>Full Name (Last, First, Middle Initial) A. SANDRA KOCH MCFARREN</p> <p>Mailing Address 1776 BRUSH DRIVE</p> <p>City State Zip Code CARSON CITY NV 89703</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation CARSON MEDICAL GROUP PHYSICIAN</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1350.00</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 08 22 2013</p> <p>Transaction ID : SA11AI.8011</p> <p>Amount of Each Receipt this Period 150.00</p>
<p>Full Name (Last, First, Middle Initial) B. LIZA H. KUNZ</p> <p>Mailing Address 394 SUNSET AVENUE</p> <p>City State Zip Code SUNNYVALE CA 94086</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation PALO ALTO MEDICAL FOUNDATION PHYSICIAN</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 08 21 2013</p> <p>Transaction ID : SA11AI.7945</p> <p>Amount of Each Receipt this Period 250.00</p>
<p>Full Name (Last, First, Middle Initial) C. EDUARDO LARA-TORRE</p> <p>Mailing Address 5907 CAVALIER DRIVE</p> <p>City State Zip Code ROANOKE VA 24018</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation CARILION CLINIC 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 17 2013</p> <p>Transaction ID : SA11AI.7901</p> <p>Amount of Each Receipt this Period 150.00</p>
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>		<p>550.00</p>
<p>TOTAL 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 PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. MELISSA E. LARSEN

Mailing Address 2509 NANTES WAY

City

BAKERSFIELD

State

CA

Zip Code

93311

FEC ID number of contributing
federal political committee.

C

Name of Employer

KERN MEDICAL CENTER

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		05		2013

Transaction ID : SA11Al.7808

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. EDWARD S. LINN

Mailing Address 3710 FOSTER STREET

City

EVANSTON

State

IL

Zip Code

60203

FEC ID number of contributing
federal political committee.

C

Name of Employer

COOK COUNTY HEALTH SYSTEM

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		23		2013

Transaction ID : SA11Al.7978

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. HODA H. MAAROUF

Mailing Address 3435 NORTHWEST 56TH STREET

City

OKLAHOMA CITY

State

OK

Zip Code

73112

FEC ID number of contributing
federal political committee.

C

Name of Employer

WOMEN'S PREVENTIVE HEALTHCARE

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		23		2013

Transaction ID : SA11Al.7980

Amount of Each Receipt this Period

500.00

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

850.00

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

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

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

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(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. JAMES A. MACER

Mailing Address 10 CONGRESS STREET

City State Zip Code
PASADENA CA 91105

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 ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 03 / 2013

Transaction ID : SA11Al.7813

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. JAMES A. MACER

Mailing Address 10 CONGRESS STREET

City State Zip Code
PASADENA CA 91105

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 ▼

1350.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 08 / 2013

Transaction ID : SA11Al.7828

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. ROBIN D. MATTHEWS

Mailing Address 39 FLAT ROCK ROAD

City State Zip Code
WAYNESVILLE NC 28786

FEC ID number of contributing
federal political committee.

C

Name of Employer

HAYWOOD WOMEN'S MEDICAL CENTER

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 09 / 2013

Transaction ID : SA11Al.7855

Amount of Each Receipt this Period

20.00

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

520.00

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

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. RICHARD A. MCCAULEY

Mailing Address 1605 KINGSLEY AVENUE

City State Zip Code
 ORANGE PARK FL 32073

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 ▼

1000.00

Date of Receipt

08 / 23 / 2013

Transaction ID : SA11AI.7895

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. KELLY SKILLING MCCUE

Mailing Address 1330 NORTH DAVIS FARM ROAD

City State Zip Code
 DAVIS CA 95616

FEC ID number of contributing
federal political committee.

C

Name of Employer

PERMANENTE MEDICAL GROUP

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

08 / 07 / 2013

Transaction ID : SA11AI.7798

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. LINDA S. MIHALOV

Mailing Address P.O. BOX 900

City State Zip Code
 SEATTLE WA 98111

FEC ID number of contributing
federal political committee.

C

Name of Employer

VIRGINIA MASON MEDICAL CENTER

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 26 / 2013

Transaction ID : SA11AI.8015

Amount of Each Receipt this Period

250.00

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)
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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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. ALFRED H. MOFFETT

Mailing Address 410 OAK HAMMOCK LANE

City State Zip Code
LEESBURG FL 34748

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 / 23 / 2013

Transaction ID : SA11AI.7897

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. OWEN C. MONTGOMERY

Mailing Address 450 CHAPEL HEIGHTS ROAD

City State Zip Code
SEWELL 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 ▼

1295.00

Date of Receipt

08 / 06 / 2013

Transaction ID : SA11AI.7806

Amount of Each Receipt this Period

209.00

Full Name (Last, First, Middle Initial)

C. OWEN C. MONTGOMERY

Mailing Address 450 CHAPEL HEIGHTS ROAD

City State Zip Code
SEWELL 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 ▼

1545.00

Date of Receipt

08 / 09 / 2013

Transaction ID : SA11AI.7826

Amount of Each Receipt this Period

250.00

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

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

709.00

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

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

FOR LINE NUMBER: PAGE 25 OF 37
(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. JEANINE K. MORRIS-RUSH

Mailing Address 223 BROOKVILLE ROAD

City State Zip Code
 BROOKVILLE NY 11545

FEC ID number of contributing
federal political committee.

C

Name of Employer
 PREFERRED WOMEN'S HEALTH

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 / 27 / 2013

Transaction ID : SA11AI.7988

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. PETER T. NASSAR

Mailing Address 363 EAST ALMOND AVENUE

City State Zip Code
 MADERA CA 93637

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

M M / D D / Y Y Y Y Y
 08 / 21 / 2013

Transaction ID : SA11AI.8002

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. LUKE A. NEWTON

Mailing Address 314 TRAFALGAR

City State Zip Code
 SAN ANTONIO 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 ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y
 08 / 25 / 2013

Transaction ID : SA11AI.7986

Amount of Each Receipt this Period

25.00

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

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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. VINU D. PATEL

Mailing Address 9325 GLADES ROAD

City

BOCA RATON

State

FL

Zip Code

33434

FEC ID number of contributing
federal political committee.

C

Name of Employer

PALM BEACH PERINATAL CENTER

Occupation

PHYSICIAN

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 16 / 2013

Transaction ID : SA11AI.7920

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. ZOYA PREYS

Mailing Address 17601 ARVIDA DRIVE

City

GRANADA HILLS

State

CA

Zip Code

91344

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 / 09 / 2013

Transaction ID : SA11AI.7772

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. HOLLY S. PURITZ

Mailing Address 7940 NORTH SHORE ROAD

City

NORFOLK

State

VA

Zip Code

23505

FEC ID number of contributing
federal political committee.

C

Name of Employer

THE GROUP FOR WOMEN

Occupation

PHYSICIAN

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2550.00

Date of Receipt

08 / 09 / 2013

Transaction ID : SA11AI.7856

Amount of Each Receipt this Period

100.00

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

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

600.00

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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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. MICHELE P. ROONEY

Mailing Address 584 GLASMERE ROAD

City State Zip Code
 MAHWAH NJ 07430

FEC ID number of contributing
federal political committee.

C

Name of Employer

VALLEY CENTER

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 13 / 2013

Transaction ID : SA11Al.7878

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. HEATHER Z. SANKEY

Mailing Address 34 LONGFELLOW DRIVE

City State Zip Code
 WEST SPRINGFIELD MA 01089

FEC ID number of contributing
federal political committee.

C

Name of Employer

BAYSTATE MEDICAL PRACTICES

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.00

Date of Receipt

08 / 11 / 2013

Transaction ID : SA11Al.7863

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. JONATHAN A. SCHAFFIR

Mailing Address 5928 EVELYTON ROAD

City State Zip Code
 NEW ALBANY OH 43054

FEC ID number of contributing
federal political committee.

C

Name of Employer

OHIO STATE UNIVERSITY

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

08 / 23 / 2013

Transaction ID : SA11Al.7899

Amount of Each Receipt this Period

100.00

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

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

610.00

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

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. ANTHONY C. SCISCIONE

Mailing Address 4755 OGLETOWN-STANTON ROAD

City	State	Zip Code
NEWARK	DE	19718

FEC ID number of contributing
federal political committee.

C

Name of Employer

CHRISTIANA CARE HEALTH

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	08	/	2013

Transaction ID : SA11AI.7831

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. MARK S. SEIGEL

Mailing Address 8406 LYNBROOK DRIVE

City	State	Zip Code
BETHESDA	MD	20814

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 ▼

550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	27	/	2013

Transaction ID : SA11AI.8021

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. LAURA SIROTT

Mailing Address 249 SOUTH BERKELEY AVENUE

City	State	Zip Code
PASADENA	CA	91107

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 ▼

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	02	/	2013

Transaction ID : SA11AI.7815

Amount of Each Receipt this Period

750.00

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

1100.00

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

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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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. BARRY D. SMITH

Mailing Address P.O. BOX 238

City
NORWICH

State Zip Code
VT 05055

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 ▼

3350.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 16 / 2013

Transaction ID : SA11AI.7922

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. CHAD M. SMITH

Mailing Address 1517 BRIAR MEADE CIRCLE

City
EDMOND

State Zip Code
OK 73025

FEC ID number of contributing
federal political committee.

C

Name of Employer

UNIVERSITY OF OKLAHOMA

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 04 / 2013

Transaction ID : SA11AI.7809

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. STEPHEN J. SMITH

Mailing Address P.O. BOX 504

City
GWYNEDD VALLEY

State Zip Code
PA 19437

FEC ID number of contributing
federal political committee.

C

Name of Employer

ABINGTON PERINATAL ASSOCIATES

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 20 / 2013

Transaction ID : SA11AI.7998

Amount of Each Receipt this Period

150.00

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

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

1175.00

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

Use separate schedule(s)
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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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. STEPHEN P. SNOW

Mailing Address 4090 SCARLET IRIS PLACE

City State Zip Code
WINTER PARK FL 32792

FEC ID number of contributing
federal political committee.

C

Name of Employer
WOMEN'S CARE FLORIDA

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 21 / 2013

Transaction ID : SA11AI.7955

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. 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 ▼

1435.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 09 / 2013

Transaction ID : SA11AI.7857

Amount of Each Receipt this Period

209.00

Full Name (Last, First, Middle Initial)

C. 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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 19 / 2013

Transaction ID : SA11AI.7995

Amount of Each Receipt this Period

250.00

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

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

959.00

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

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

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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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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. SCOTT A. SULLIVAN

Mailing Address 3423 VANDERHIRST CIRCLE

City State Zip Code
MT. PLEASANT SC 29466

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDICAL UNIVERSITY OF SC

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

08 / 08 / 2013

Transaction ID : SA11AI.7832

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

B. UDELE V. TAYLOR-RANDALL

Mailing Address 43 ROOSEVELT AVENUE

City State Zip Code
GLEN HEAD NY 11545

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 / 08 / 2013

Transaction ID : SA11AI.7844

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. KIM L. THORNTON

Mailing Address 73 WASHBURN AVENUE

City State Zip Code
WELLESLEY MA 02481

FEC ID number of contributing
federal political committee.

C

Name of Employer
BOSTON IVF

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

08 / 14 / 2013

Transaction ID : SA11AI.7892

Amount of Each Receipt this Period

50.00

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

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

450.00

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

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

FOR LINE NUMBER: PAGE 32 OF 37
(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. 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 ▼

1049.98

Date of Receipt

08 / 02 / 2013

Transaction ID : SA11AI.7816

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. PAUL G. TOMICH

Mailing Address 3637 QUINCE STREET

City State Zip Code
 DOWNERS GROVE IL 60515

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 ▼

2600.00

Date of Receipt

08 / 19 / 2013

Transaction ID : SA11AI.7994

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. ERIN E. TRACY

Mailing Address 5 HIGH STREET

City State Zip Code
 STONEHAM MA 02180

FEC ID number of contributing
federal political committee.

C

Name of Employer

MASS GENERAL PHYSICIANS

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1254.00

Date of Receipt

08 / 12 / 2013

Transaction ID : SA11AI.7867

Amount of Each Receipt this Period

209.00

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

559.00

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 33 OF 37

(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. HOWARD M. WEINSTEIN

Mailing Address 600 EAST GENESEE STREET

City State Zip Code
 SYRACUSE NY 13202

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 ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
 08 / 01 / 2013

Transaction ID : SA11AI.7820

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

B. LAURA D. WOLFSWINKEL

Mailing Address 2136 CANDELERO STREET

City State Zip Code
 SANTA FE NM 87505

FEC ID number of contributing
federal political committee.

C

Name of Employer

GALISTEO OB/GYN

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 / 22 / 2013

Transaction ID : SA11AI.8009

Amount of Each Receipt this Period

250.00

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 ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
 08 / 15 / 2013

Transaction ID : SA11AI.7910

Amount of Each Receipt this Period

50.00

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

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

425.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial) A. MARILYN SAU YING YOUNG</p> <p>Mailing Address 9009 LIGON COURT</p> <p>City State Zip Code FORT MYERS FL 33908</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation RETIRED PHYSICIAN</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </p> <p>Aggregate Year-to-Date ▼ 250.00</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 08 27 2013 Transaction ID : SA11AI.7990 </p> <p>Amount of Each Receipt this Period 250.00</p>
<p>Full Name (Last, First, Middle Initial) B.</p> <p>Mailing Address</p> <p>City State Zip Code</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </p> <p>Aggregate Year-to-Date ▼</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y </p> <p>Amount of Each Receipt this Period</p>
<p>Full Name (Last, First, Middle Initial) C.</p> <p>Mailing Address</p> <p>City State Zip Code</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </p> <p>Aggregate Year-to-Date ▼</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y </p> <p>Amount of Each Receipt this Period</p>
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p> <p>TOTAL This Period (last page this line number only)..... ▶</p>		<p>250.00</p> <p>20318.33</p>

<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

Mailing Address P.O. BOX 53852

City	State	Zip Code
PHOENIX	AZ	85072

Purpose of Disbursement	CREDIT CARD TRANSACTION FEES
-------------------------	------------------------------

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

Three digital displays are shown side-by-side. The first display shows '08' with two small squares above it. The second display shows '05' with two small squares above it. The third display shows '2013' with four small squares above it. There are slashes between the displays.

Transaction ID : SB21B.7787

Amount of Each Disbursement this Period

206.97

Full Name (Last, First, Middle Initial)

B. AMERICAN EXPRESS

Mailing Address P.O. BOX 53852

City	State	Zip Code
PHOENIX	AZ	85072

Purpose of Disbursement
CREDIT CARD TRANSACTION FEES

Candidate Name

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

State: District:

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

Three date pickers are shown, each with a top row of month, day, and year labels and a bottom row of the selected value. The first picker shows '08' for the month. The second picker shows '28' for the day. The third picker shows '2013' for the year.

Transaction ID : SB21B.8012

Amount of Each Disbursement this Period

7.95

Full Name (Last, First, Middle Initial)

C. FIRST NATIONAL MERCHANT SOLUTIONS

Mailing Address 1620 DODGE STREET

City	State	Zip Code
OMAHA	NE	68197

Purpose of Disbursement
CREDIT CARD TRANSACTION FEES

Candidate Name

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

State: District:

Date of Disbursement

Transaction ID : SB21B.7788

Amount of Each Disbursement this Period

433.20

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

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

648.12

648.12

	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

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

A. BRADY FOR CONGRESS

Date of Disbursement



Transaction ID : SB23.7784

Amount of Each Disbursement this Period

Category/
Type

KEVIN BRADY

Disbursement For: 2014

☒ Primary ☐ General

☐ Other (specify) ▼

1000.00

B. FRIENDS OF ELIZABETH ESTY

Date of Disbursement

08 / 14 / 2013

Transaction ID : SB23.7783

Amount of Each Disbursement this Period

Category/
Type

ELIZABETH ESTY

Disbursement For: 2014

☒ Primary ☐ General

☐ Other (specify) ▼

1000.00

C. GARDNER FOR CONGRESS

Date of Disbursement

Transaction ID : SB23.7780

Amount of Each Disbursement this Period

Category/
Type

CORY GARDNER

Disbursement For: 2014

☒ Primary ☐ General

☐ Other (specify) ▼

1000.00

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

3000.00

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

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

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. KAY GRANGER CAMPAIGN FUND

Mailing Address 715 JONES STREET

City	State	Zip Code
FORT WORTH	TX	76102

Purpose of Disbursement
CONTRIBUTION

Candidate Name

KAY GRANGEROffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		14		2013

Transaction ID : SB23.7777

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. POE FOR CONGRESS

Mailing Address P.O. BOX 14222

City	State	Zip Code
HUMBLE	TX	77347

Purpose of Disbursement
CONTRIBUTION

Candidate Name

TED POEOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		14		2013

Transaction ID : SB23.7774

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. SCOTT RIGELL FOR CONGRESS

Mailing Address 915 FIRST COLONIAL ROAD

City	State	Zip Code
VIRGINIA BEACH	VA	23454

Purpose of Disbursement
VOID 07/01/2013 CONTRIBUTION

Candidate Name

EDWARD SCOTT RIGELLOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: VA District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		09		2013

Transaction ID : SB23.7822

Amount of Each Disbursement this Period

-1000.00

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

1000.00

4000.00
