

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

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

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>		300966.48
(b) Cash on Hand at Beginning of Reporting Period.....	390864.32	
(c) Total Receipts (from Line 19)	39005.33	324526.57
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	429869.65	625493.05
7. Total Disbursements (from Line 31).....	69009.84	264633.24
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	360859.81	360859.81
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)

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 05 / 01 / 2014 To: M M / D D / Y Y Y Y 05 / 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).....	22030.33	219665.74
(ii) Unitemized	16975.00	104860.83
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	39005.33	324526.57
(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)	39005.33	324526.57
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.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	39005.33	324526.57
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	39005.33	324526.57

DETAILED SUMMARY PAGE
of Disbursements

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	1509.84	7313.24
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1509.84	7313.24
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	65500.00	252000.00
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	1320.00
(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	1320.00
29. Other Disbursements	2000.00	4000.00
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)) ..	69009.84	264633.24
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	69009.84	264633.24

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)	39005.33	324526.57
34. Total Contribution Refunds (from Line 28(d))	0.00	1320.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	39005.33	323206.57
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1509.84	7313.24
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1509.84	7313.24

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 42
<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)

A. JOHN ALLBERT
Full Name (Last, First, Middle Initial)

Mailing Address 1718 EAST 4TH STREET

City CHARLOTTE State NC Zip Code 28204

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

Name of Employer NOVANT HEALTH Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 05 / 2014

Transaction ID : SA11AI.15812

Amount of Each Receipt this Period
 300.00

B. ABBY ANDERSON
Full Name (Last, First, Middle Initial)

Mailing Address 3 CLUB TERRACE

City NEWPORT NEWS State VA Zip Code 23606

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

Name of Employer CENTER FOR WOMEN'S HEALTH 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
 05 / 20 / 2014

Transaction ID : SA11AI.16302

Amount of Each Receipt this Period
 500.00

C. THOMAS F. ARNOLD
Full Name (Last, First, Middle Initial)

Mailing Address 30 WEST 7TH STREET

City DICKINSON State ND Zip Code 58601

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

Name of Employer ST. JOSEPH'S WOMEN'S CLINIC Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1065.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 14 / 2014

Transaction ID : SA11AI.16071

Amount of Each Receipt this Period
 40.00

SUBTOTAL of Receipts This Page (optional).....▶	840.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. SHEELA M. BARHAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 128 EAST APPLE STREET
 City DAYTON State OH Zip Code 45409
 FEC ID number of contributing federal political committee. **C**
 Name of Employer WRIGHT STATE UNIVERSITY Occupation PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **05 / 23 / 2014**
Transaction ID : SA11AI.16368
 Amount of Each Receipt this Period **250.00**

B. KELLI BEINGESSER
 Full Name (Last, First, Middle Initial)
 Mailing Address 7050 NORTH RECREATION AVENUE
 City FRESNO State CA Zip Code 93720
 FEC ID number of contributing federal political committee. **C**
 Name of Employer FRESNO WOMEN'S MEDICAL GROUP Occupation PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **05 / 29 / 2014**
Transaction ID : SA11AI.16384
 Amount of Each Receipt this Period **250.00**

C. GUY I. BENRUBI
 Full Name (Last, First, Middle Initial)
 Mailing Address 655 WEST 8TH STREET
 City JACKSONVILLE State FL Zip Code 32209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UNIVERSITY OF FLORIDA Occupation PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2500.00**

Date of Receipt **05 / 09 / 2014**
Transaction ID : SA11AI.15735
 Amount of Each Receipt this Period **2500.00**

SUBTOTAL of Receipts This Page (optional)..... **3000.00**
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 42
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. ELIZABETH A. BLANCHARD
 Full Name (Last, First, Middle Initial)
 Mailing Address 7450 EAST NORTH SHORE DRIVE
 City HARTSBURG State MO Zip Code 65039
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CAPITAL REGION OB/GYN Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 30 / 2014
Transaction ID : SA11AI.16392
 Amount of Each Receipt this Period
 1000.00

B. ELIZABETH A. BONNEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 60 WINOOSKI FALLS WAY
 City WINOOSKI State VT Zip Code 05404
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UNIVERSITY OF VERMONT 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
 05 / 13 / 2014
Transaction ID : SA11AI.15887
 Amount of Each Receipt this Period
 250.00

C. RANDOLPH B. BOURNE
 Full Name (Last, First, Middle Initial)
 Mailing Address 128 49TH STREET NORTHWEST
 City SEATTLE State WA Zip Code 98107
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SOUND WOMEN'S CARE Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 540.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 14 / 2014
Transaction ID : SA11AI.16086
 Amount of Each Receipt this Period
 40.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1290.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. KEITH R. BRILL
Full Name (Last, First, Middle Initial)

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	Occupation
WOMEN'S SPECIALTY CARE	PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		16		2014

Transaction ID : SA11Al.15876

Amount of Each Receipt this Period

65.00

B. ALBERT L. BROOKS
Full Name (Last, First, Middle Initial)

Mailing Address 2000 MOWRY AVENUE

City	State	Zip Code
FREMONT	CA	94538

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

Name of Employer	Occupation
WASHINGTON HOSPITAL HEALTHCARE	PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1040.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		16		2014

Transaction ID : SA11Al.15914

Amount of Each Receipt this Period

40.00

C. HAYWOOD BROWN
Full Name (Last, First, Middle Initial)

Mailing Address 10113 BARNHART WAY

City	State	Zip Code
RALEIGH	NC	27617

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

Name of Employer	Occupation
DUKE UNIVERSITY	PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt

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

Transaction ID : SA11Al.15814

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional).....▶	605.00
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 10 OF 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. JOSEPH P. CAPEZIO		Date of Receipt MM / DD / YYYY 05 / 12 / 2014 Transaction ID : SA11AI.15890
Mailing Address 1875 DEMPSTER STREET		Amount of Each Receipt this Period 400.00
City PARK RIDGE	State IL	
Zip Code 60068		Aggregate Year-to-Date ▼ 400.00
FEC ID number of contributing federal political committee. C		
Name of Employer WOMEN'S HEALTH SPECIALISTS	Occupation PHYSICIAN	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. EVA CHALAS		Date of Receipt MM / DD / YYYY 05 / 05 / 2014 Transaction ID : SA11AI.15818
Mailing Address 27 FRANKLIN COURT		Amount of Each Receipt this Period 295.00
City GARDEN CITY	State NY	
Zip Code 11530		Aggregate Year-to-Date ▼ 1795.00
FEC ID number of contributing federal political committee. C		
Name of Employer WINTHROP UNIVERSITY	Occupation PHYSICIAN	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. BEN H. CHEEK		Date of Receipt MM / DD / YYYY 05 / 19 / 2014 Transaction ID : SA11AI.16293
Mailing Address 1626 SUMMIT DRIVE		Amount of Each Receipt this Period 83.33
City COLUMBUS	State GA	
Zip Code 31906		Aggregate Year-to-Date ▼ 1833.32
FEC ID number of contributing federal political committee. C		
Name of Employer OB/GYN ASSOCIATES OF COLUMBUS	Occupation PHYSICIAN	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Receipts This Page (optional).....▶	778.33
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: (check only one)	PAGE 11 OF 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. DONALD D. CHERVENAK
 Full Name (Last, First, Middle Initial)
 Mailing Address 90 WESCOTT ROAD
 City BEDMINSTER State NJ Zip Code 07921
 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 ▼ 1115.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 09 / 2014
Transaction ID : SA11AI.15738
 Amount of Each Receipt this Period
 15.00

B. DAVID M. CHIANG
 Full Name (Last, First, Middle Initial)
 Mailing Address 13630 MAPLE AVENUE
 City FLUSHING State NY Zip Code 11355
 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 ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 08 / 2014
Transaction ID : SA11AI.15907
 Amount of Each Receipt this Period
 210.00

C. JEANNE A. CONRY
 Full Name (Last, First, Middle Initial)
 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 General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 03 / 2014
Transaction ID : SA11AI.15804
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional).....▶	325.00
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 42
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. MARLENE M. CORTON
 Full Name (Last, First, Middle Initial)
 Mailing Address 5010 WEST HANOVER AVENUE
 City DALLAS State TX Zip Code 75209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UT SOUTHWESTERN MEDICAL CENTER Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 23 / 2014
Transaction ID : SA11AI.16371
 Amount of Each Receipt this Period 500.00

B. GEORGE T. DANAKAS
 Full Name (Last, First, Middle Initial)
 Mailing Address 44 SOUTH WOODSIDE LANE
 City WILLIAMSVILLE State NY Zip Code 14221
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AURORA MEDICAL GROUP Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 383.75

Date of Receipt 05 / 12 / 2014
Transaction ID : SA11AI.15981
 Amount of Each Receipt this Period 40.00

C. THOMAS S. DARDARIAN
 Full Name (Last, First, Middle Initial)
 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 ▼ 625.00

Date of Receipt 05 / 16 / 2014
Transaction ID : SA11AI.15877
 Amount of Each Receipt this Period 125.00

SUBTOTAL of Receipts This Page (optional).....▶ 665.00
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 13 OF 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. ROBERT H. DEBBS
 Full Name (Last, First, Middle Initial)
 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 ▼ 927.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 10 / 2014
Transaction ID : SA11AI.15896
 Amount of Each Receipt this Period
 209.00

B. MARK S. DEFRANCESCO
 Full Name (Last, First, Middle Initial)
 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 ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 03 / 2014
Transaction ID : SA11AI.15805
 Amount of Each Receipt this Period
 200.00

C. MARK S. DEFRANCESCO
 Full Name (Last, First, Middle Initial)
 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 ▼ 1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 05 / 2014
Transaction ID : SA11AI.15822
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	909.00
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 14 OF 42
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. NATHANIEL DENICOLA
 Full Name (Last, First, Middle Initial)
 Mailing Address 2121 PINE STREET
 City PHILADELPHIA State PA Zip Code 19103
 Date of Receipt 05 / 23 / 2014
 Transaction ID : SA11AI.16373
 Amount of Each Receipt this Period 209.00
 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 ▼ 1045.00

B. JANE ANN DIMER
 Full Name (Last, First, Middle Initial)
 Mailing Address 4631 90TH AVENUE
 City MERCER ISLAND State WA Zip Code 98040
 Date of Receipt 05 / 05 / 2014
 Transaction ID : SA11AI.15823
 Amount of Each Receipt this Period 500.00
 FEC ID number of contributing federal political committee. C
 Name of Employer GROUP HEALTH PERMANENTE Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

C. DOUGLAS K. FENTON
 Full Name (Last, First, Middle Initial)
 Mailing Address 2921 MANAGUA PLACE
 City CARLSBAD State CA Zip Code 92009
 Date of Receipt 05 / 12 / 2014
 Transaction ID : SA11AI.15892
 Amount of Each Receipt this Period 209.00
 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 ▼ 1045.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 918.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. RICHARD FRIEDER		Date of Receipt M M / D D / Y Y Y Y Y 05 / 21 / 2014 Transaction ID : SA11Al.16314
Mailing Address P.O. BOX 1309		Amount of Each Receipt this Period 250.00
City TOPANGA	State CA	Zip Code 90290
FEC ID number of contributing federal political committee. C		
Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. LARRY R. GLAZERMAN		Date of Receipt M M / D D / Y Y Y Y Y 05 / 28 / 2014 Transaction ID : SA11Al.16379
Mailing Address 1098 WEST BALTIMORE PIKE		Amount of Each Receipt this Period 1000.00
City MEDIA	State PA	Zip Code 19063
FEC ID number of contributing federal political committee. C		
Name of Employer MAIN LINE HEALTH CARE	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. JON R. GOGOLA		Date of Receipt M M / D D / Y Y Y Y Y 05 / 14 / 2014 Transaction ID : SA11Al.16127
Mailing Address 929 GESSNER ROAD		Amount of Each Receipt this Period 40.00
City HOUSTON	State TX	Zip Code 77024
FEC ID number of contributing federal political committee. C		
Name of Employer GREATER HOUSTON OB/GYN	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

SUBTOTAL of Receipts This Page (optional).....▶	1290.00
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 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. NEIL A. HAMILL		Date of Receipt
Mailing Address 3882 SOUTH 177TH AVENUE		<input type="text" value="05"/> / <input type="text" value="09"/> / <input type="text" value="2014"/>
City	State	Zip Code
OMAHA	NE	68130
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11Al.15904
Name of Employer	Occupation	Amount of Each Receipt this Period
METHODIST HOSPITAL	PHYSICIAN	<input type="text" value="100.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="500.00"/>	

Full Name (Last, First, Middle Initial) B. KAREN E. HARRIS		Date of Receipt
Mailing Address 2800 NORTHWEST 29TH STREET		<input type="text" value="05"/> / <input type="text" value="05"/> / <input type="text" value="2014"/>
City	State	Zip Code
GAINESVILLE	FL	32605
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11Al.15825
Name of Employer	Occupation	Amount of Each Receipt this Period
FLORIDA WOMEN'S PHYSICIANS	PHYSICIAN	<input type="text" value="200.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="500.00"/>	

Full Name (Last, First, Middle Initial) C. THOMAS W. HEPFER		Date of Receipt
Mailing Address 2810 LILLINGTON DRIVE		<input type="text" value="05"/> / <input type="text" value="05"/> / <input type="text" value="2014"/>
City	State	Zip Code
SUMTER	SC	29150
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11Al.15826
Name of Employer	Occupation	Amount of Each Receipt this Period
TUORNEY HEALTHCARE	PHYSICIAN	<input type="text" value="400.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="600.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="700.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 17 OF 42
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. THOMAS W. HEPFER
 Full Name (Last, First, Middle Initial)
 Mailing Address 2810 LILLINGTON DRIVE
 City SUMTER State SC Zip Code 29150
 FEC ID number of contributing federal political committee. **C**
 Name of Employer TUORNEY HEALTHCARE 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 Y
 05 / 24 / 2014
Transaction ID : SA11AI.16376
 Amount of Each Receipt this Period
 50.00

B. CHRISTINE M. HERDE
 Full Name (Last, First, Middle Initial)
 Mailing Address 2507 SOUTH ROAD
 City POUGHKEEPSIE State NY Zip Code 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 ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 01 / 2014
Transaction ID : SA11AI.15810
 Amount of Each Receipt this Period
 250.00

C. ANN L. HONEBRINK
 Full Name (Last, First, Middle Initial)
 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 General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 09 / 2014
Transaction ID : SA11AI.15739
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 400.00
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 18 OF 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. CLAIRE E. HOVERMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 813 THIRD AVENUE
 City SALT LAKE CITY State UT Zip Code 84013
 FEC ID number of contributing federal political committee. **C**
 Name of Employer INTERMOUNTAIN HEALTHCARE 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 Y
 05 / 23 / 2014
Transaction ID : SA11AI.16226
 Amount of Each Receipt this Period
 250.00

B. OLIVER W. JONES
 Full Name (Last, First, Middle Initial)
 Mailing Address 2055 HIGH STREET
 City DENVER State CO Zip Code 80205
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OBSTETRIX MEDICAL GROUP 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 Y
 05 / 07 / 2014
Transaction ID : SA11AI.15788
 Amount of Each Receipt this Period
 250.00

C. LAUREN E. KERR
 Full Name (Last, First, Middle Initial)
 Mailing Address 1401 PROSPECT AVENUE
 City CLEVELAND State OH Zip Code 44115
 FEC ID number of contributing federal political committee. **C**
 Name of Employer WESTSHORE 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 Y
 05 / 22 / 2014
Transaction ID : SA11AI.16361
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	750.00
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 42
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) A. BEDROS H. KOJIAN		Date of Receipt
Mailing Address 1310 WEST STEWART DRIVE		<input type="text" value="05"/> / <input type="text" value="21"/> / <input type="text" value="2014"/>
City	State	Zip Code
ORANGE	CA	92868
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.16316
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
Name of Employer	Occupation	
SELF-EMPLOYED	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. SUSAN M. LEMAGIE		Date of Receipt
Mailing Address 425 EAST DAHLIA AVENUE		<input type="text" value="05"/> / <input type="text" value="09"/> / <input type="text" value="2014"/>
City	State	Zip Code
PALMER	AK	99645
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.15740
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="200.00"/>
Name of Employer	Occupation	
SELF-EMPLOYED	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. VIRGINIA C. LESLIE		Date of Receipt
Mailing Address 2916 NORTHEAST 9TH AVENUE		<input type="text" value="05"/> / <input type="text" value="05"/> / <input type="text" value="2014"/>
City	State	Zip Code
PORTLAND	OR	97212
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.15829
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="200.00"/>
Name of Employer	Occupation	
OREGON HEALTH & SCIENCE	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="400.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="650.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. ROBERT P. LORENZ
 Full Name (Last, First, Middle Initial)
 Mailing Address 3226 WELLINGTON COURT
 City WEST BLOOMFIELD State MI Zip Code 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 ▼ 650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 09 / 2014
Transaction ID : SA11AI.15741
 Amount of Each Receipt this Period
 400.00

B. MARGARET P. MAEDER
 Full Name (Last, First, Middle Initial)
 Mailing Address 856 JACKSON STREET
 City DENVER State CO Zip Code 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 ▼ 800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 22 / 2014
Transaction ID : SA11AI.16365
 Amount of Each Receipt this Period
 400.00

C. JACK W. MCMAHON
 Full Name (Last, First, Middle Initial)
 Mailing Address 45 MEDICAL PARK DRIVE
 City HELENA State MT Zip Code 59601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HELENA OB/GYN ASSOCIATES Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 06 / 2014
Transaction ID : SA11AI.15794
 Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....▶	1800.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. JEANNINE M. MCMAHON
 Full Name (Last, First, Middle Initial)
 Mailing Address 11436 LAKEWOOD STREET
 City State Zip Code
 CROWN POINT IN 46207
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CROWN POINT OB/GYN PHYSICIAN
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 21 / 2014
Transaction ID : SA11AI.16319
 Amount of Each Receipt this Period
 125.00

B. AASTA MEHTA
 Full Name (Last, First, Middle Initial)
 Mailing Address 201 NORTH 8TH STREET
 City State Zip Code
 PHILADELPHIA PA 19106
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 DREXEL UNIVERSITY PHYSICIAN
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 817.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 10 / 2014
Transaction ID : SA11AI.15899
 Amount of Each Receipt this Period
 209.00

C. KEITH A. MICETICH
 Full Name (Last, First, Middle Initial)
 Mailing Address 72 PHYSICIANS DRIVE
 City State Zip Code
 JACKSON TN 38305
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 JACKSON WOMEN'S CENTER 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
 05 / 01 / 2014
Transaction ID : SA11AI.15811
 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 22 OF 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. OWEN C. MONTGOMERY
 Full Name (Last, First, Middle Initial)
 Mailing Address 450 CHAPEL HEIGHTS ROAD
 City SEWELL State NJ Zip Code 08080
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DREXEL UNIVERSITY Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1045.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 06 / 2014
Transaction ID : SA11Al.15796
 Amount of Each Receipt this Period
 209.00

B. PETER T. NASSAR
 Full Name (Last, First, Middle Initial)
 Mailing Address 363 EAST ALMOND AVENUE
 City MADERA State CA Zip Code 93637
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NASSAR WOMEN'S 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 Y
 05 / 06 / 2014
Transaction ID : SA11Al.15797
 Amount of Each Receipt this Period
 1000.00

C. BARBARA H. OSBORN
 Full Name (Last, First, Middle Initial)
 Mailing Address 5619 POTOMAC AVENUE, NW
 City WASHINGTON State DC Zip Code 20016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SHADY GROVE FERTILITY 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 Y
 05 / 21 / 2014
Transaction ID : SA11Al.16322
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	1459.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. ROBERT H. PALMER
Full Name (Last, First, Middle Initial)

Mailing Address 2331 FAIRVIEW AVENUE EAST

City SEATTLE	State WA	Zip Code 98102
-----------------	-------------	-------------------

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

Name of Employer OBSTETRIX MEDICAL GROUP	Occupation PHYSICIAN
---	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3140.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05	/	27	/	2014

Transaction ID : SA11AI.16399

Amount of Each Receipt this Period
340.00

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

Mailing Address 3822 BOWSER AVENUE

City DALLAS	State TX	Zip Code 75219
----------------	-------------	-------------------

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

Name of Employer MODERN GYNECOLOGY	Occupation PHYSICIAN
---------------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05	/	03	/	2014

Transaction ID : SA11AI.15807

Amount of Each Receipt this Period
100.00

C. JAMES J. PEREZ
Full Name (Last, First, Middle Initial)

Mailing Address 193 LAKE BLUFF DRIVE

City COLUMBUS	State OH	Zip Code 43235
------------------	-------------	-------------------

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

Name of Employer DOCTORS HOSPITAL OHIO HEALTH	Occupation PHYSICIAN
--	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05	/	21	/	2014

Transaction ID : SA11AI.16323

Amount of Each Receipt this Period
120.00

SUBTOTAL of Receipts This Page (optional).....▶	560.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. SHARON T. PHELAN
Full Name (Last, First, Middle Initial)

Mailing Address 13429 DESERT HILLS PLACE NE

City	State	Zip Code
ALBUQUERQUE	NM	87111

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

Name of Employer	Occupation
UNIVERSITY OF NEW MEXICO	PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1380.00**

Date of Receipt

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

Transaction ID : SA11AI.15832

Amount of Each Receipt this Period

380.00

B. HOLLY S. PURITZ
Full Name (Last, First, Middle Initial)

Mailing Address 7940 NORTH SHORE ROAD

City	State	Zip Code
NORFOLK	VA	23505

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

Name of Employer	Occupation
THE GROUP FOR WOMEN	PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **790.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	09	/	2014

Transaction ID : SA11AI.15905

Amount of Each Receipt this Period

245.00

C. STEVEN W. REMMENGA
Full Name (Last, First, Middle Initial)

Mailing Address 16995 PRINCETON ROAD

City	State	Zip Code
ADAMS	NE	68301

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

Name of Employer	Occupation
UNIVERSITY OF NEBRASKA	PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **668.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	04	/	2014

Transaction ID : SA11AI.15802

Amount of Each Receipt this Period

209.00

SUBTOTAL of Receipts This Page (optional).....▶	834.00
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 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. MARY L. ROSSER
Full Name (Last, First, Middle Initial)

Mailing Address 32 STUDIO LANE

City BRONXVILLE State NY Zip Code 10708

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

Name of Employer LARCHMONT WOMEN'S CENTER Occupation PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
05 / 09 / 2014
Transaction ID : SA11Al.15744

Amount of Each Receipt this Period
200.00

B. REBECCA M. RYDER
Full Name (Last, First, Middle Initial)

Mailing Address 516 INNOVATION DRIVE

City CHESAPEAKE State VA Zip Code 23322

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

Name of Employer MID-ATLANTIC WOMEN'S CARE Occupation PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
05 / 23 / 2014
Transaction ID : SA11Al.16374

Amount of Each Receipt this Period
250.00

C. JOHN H. SAND
Full Name (Last, First, Middle Initial)

Mailing Address 611 SOUTH CHESTNUT STREET

City ELLENSBURG State WA Zip Code 98926

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

Name of Employer OB/GYN OF ELLENSBURG Occupation PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 540.00

Date of Receipt
05 / 12 / 2014
Transaction ID : SA11Al.16033

Amount of Each Receipt this Period
40.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 490.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 1235 OLD YORK ROAD

City ABINGTON State PA Zip Code 19001

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

Name of Employer ABINGTON PERINATAL ASSOCIATES Occupation PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 28 / 2014
Transaction ID : SA11AI.16382

Amount of Each Receipt this Period 500.00

B. ANGELA R. STOEHR
Full Name (Last, First, Middle Initial)

Mailing Address 5875 95TH AVENUE NORTH

City PINELLAS PARK State FL Zip Code 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 ▼ 270.00

Date of Receipt 05 / 20 / 2014
Transaction ID : SA11AI.15875

Amount of Each Receipt this Period 95.00

C. DANA G. STONE
Full Name (Last, First, Middle Initial)

Mailing Address 1730 HUNTINGTON AVENUE

City OKLAHOMA CITY State OK Zip Code 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 ▼ 1047.00

Date of Receipt 05 / 09 / 2014
Transaction ID : SA11AI.15906

Amount of Each Receipt this Period 210.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 805.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. JANETTE H. STRATHY
Full Name (Last, First, Middle Initial)

Mailing Address 3209 GALLERIA

City EDINA	State MN	Zip Code 55435
---------------	-------------	-------------------

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

Name of Employer PARK NICOLLET HEALTH SERVICES	Occupation PHYSICIAN
---	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2014

Transaction ID : SA11Al.16519

Amount of Each Receipt this Period

300.00

B. ALBERT L. STRUNK
Full Name (Last, First, Middle Initial)

Mailing Address 698 CONSTELLATION COURT

City DAVIDSONVILLE	State MD	Zip Code 21035
-----------------------	-------------	-------------------

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

Name of Employer AMERICAN CONGRESS OF OB/GYNS	Occupation VICE PRESIDENT
--	------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1900.00**

Date of Receipt

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

Transaction ID : SA11Al.15836

Amount of Each Receipt this Period

400.00

C. JANICE TILDON-BURTON
Full Name (Last, First, Middle Initial)

Mailing Address 1700 TALLEY ROAD

City WILMINGTON	State DE	Zip Code 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 ▼ **718.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	02	/	2014

Transaction ID : SA11Al.15809

Amount of Each Receipt this Period

209.00

SUBTOTAL of Receipts This Page (optional).....▶	909.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. ERIN E. TRACY		Date of Receipt
Mailing Address 5 HIGH STREET		<input type="text" value="05"/> / <input type="text" value="12"/> / <input type="text" value="2014"/>
City	State	Zip Code
STONEHAM	MA	02180
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11Al.15895
Name of Employer	Occupation	Amount of Each Receipt this Period
MASS GENERAL PHYSICIANS	PHYSICIAN	<input type="text" value="209.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1045.00"/>	

Full Name (Last, First, Middle Initial) B. MARK VAYNKHADLER		Date of Receipt
Mailing Address 3612 AVENUE M		<input type="text" value="05"/> / <input type="text" value="06"/> / <input type="text" value="2014"/>
City	State	Zip Code
BROOKLYN	NY	11234
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11Al.15800
Name of Employer	Occupation	Amount of Each Receipt this Period
SELF-EMPLOYED	PHYSICIAN	<input type="text" value="300.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="300.00"/>	

Full Name (Last, First, Middle Initial) C. JOHN S. WACHTEL		Date of Receipt
Mailing Address 811 LA MESA DRIVE		<input type="text" value="05"/> / <input type="text" value="21"/> / <input type="text" value="2014"/>
City	State	Zip Code
PORTOLA VALLEY	CA	94028
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11Al.16396
Name of Employer	Occupation	Amount of Each Receipt this Period
MENLO MEDICAL CLINIC	PHYSICIAN	<input type="text" value="300.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="500.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="809.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 29 OF 42
(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)

A. KAREN V. WELLS
Full Name (Last, First, Middle Initial)

Mailing Address 11815 157TH AVENUE NORTHEAST

City REDMOND	State WA	Zip Code 98052
-----------------	-------------	-------------------

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
05	/	30	/	2014

Transaction ID : SA11Al.16394

Amount of Each Receipt this Period
250.00

B. KATHERINE O. WHITE
Full Name (Last, First, Middle Initial)

Mailing Address 592 FRANK SMITH ROAD

City LONGMEADOW	State MA	Zip Code 01106
--------------------	-------------	-------------------

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

Name of Employer BAYSTATE MEDICAL CENTER	Occupation PHYSICIAN
---	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
340.00

Date of Receipt

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

Transaction ID : SA11Al.15837

Amount of Each Receipt this Period
300.00

C. ROBERT YELVERTON
Full Name (Last, First, Middle Initial)

Mailing Address 2526 JETTON AVENUE

City TAMPA	State FL	Zip Code 33629
---------------	-------------	-------------------

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

Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN
-----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05	/	10	/	2014

Transaction ID : SA11Al.15901

Amount of Each Receipt this Period
70.00

SUBTOTAL of Receipts This Page (optional).....▶	620.00
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 30 OF 42
(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)

A. DALE R. YINGLING
Full Name (Last, First, Middle Initial)

Mailing Address 19550 EAST 39TH STREET SOUTH

City INDEPENDENCE State MO Zip Code 64057

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

Name of Employer MIDWEST MATERNAL FETAL Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 290.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 12 / 2014

Transaction ID : SA11AI.16059

Amount of Each Receipt this Period
 40.00

B.
Full Name (Last, First, Middle Initial)

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 Y Y

Amount of Each Receipt this Period

C.
Full Name (Last, First, Middle Initial)

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 Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	40.00
TOTAL This Period (last page this line number only).....▶	22030.33

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. AMERICAN EXPRESS

Mailing Address P.O. BOX 53852

City PHOENIX State AZ Zip Code 85072

Purpose of Disbursement
CREDIT CARD TRANSACTION FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 05 / 2014

Transaction ID : SB21B.15838

Amount of Each Disbursement this Period

491.47

B. AMERICAN EXPRESS

Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 53852

City PHOENIX State AZ Zip Code 85072

Purpose of Disbursement
CREDIT CARD TRANSACTION FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 28 / 2014

Transaction ID : SB21B.16344

Amount of Each Disbursement this Period

7.95

C. FIRST NATIONAL MERCHANT SOLUTIONS

Full Name (Last, First, Middle Initial)

Mailing Address 1620 DODGE STREET

City OMAHA State NE Zip Code 68197

Purpose of Disbursement
CREDIT CARD TRANSACTION FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 05 / 2014

Transaction ID : SB21B.15839

Amount of Each Disbursement this Period

1001.46

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

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

1500.88

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. SQUARE, INC.

Mailing Address 901 MISSION STREET

City State Zip Code
SAN FRANCISCO CA 94103

Purpose of Disbursement
CREDIT CARD TRANSACTION FEES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
05 / 02 / 2014

Transaction ID : SB21B.16345

Amount of Each Disbursement this Period

8.96

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

8.96

1509.84

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

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

FOR LINE NUMBER:
(check only one)

<input 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. ALEXANDER FOR SENATE 2014

Mailing Address 228 SOUTH WASHINGTON STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
CONTRIBUTION

Candidate Name

LAMAR ALEXANDER

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: TN District: 00

Date of Disbursement

MM / DD / YYYY
05 / 12 / 2014

Transaction ID : SB23.15840

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. BILL CASSIDY FOR U.S. SENATE

Mailing Address P.O. BOX 80505

City BATON ROUGE State LA Zip Code 70898

Purpose of Disbursement
CONTRIBUTION

Candidate Name

WILLIAM CASSIDY

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: LA District: 00

Date of Disbursement

MM / DD / YYYY
05 / 12 / 2014

Transaction ID : SB23.15845

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. BLUE DOG POLITICAL ACTION COMMITTEE

Mailing Address P.O. BOX 83142

City GAITHERSBURG State MD Zip Code 20883

Purpose of Disbursement
CONTRIBUTION

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 27 / 2014

Transaction ID : SB23.16327

Amount of Each Disbursement this Period

2500.00

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

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

10000.00

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

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

FOR LINE NUMBER:
(check only one)

<input 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. CHARLES BOUSTANY JR. MD FOR CONGRESS

Mailing Address P.O. BOX 80126

City LAFAYETTE State LA Zip Code 70598

Purpose of Disbursement
CONTRIBUTION

Candidate Name

CHARLES W. BOUSTANY, JR.

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: LA District: 03

Date of Disbursement

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

Transaction ID : SB23.15841

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. CHARLES BOUSTANY JR. MD FOR CONGRESS

Mailing Address P.O. BOX 80126

City LAFAYETTE State LA Zip Code 70598

Purpose of Disbursement
CONTRIBUTION

Candidate Name

CHARLES W. BOUSTANY, JR.

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: LA District: 03

Date of Disbursement

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

Transaction ID : SB23.15842

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. CHARLIE DENT FOR CONGRESS

Mailing Address P.O. BOX 442

City ALLENTOWN State PA Zip Code 18105

Purpose of Disbursement
CONTRIBUTION

Candidate Name

CHARLES W. DENT

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: PA District: 15

Date of Disbursement

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

Transaction ID : SB23.15848

Amount of Each Disbursement this Period

1500.00

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

4000.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input 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. DIANA DEGETTE FOR CONGRESS

Mailing Address P.O. BOX 61337

City DENVER State CO Zip Code 80206

Purpose of Disbursement
CONTRIBUTION

Candidate Name
DIANA L. DEGETTE

Office Sought: House
 Senate
 President
State: CO District: 01

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB23.15909

Amount of Each Disbursement this Period

Category/
Type

Full Name (Last, First, Middle Initial)

B. DR. RAUL RUIZ FOR CONGRESS

Mailing Address P.O. BOX 6116

City LA QUINTA State CA Zip Code 92248

Purpose of Disbursement
CONTRIBUTION

Candidate Name
RAUL RUIZ

Office Sought: House
 Senate
 President
State: CA District: 36

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB23.16343

Amount of Each Disbursement this Period

Category/
Type

Full Name (Last, First, Middle Initial)

C. FLEMING FOR CONGRESS

Mailing Address P.O. BOX 1236

City MINDEN State LA Zip Code 71058

Purpose of Disbursement
CONTRIBUTION

Candidate Name
JOHN C. FLEMING, JR.

Office Sought: House
 Senate
 President
State: LA District: 04

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB23.15849

Amount of Each Disbursement this Period

Category/
Type

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

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 Page

FOR LINE NUMBER:
(check only one)

<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. FRIENDS OF JEANNE SHAHEEN

Mailing Address 105 NORTH STATE STREET

City State Zip Code
CONCORD NH 03301

Purpose of Disbursement
CONTRIBUTION

Candidate Name
JEANNE SHAHEEN

Office Sought: House Senate President
 Disbursement For: 2014 Primary General Other (specify) ▼
 State: NH District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	2		2	0	1	4

Transaction ID : **SB23.15861**

Amount of Each Disbursement this Period

1	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. FRIENDS OF LOIS CAPPS

Mailing Address P.O. BOX 23940

City State Zip Code
SANTA BARBARA CA 93121

Purpose of Disbursement
CONTRIBUTION

Candidate Name
LOIS G. CAPPS

Office Sought: House Senate President
 Disbursement For: 2014 Primary General Other (specify) ▼
 State: CA District: 24

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	2		2	0	1	4

Transaction ID : **SB23.15843**

Amount of Each Disbursement this Period

1	0	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. FRIENDS OF LOIS CAPPS

Mailing Address P.O. BOX 23940

City State Zip Code
SANTA BARBARA CA 93121

Purpose of Disbursement
CONTRIBUTION

Candidate Name
LOIS G. CAPPS

Office Sought: House Senate President
 Disbursement For: 2014 Primary General Other (specify) ▼
 State: CA District: 24

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	2		2	0	1	4

Transaction ID : **SB23.15844**

Amount of Each Disbursement this Period

5	0	0	0	.	0	0
---	---	---	---	---	---	---

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

7	5	0	0	.	0	0
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TOTAL This Period (last page this line number only)..... ▶

7	5	0	0	.	0	0
---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

<input 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. FRIENDS OF MARK WARNER

Mailing Address 201 NORTH UNION STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
CONTRIBUTION

Candidate Name

MARK R. WARNER

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: VA District: 00

Date of Disbursement

MM / DD / YYYY
05 / 27 / 2014

Transaction ID : SB23.16329

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. FRIENDS OF RENTERIA

Mailing Address P.O. BOX 655

City SANGER State CA Zip Code 93657

Purpose of Disbursement
CONTRIBUTION

Candidate Name

AMANDA RENTERIA

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 21

Date of Disbursement

MM / DD / YYYY
05 / 12 / 2014

Transaction ID : SB23.15858

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. FRIENDS OF ROSA DELAURO

Mailing Address 129 CHURCH STREET

City NEW HAVEN State CT Zip Code 06510

Purpose of Disbursement
CONTRIBUTION

Candidate Name

ROSA L. DELAURO

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CT District: 03

Date of Disbursement

MM / DD / YYYY
05 / 12 / 2014

Transaction ID : SB23.15847

Amount of Each Disbursement this Period

2500.00

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

7500.00

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 Page

FOR LINE NUMBER:
(check only one)

<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. HOPE FOR CONGRESS

Mailing Address P.O. BOX 3060

City ARLINGTON State VA Zip Code 22203

Purpose of Disbursement
CONTRIBUTION

Candidate Name
PATRICK A. HOPE

Office Sought: House
 Senate
 President
State: VA District: 08

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 29 / 2014

Transaction ID : **SB23.16337**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. JOHN FOUST FOR CONGRESS

Mailing Address P.O. BOX 962

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement
CONTRIBUTION

Candidate Name
JOHN FOUST

Office Sought: House
 Senate
 President
State: VA District: 10

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Transaction ID : **SB23.15852**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. KIRKPATRICK FOR ARIZONA

Mailing Address P.O. BOX 12011

City CASA GRANDE State AZ Zip Code 85130

Purpose of Disbursement
CONTRIBUTION

Candidate Name
ANN KIRKPATRICK

Office Sought: House
 Senate
 President
State: AZ District: 01

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 29 / 2014

Transaction ID : **SB23.16340**

Amount of Each Disbursement this Period

1000.00

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

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

8500.00

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

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

FOR LINE NUMBER:
(check only one)

<input 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. MCKINLEY FOR CONGRESS

Mailing Address P.O. BOX 642

City MORGANTOWN State WV Zip Code 26507

Purpose of Disbursement CONTRIBUTION

Candidate Name
DAVID B. MCKINLEY

Office Sought: House Senate President
State: WV District: 01

Disbursement For: 2014
 Primary General Other (specify) ▼

Date of Disbursement

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

Transaction ID : **SB23.15855**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. NANCY PELOSI FOR CONGRESS

Mailing Address 700 13TH STREET, NW

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement CONTRIBUTION

Candidate Name
NANCY PELOSI

Office Sought: House Senate President
State: CA District: 12

Disbursement For: 2014
 Primary General Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 27 / 2014

Transaction ID : **SB23.16332**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. PEOPLE FOR PATTY MURRAY

Mailing Address P.O. BOX 3662

City SEATTLE State WA Zip Code 98124

Purpose of Disbursement CONTRIBUTION

Candidate Name
PATTY MURRAY

Office Sought: House Senate President
State: WA District: 00

Disbursement For: 2016
 Primary General Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 21 / 2014

Transaction ID : **SB23.15910**

Amount of Each Disbursement this Period

2500.00

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

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

6000.00

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

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

FOR LINE NUMBER:
(check only one)

<input 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. RICHARD HANNA FOR CONGRESS COMMITTEE

Mailing Address P.O. BOX 118

City State Zip Code
UTICA NY 13503

Purpose of Disbursement
CONTRIBUTION

Candidate Name
RICHARD HANNA

Office Sought: House
 Senate
 President
State: NY District: 22

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	7		2	0	1	4

Transaction ID : SB23.16336

Amount of Each Disbursement this Period

1	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. STEVE ISRAEL FOR CONGRESS COMMITTEE

Mailing Address P.O. BOX 1400

City State Zip Code
MELVILLE NY 11747

Purpose of Disbursement
CONTRIBUTION

Candidate Name
STEVE J. ISRAEL

Office Sought: House
 Senate
 President
State: NY District: 03

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	7		2	0	1	4

Transaction ID : SB23.16333

Amount of Each Disbursement this Period

5	0	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. TRIVEDI FOR CONGRESS

Mailing Address 959 FIRETOWER ROAD

City State Zip Code
BIRDSBORO PA 19508

Purpose of Disbursement
CONTRIBUTION

Candidate Name
MANAN TRIVEDI

Office Sought: House
 Senate
 President
State: PA District: 06

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	2		2	0	1	4

Transaction ID : SB23.15863

Amount of Each Disbursement this Period

5	0	0	0	.	0	0
---	---	---	---	---	---	---

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

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

1	1	5	0	0	.	0	0
---	---	---	---	---	---	---	---

1	1	5	0	0	.	0	0
---	---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

<input 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. WALDEN FOR CONGRESS

Mailing Address P.O. BOX 1091

City HOOD RIVER State OR Zip Code 97031

Purpose of Disbursement
CONTRIBUTION

Candidate Name
GREGORY P. WALDEN

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: OR District: 02

Date of Disbursement

/ /
05 / 12 / 2014

Transaction ID : SB23.15872

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. WYDEN FOR SENATE

Mailing Address 232 NORTHEAST 9TH AVENUE

City PORTLAND State OR Zip Code 97232

Purpose of Disbursement
CONTRIBUTION

Candidate Name
RONALD L. WYDEN

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: OR District: 00

Date of Disbursement

/ /
05 / 12 / 2014

Transaction ID : SB23.15866

Amount of Each Disbursement this Period

2500.00

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

/ /

Amount of Each Disbursement this Period

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

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

4500.00

65500.00

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

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

FOR LINE NUMBER:
(check only one)

<input 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 checked="" 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. COY FLOWERS FOR WEST VIRGINIA

Mailing Address P.O. BOX 1108

City State Zip Code
LEWISBURG WV 24901

Purpose of Disbursement
NON-FEDERAL CONTRIBUTION

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 06 / 2014

Transaction ID : **SB29.15786**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. KEL SELIGER CAMPAIGN

Mailing Address P.O. BOX 31748

City State Zip Code
AMARILLO TX 79120

Purpose of Disbursement
NON-FEDERAL CONTRIBUTION

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Transaction ID : **SB29.15868**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

2000.00

2000.00