

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**

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:

<input type="checkbox"/> Feb 20 (M2)	<input type="checkbox"/> May 20 (M5)	<input type="checkbox"/> Aug 20 (M8)	<input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only)
<input type="checkbox"/> Mar 20 (M3)	<input type="checkbox"/> Jun 20 (M6)	<input type="checkbox"/> Sep 20 (M9)	<input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only)
<input type="checkbox"/> Apr 20 (M4)	<input type="checkbox"/> Jul 20 (M7)	<input type="checkbox"/> Oct 20 (M10)	<input type="checkbox"/> Jan 31 (YE)

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

<input type="checkbox"/> Primary (12P)	<input type="checkbox"/> General (12G)	<input type="checkbox"/> Runoff (12R)
<input type="checkbox"/> Convention (12C)	<input type="checkbox"/> Special (12S)	

Election on M M M / D D D / Y Y Y Y Y Y in the State of

(d) 30-Day **POST-Election** Report for the:

<input checked="" type="checkbox"/> General (30G)	<input type="checkbox"/> Runoff (30R)	<input type="checkbox"/> Special (30S)
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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 10 / 18 / 2012 through M M M / D D D / Y Y Y Y Y Y 11 / 26 / 2012

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 11 / 30 / 2012

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

**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="2012"/>	<input type="text" value=""/>	<input type="text" value="311166.38"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="48036.63"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="35172.99"/>	<input type="text" value="536513.26"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="83209.62"/>	<input type="text" value="847679.64"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="9871.72"/>	<input type="text" value="774341.74"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="73337.90"/>	<input type="text" value="73337.90"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="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: / / To: / /

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).....	20760.99	389683.94	
(ii) Unitemized	14412.00	141829.32	
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	35172.99	531513.26	
(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)	35172.99	531513.26	
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	5000.00	
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))..... ▶	35172.99	536513.26	
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	35172.99	536513.26	

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	1372.72	13931.82
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1372.72	13931.82
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	7000.00	450500.00
24. Independent Expenditures (use Schedule E)	0.00	298060.92
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	1100.00
(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	1100.00
29. Other Disbursements	1499.00	10749.00
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)) ..	9871.72	774341.74
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	9871.72	774341.74

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)	35172.99	531513.26
34. Total Contribution Refunds (from Line 28(d))	0.00	1100.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	35172.99	530413.26
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1372.72	13931.82
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1372.72	13931.82

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

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

FOR LINE NUMBER: PAGE 6 OF 46
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. RALPH J. ANDERSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 4100 COACHMAN LANE
 City COLLEYVILLE State TX Zip Code 76034
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UNIVERSITY OF NORTH TEXAS Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 21 / 2012
Transaction ID : SA11AI.28244
 Amount of Each Receipt this Period
 100.00

B. TED L. ANDERSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 516 LEANNE WAY
 City FRANKLIN State TN Zip Code 37069
 FEC ID number of contributing federal political committee. **C**
 Name of Employer VANDERBILT UNIVERSITY 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
 10 / 23 / 2012
Transaction ID : SA11AI.28256
 Amount of Each Receipt this Period
 250.00

C. JESSICA M. ATRIO
 Full Name (Last, First, Middle Initial)
 Mailing Address 587 PROSPECT AVENUE
 City PASADENA State CA Zip Code 91103
 FEC ID number of contributing federal political committee. **C**
 Name of Employer USC 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
 11 / 08 / 2012
Transaction ID : SA11AI.28565
 Amount of Each Receipt this Period
 25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 375.00
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 46
	<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. EDWIN L. BAKER
Full Name (Last, First, Middle Initial)

Mailing Address 205 LONDONDERRY DRIVE

City LUMBERTON State NC Zip Code 28358

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

Name of Employer SELF-EMPLOYED Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 26 / 2012
Transaction ID : SA11AI.28284

Amount of Each Receipt this Period
 500.00

B. KENNETH I. BARRON
Full Name (Last, First, Middle Initial)

Mailing Address 14 CADY STREET

City PROVIDENCE State RI Zip Code 02903

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 ▼ 525.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 07 / 2012
Transaction ID : SA11AI.28542

Amount of Each Receipt this Period
 125.00

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

Mailing Address 1315 WEST LANE AVENUE

City COLUMBUS State OH Zip Code 43221

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

Name of Employer KINGSDALE 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
 10 / 24 / 2012
Transaction ID : SA11AI.28386

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	875.00
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 8 OF 46
	<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. MIBHALI M. BHALALA		Date of Receipt
Mailing Address 806 CAPE COD DRIVE		<input type="text" value="11"/> / <input type="text" value="02"/> / <input type="text" value="2012"/>
City	State	Zip Code
REDWOOD CITY	CA	94065
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.28505
Name of Employer	Occupation	Amount of Each Receipt this Period
KAISER PERMANENTE	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="300.00"/>	

Full Name (Last, First, Middle Initial) B. GLENN E. BIGSBY		Date of Receipt
Mailing Address 25601 HUTCHESON LANE		<input type="text" value="10"/> / <input type="text" value="26"/> / <input type="text" value="2012"/>
City	State	Zip Code
SORRENTO	FL	32776
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.28285
Name of Employer	Occupation	Amount of Each Receipt this Period
FLORIDA HOSPITAL	PHYSICIAN	<input type="text" value="250.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="250.00"/>	

Full Name (Last, First, Middle Initial) C. ERIKA M. BLANTON		Date of Receipt
Mailing Address 7611 FOREST AVENUE		<input type="text" value="10"/> / <input type="text" value="24"/> / <input type="text" value="2012"/>
City	State	Zip Code
RICHMOND	VA	23229
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.28390
Name of Employer	Occupation	Amount of Each Receipt this Period
OB/GYN SPECIALISTS OF RICHMOND	PHYSICIAN	<input type="text" value="150.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="250.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="600.00"/>
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: (check only one)	PAGE 9 OF 46
	<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. DAVID J. BOES		Date of Receipt MM / DD / YYYY 11 / 08 / 2012 Transaction ID : SA11AI.28566
Mailing Address 3926 CROOKED CREEK DRIVE		Amount of Each Receipt this Period 65.00
City OKEMOS	State MI	Zip Code 48864
FEC ID number of contributing federal political committee. C	Name of Employer INGHAM REGIONAL MEDICAL CENTER	
Occupation PHYSICIAN		Aggregate Year-to-Date ▼ 715.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. LEONARD A. BRABSON		Date of Receipt MM / DD / YYYY 10 / 23 / 2012 Transaction ID : SA11AI.28259
Mailing Address 517 CHEROKEE BOULEVARD		Amount of Each Receipt this Period 50.00
City KNOXVILLE	State TN	Zip Code 37919
FEC ID number of contributing federal political committee. C	Name of Employer SELF-EMPLOYED	
Occupation PHYSICIAN		Aggregate Year-to-Date ▼ 1134.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. LEONARD A. BRABSON		Date of Receipt MM / DD / YYYY 11 / 16 / 2012 Transaction ID : SA11AI.28594
Mailing Address 517 CHEROKEE BOULEVARD		Amount of Each Receipt this Period 417.00
City KNOXVILLE	State TN	Zip Code 37919
FEC ID number of contributing federal political committee. C	Name of Employer SELF-EMPLOYED	
Occupation PHYSICIAN		Aggregate Year-to-Date ▼ 1551.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	532.00
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 46
	<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. KENT R. BRADLEY
Full Name (Last, First, Middle Initial)

Mailing Address 700 MEDICAL CENTER DRIVE

City NEWTON	State KS	Zip Code 67114
----------------	-------------	-------------------

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

Name of Employer ASSOCIATES IN WOMEN'S HEALTH	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
10	/	24	/	2012

Transaction ID : SA11AI.28391

Amount of Each Receipt this Period
250.00

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

Mailing Address 179 BORTIZAN DRIVE

City LAS VEGAS	State NV	Zip Code 89138
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FEC ID number of contributing federal political committee. **C**

Name of Employer WOMEN'S SPECIALTY CARE	Occupation PHYSICIAN
--	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
640.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	16	/	2012

Transaction ID : SA11AI.28595

Amount of Each Receipt this Period
65.00

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

Mailing Address 250 WEST 89TH STREET

City NEW YORK	State NY	Zip Code 10024
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FEC ID number of contributing federal political committee. **C**

Name of Employer MEMORIAL SLOAN KETTERING	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
10	/	23	/	2012

Transaction ID : SA11AI.28319

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....▶	565.00
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 11 OF 46
	<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. DALE BROWN JR.
Full Name (Last, First, Middle Initial)
Mailing Address 6620 MAIN STREET
City HOUSTON State TX Zip Code 77030
FEC ID number of contributing federal political committee. **C**
Name of Employer BAYLOR COLLEGE OF MEDICINE Occupation PHYSICIAN
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **750.00**

Date of Receipt **10 / 24 / 2012**
Transaction ID : SA11AI.28392
Amount of Each Receipt this Period **750.00**

B. ERIC CARLSON
Full Name (Last, First, Middle Initial)
Mailing Address 136 GILL ROAD
City HADDONFIELD State NJ Zip Code 08033
FEC ID number of contributing federal political committee. **C**
Name of Employer MAIN LINE HEALTH Occupation PHYSICIAN
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **250.00**

Date of Receipt **10 / 26 / 2012**
Transaction ID : SA11AI.28287
Amount of Each Receipt this Period **250.00**

C. JAMES P. CHANEY
Full Name (Last, First, Middle Initial)
Mailing Address 1730 HIGHWAY 25 NORTH
City AMORY State MS Zip Code 38821
FEC ID number of contributing federal political committee. **C**
Name of Employer PHYSICIANS AND SURGEONS CLINIC Occupation PHYSICIAN
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **500.00**

Date of Receipt **10 / 22 / 2012**
Transaction ID : SA11AI.28242
Amount of Each Receipt this Period **50.00**

SUBTOTAL of Receipts This Page (optional)..... **1050.00**
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 12 OF 46
	<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. JAMES P. CHANEY			Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 22 / 2012 Transaction ID : SA11AI.28612
Mailing Address 1730 HIGHWAY 25 NORTH			Amount of Each Receipt this Period 50.00
City AMORY	State MS	Zip Code 38821	
FEC ID number of contributing federal political committee. C			
Name of Employer PHYSICIANS AND SURGEONS CLINIC	Occupation PHYSICIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00		

Full Name (Last, First, Middle Initial) B. BENJAMIN H. CHEEK			Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 26 / 2012 Transaction ID : SA11AI.28478
Mailing Address 1626 SUMMIT DRIVE			Amount of Each Receipt this Period 83.33
City COLUMBUS	State GA	Zip Code 31906	
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) ▼	Aggregate Year-to-Date ▼ 1173.30		

Full Name (Last, First, Middle Initial) C. BENJAMIN H. CHEEK			Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 26 / 2012 Transaction ID : SA11AI.28621
Mailing Address 1626 SUMMIT DRIVE			Amount of Each Receipt this Period 83.33
City COLUMBUS	State GA	Zip Code 31906	
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) ▼	Aggregate Year-to-Date ▼ 1256.63		

SUBTOTAL of Receipts This Page (optional).....▶	216.66
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 46
	<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. CAMILLE A. CLARE		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 26 / 2012 Transaction ID : SA11AI.28289
Mailing Address 1376 MIDLAND AVENUE		Amount of Each Receipt this Period 100.00
City BRONXVILLE	State NY	Zip Code 10708
FEC ID number of contributing federal political committee. C		
Name of Employer METROPOLITAN HOSPITAL	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) B. CAMILLE A. CLARE		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 31 / 2012 Transaction ID : SA11AI.28465
Mailing Address 1376 MIDLAND AVENUE		Amount of Each Receipt this Period 100.00
City BRONXVILLE	State NY	Zip Code 10708
FEC ID number of contributing federal political committee. C		
Name of Employer METROPOLITAN HOSPITAL	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

Full Name (Last, First, Middle Initial) C. JEANNE A. CONRY		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 23 / 2012 Transaction ID : SA11AI.28261
Mailing Address 8204 CANTERSHIRE WAY		Amount of Each Receipt this Period 100.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2470.00	

SUBTOTAL of Receipts This Page (optional).....▶	300.00
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 14 OF 46
	<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. JEANNE A. CONRY		Date of Receipt
Mailing Address 8204 CANTERSHIRE WAY		<input type="text" value="11"/> / <input type="text" value="03"/> / <input type="text" value="2012"/>
City State Zip Code GRANITE BAY CA 95746		Transaction ID : SA11AI.28516
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="220.00"/>
Name of Employer PERMANENTE MEDICAL GROUP	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="2690.00"/>	

Full Name (Last, First, Middle Initial) B. CANDACE S. COOLEY		Date of Receipt
Mailing Address P.O. BOX 7399		<input type="text" value="10"/> / <input type="text" value="21"/> / <input type="text" value="2012"/>
City State Zip Code BRECKENRIDGE CO 80424		Transaction ID : SA11AI.28246
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="50.00"/>
Name of Employer OB/GYN SPECIALISTS	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="450.00"/>	

Full Name (Last, First, Middle Initial) C. CANDACE S. COOLEY		Date of Receipt
Mailing Address P.O. BOX 7399		<input type="text" value="11"/> / <input type="text" value="21"/> / <input type="text" value="2012"/>
City State Zip Code BRECKENRIDGE CO 80424		Transaction ID : SA11AI.28610
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="50.00"/>
Name of Employer OB/GYN SPECIALISTS	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="500.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="320.00"/>
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 15 OF 46
	<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. MARK S. COOPER
Full Name (Last, First, Middle Initial)

Mailing Address 41 AGRY POINT ROAD

City PITTSTON State ME Zip Code 04345

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

Name of Employer STATE OF MAINE 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
 10 / 23 / 2012

Transaction ID : SA11AI.28262

Amount of Each Receipt this Period
 100.00

B. GRANT R. COX
Full Name (Last, First, Middle Initial)

Mailing Address 2000 SOUTH WHEELING

City TULSA State OK Zip Code 74104

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

Name of Employer TULSA OB/GYN ASSOCIATES 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
 10 / 18 / 2012

Transaction ID : SA11AI.28202

Amount of Each Receipt this Period
 50.00

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 ▼ 1075.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 06 / 2012

Transaction ID : SA11AI.28546

Amount of Each Receipt this Period
 125.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 275.00

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 16 OF 46
(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. ROBERT H. DEBBS
 Full Name (Last, First, Middle Initial)
 Mailing Address 2 SASSAFRAS COURT
 City State Zip Code
 VOORHEES NJ 08043
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 UNIVERSITY OF PENNSYLVANIA PHYSICIAN
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 10 / 2012
Transaction ID : SA11AI.28576
 Amount of Each Receipt this Period
 100.00

B. NATHANIEL G. DENICOLA
 Full Name (Last, First, Middle Initial)
 Mailing Address 2121 PINE STREET
 City State Zip Code
 PHILADELPHIA PA 19103
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 UNIVERSITY OF PENNSYLVANIA PHYSICIAN
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 950.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 23 / 2012
Transaction ID : SA11AI.28325
 Amount of Each Receipt this Period
 125.00

C. NATHANIEL G. DENICOLA
 Full Name (Last, First, Middle Initial)
 Mailing Address 2121 PINE STREET
 City State Zip Code
 PHILADELPHIA PA 19103
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 UNIVERSITY OF PENNSYLVANIA PHYSICIAN
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1075.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 23 / 2012
Transaction ID : SA11AI.28615
 Amount of Each Receipt this Period
 125.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 350.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 46
	<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. GARY DEVANE
Full Name (Last, First, Middle Initial)

Mailing Address 215 EAST SWOOPE AVENUE

City WINTER PARK State FL Zip Code 32789

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

Name of Employer CTR FOR REPRODUCTIVE MEDICINE 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
10 / 30 / 2012

Transaction ID : SA11AI.28459

Amount of Each Receipt this Period
500.00

B. KERYN M. DIAS
Full Name (Last, First, Middle Initial)

Mailing Address 14 GRANT PLACE

City ARLINGTON State TX Zip Code 76013

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

Name of Employer MEDICAL CLINIC OF NORTH TEXAS 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
11 / 13 / 2012

Transaction ID : SA11AI.28487

Amount of Each Receipt this Period
500.00

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

Mailing Address 156 12TH STREET, SE

City WASHINGTON State DC Zip Code 20003

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

Name of Employer AMERICAN CONGRESS OF OB/GYNS Occupation DIRECTOR

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
11 / 26 / 2012

Transaction ID : SA11AI.28631

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2000.00

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 46
	<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. DAVID R. ELLINGTON		Date of Receipt
Mailing Address 1507 GROVE PLACE		<input type="text" value="10"/> / <input type="text" value="18"/> / <input type="text" value="2012"/>
City	State	Zip Code
BIRMINGHAM	AL	35209
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.28205
Name of Employer	Occupation	Amount of Each Receipt this Period
UNIVERSITY OF ALABAMA	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="425.00"/>	

Full Name (Last, First, Middle Initial) B. MAUREEN E. FARRELL		Date of Receipt
Mailing Address 4344 SANTA MONICA AVENUE		<input type="text" value="11"/> / <input type="text" value="11"/> / <input type="text" value="2012"/>
City	State	Zip Code
SAN DIEGO	CA	92107
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.28579
Name of Employer	Occupation	Amount of Each Receipt this Period
U.S. NAVY	PHYSICIAN	<input type="text" value="20.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="220.00"/>	

Full Name (Last, First, Middle Initial) C. DAVID A. FORSTEIN		Date of Receipt
Mailing Address 117 RAMSFORD LANE		<input type="text" value="11"/> / <input type="text" value="13"/> / <input type="text" value="2012"/>
City	State	Zip Code
SIMPSONVILLE	SC	29681
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.28584
Name of Employer	Occupation	Amount of Each Receipt this Period
GREENVILLE HOSPITAL SYSTEM	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="1100.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="220.00"/>
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 19 OF 46
	<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. PAMELA G. GALLUP		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 26 / 2012 Transaction ID : SA11AI.28479
Mailing Address P.O. BOX 2805		Amount of Each Receipt this Period 250.00
City TYBEE ISLAND	State GA	Zip Code 31328
FEC ID number of contributing federal political committee. C		
Name of Employer PROVIDENT OB/GYN	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2800.00	

Full Name (Last, First, Middle Initial) B. ANITA GROVER		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 26 / 2012 Transaction ID : SA11AI.28296
Mailing Address P.O. BOX 115		Amount of Each Receipt this Period 100.00
City BRIDGEWATER	State CT	Zip Code 06752
FEC ID number of contributing federal political committee. C		
Name of Employer WESTCHESTER HEALTH	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. WILLIAM D. HAITHCOCK JR.		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 24 / 2012 Transaction ID : SA11AI.28314
Mailing Address 2024 WINTERLOCHEN ROAD		Amount of Each Receipt this Period 325.00
City FAYETTEVILLE	State NC	Zip Code 28305
FEC ID number of contributing federal political committee. C		
Name of Employer RETIRED	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

SUBTOTAL of Receipts This Page (optional).....▶	675.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 46
	<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="11"/> / <input type="text" value="09"/> / <input type="text" value="2012"/>
City	State	Zip Code
OMAHA	NE	68130
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.28568
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="100.00"/>
Name of Employer	Occupation	
METHODIST HOSPITAL	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1100.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. BEVERLY M. HARRIS		Date of Receipt
Mailing Address 2251 STANTONSBURG ROAD		<input type="text" value="10"/> / <input type="text" value="26"/> / <input type="text" value="2012"/>
City	State	Zip Code
GREENVILLE	NC	27834
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.28480
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="500.00"/>
Name of Employer	Occupation	
GREENVILLE WOMEN'S CLINIC	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. THOMAS W. HEPFER		Date of Receipt
Mailing Address 115 NORTH SUMTER STREET		<input type="text" value="10"/> / <input type="text" value="24"/> / <input type="text" value="2012"/>
City	State	Zip Code
SUMTER	SC	29150
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.28408
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="50.00"/>
Name of Employer	Occupation	
SUMTER OB/GYN	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>	
<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"/>

**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 46
	<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. THOMAS W. HEPFER
Full Name (Last, First, Middle Initial)

Mailing Address 115 NORTH SUMTER STREET

City SUMTER State SC Zip Code 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 ▼ 350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 24 / 2012

Transaction ID : SA11AI.28617

Amount of Each Receipt this Period
 50.00

B. S. PAIGE HERTWECK
Full Name (Last, First, Middle Initial)

Mailing Address 3330 GREENHILL LANE

City LOUISVILLE State KY Zip Code 40207

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

Name of Employer NORTON 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
 10 / 26 / 2012

Transaction ID : SA11AI.28481

Amount of Each Receipt this Period
 25.00

C. S. PAIGE HERTWECK
Full Name (Last, First, Middle Initial)

Mailing Address 3330 GREENHILL LANE

City LOUISVILLE State KY Zip Code 40207

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

Name of Employer NORTON HEALTHCARE Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 26 / 2012

Transaction ID : SA11AI.28622

Amount of Each Receipt this Period
 25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 100.00

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 46
	<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. VERDA J. HICKS		Date of Receipt
Mailing Address 14110 PEMBROKE LANE		<input type="text" value="10"/> / <input type="text" value="18"/> / <input type="text" value="2012"/>
City LEAWOOD	State KS	Zip Code 66224
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.28212
Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="500.00"/>
	<input type="text" value="500.00"/>	

Full Name (Last, First, Middle Initial) B. SHELLY W. HOLMSTROM		Date of Receipt
Mailing Address 633 BOSPHOROUS AVENUE		<input type="text" value="11"/> / <input type="text" value="02"/> / <input type="text" value="2012"/>
City TAMPA	State FL	Zip Code 33606
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.28508
Name of Employer UNIVERSITY OF SOUTH FLORIDA	Occupation PHYSICIAN	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="100.00"/>
	<input type="text" value="600.00"/>	

Full Name (Last, First, Middle Initial) C. DIANE J. HORVATH-COSPER		Date of Receipt
Mailing Address 3238 HILL RIDGE DRIVE		<input type="text" value="11"/> / <input type="text" value="10"/> / <input type="text" value="2012"/>
City EAGAN	State MN	Zip Code 55121
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.28577
Name of Employer HEALTH PARTNERS	Occupation PHYSICIAN	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="50.00"/>
	<input type="text" value="400.00"/>	

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 23 OF 46
	<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. WILLIAM J. HOSKINS		Date of Receipt
Mailing Address 1275 YORK AVENUE		<input type="text" value="M M M"/> / <input type="text" value="D D D"/> / <input type="text" value="Y Y Y Y Y Y"/>
City NEW YORK State NY Zip Code 10065		Transaction ID : SA11AI.28409
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Occupation MEMORIAL SLOAN KETTERING PHYSICIAN		<input type="text" value="250.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="250.00"/>	

Full Name (Last, First, Middle Initial) B. CYNTHIA A. JANSKY		Date of Receipt
Mailing Address 2900 EAST 29TH STREET		<input type="text" value="M M M"/> / <input type="text" value="D D D"/> / <input type="text" value="Y Y Y Y Y Y"/>
City BRYAN State TX Zip Code 77802		Transaction ID : SA11AI.28600
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Occupation BRAZOS VALLEY WOMEN'S CENTER PHYSICIAN		<input type="text" value="250.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="250.00"/>	

Full Name (Last, First, Middle Initial) C. LYDIA M. JEFFRIES		Date of Receipt
Mailing Address 21 WILSON LANE		<input type="text" value="M M M"/> / <input type="text" value="D D D"/> / <input type="text" value="Y Y Y Y Y Y"/>
City FAIRVIEW State NC Zip Code 28730		Transaction ID : SA11AI.28535
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Occupation ASHEVILLE WOMEN'S CENTER PHYSICIAN		<input type="text" value="100.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="1765.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="600.00"/>
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 24 OF 46
(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. GERALD F. JOSEPH JR.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1600 SOUTH EADS STREET
 City ARLINGTON State VA Zip Code 22202
 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 ▼ 1750.00

Date of Receipt 10 / 23 / 2012
Transaction ID : SA11AI.28264
 Amount of Each Receipt this Period 250.00

B. MADELYN KAHN
 Full Name (Last, First, Middle Initial)
 Mailing Address 390 LAUREL STREET
 City SAN FRANCISCO State CA Zip Code 94118
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CALIFORNIA PACIFIC MEDICAL Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 24 / 2012
Transaction ID : SA11AI.28417
 Amount of Each Receipt this Period 250.00

C. LEAH A. KAUFMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 1299 CORPORATE DRIVE
 City WESTBURY State NY Zip Code 11590
 FEC ID number of contributing federal political committee. **C**
 Name of Employer LONG ISLAND JEWISH MEDICAL Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 925.00

Date of Receipt 10 / 19 / 2012
Transaction ID : SA11AI.28239
 Amount of Each Receipt this Period 75.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 575.00
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 25 OF 46
(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. LEAH A. KAUFMAN			Date of Receipt <table border="1" style="width:100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>10</td><td></td><td></td><td>23</td><td></td><td></td><td>2012</td><td></td><td></td><td></td> </tr> </table> Transaction ID : SA11AI.28344			M	M	/	D	D	/	Y	Y	Y	Y	10			23			2012			
M	M	/	D	D	/	Y	Y	Y	Y																
10			23			2012																			
Mailing Address 1299 CORPORATE DRIVE			Amount of Each Receipt this Period <table border="1" style="width:100%; text-align: center;"> <tr> <td>150.00</td> </tr> </table>			150.00																			
150.00																									
City WESTBURY	State NY	Zip Code 11590																							
FEC ID number of contributing federal political committee. C																									
Name of Employer LONG ISLAND JEWISH MEDICAL		Occupation PHYSICIAN																							
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <table border="1" style="width:100%; text-align: center;"> <tr> <td>1075.00</td> </tr> </table>				1075.00																			
1075.00																									

Full Name (Last, First, Middle Initial) B. LEAH A. KAUFMAN			Date of Receipt <table border="1" style="width:100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>11</td><td></td><td></td><td>20</td><td></td><td></td><td>2012</td><td></td><td></td><td></td> </tr> </table> Transaction ID : SA11AI.28606			M	M	/	D	D	/	Y	Y	Y	Y	11			20			2012			
M	M	/	D	D	/	Y	Y	Y	Y																
11			20			2012																			
Mailing Address 1299 CORPORATE DRIVE			Amount of Each Receipt this Period <table border="1" style="width:100%; text-align: center;"> <tr> <td>75.00</td> </tr> </table>			75.00																			
75.00																									
City WESTBURY	State NY	Zip Code 11590																							
FEC ID number of contributing federal political committee. C																									
Name of Employer LONG ISLAND JEWISH MEDICAL		Occupation PHYSICIAN																							
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <table border="1" style="width:100%; text-align: center;"> <tr> <td>1150.00</td> </tr> </table>				1150.00																			
1150.00																									

Full Name (Last, First, Middle Initial) C. KRIS E. KENNEDY			Date of Receipt <table border="1" style="width:100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>11</td><td></td><td></td><td>23</td><td></td><td></td><td>2012</td><td></td><td></td><td></td> </tr> </table> Transaction ID : SA11AI.28626			M	M	/	D	D	/	Y	Y	Y	Y	11			23			2012			
M	M	/	D	D	/	Y	Y	Y	Y																
11			23			2012																			
Mailing Address 1812 UPPER JAMES COURT			Amount of Each Receipt this Period <table border="1" style="width:100%; text-align: center;"> <tr> <td>250.00</td> </tr> </table>			250.00																			
250.00																									
City VIRGINIA BEACH	State VA	Zip Code 23454																							
FEC ID number of contributing federal political committee. C																									
Name of Employer COMPLETE WOMEN'S CARE		Occupation PHYSICIAN																							
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <table border="1" style="width:100%; text-align: center;"> <tr> <td>500.00</td> </tr> </table>				500.00																			
500.00																									

SUBTOTAL of Receipts This Page (optional).....▶	<table border="1" style="width:100%; text-align: center;"> <tr> <td>475.00</td> </tr> </table>	475.00
475.00		
TOTAL This Period (last page this line number only).....▶	<table border="1" style="width:100%; text-align: center;"> <tr> <td> </td> </tr> </table>	

**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 46
	<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. YONG J. KIM
Full Name (Last, First, Middle Initial)

Mailing Address 396 REMINGTON BOULEVARD

City BOLINGBROOK	State IL	Zip Code 60440
---------------------	-------------	-------------------

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

Name of Employer BOLINGBROOK WOMEN'S CLINIC	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
10	/	23	/	2012

Transaction ID : SA11AI.28347

Amount of Each Receipt this Period

100.00

B. MAUREEN M. KING
Full Name (Last, First, Middle Initial)

Mailing Address 14923 OUTLOOK LANE

City OVERLAND PARK	State KS	Zip Code 66223
-----------------------	-------------	-------------------

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

Name of Employer WOMEN'S CARE	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
11	/	15	/	2012

Transaction ID : SA11AI.28586

Amount of Each Receipt this Period

250.00

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

Mailing Address 77 GREEVES ROAD

City NEW HAMPTON	State NY	Zip Code 10958
---------------------	-------------	-------------------

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

Name of Employer CRYSTAL RUN HEALTHCARE	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
11	/	06	/	2012

Transaction ID : SA11AI.28547

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional).....▶	600.00
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 46
	<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. RICHARD K. KRAUSS
 Full Name (Last, First, Middle Initial)
 Mailing Address 3998 RED LION ROAD
 City PHILADELPHIA State PA Zip Code 19114
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ARIA 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
 11 / 15 / 2012
Transaction ID : SA11AI.28590
 Amount of Each Receipt this Period
 250.00

B. MELISSA E. LARSEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 2504 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 ▼ 275.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 26 / 2012
Transaction ID : SA11AI.28482
 Amount of Each Receipt this Period
 100.00

C. MELISSA E. LARSEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 2504 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 ▼ 375.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 26 / 2012
Transaction ID : SA11AI.28623
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional).....▶	450.00
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 46
	<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. CYNTHIA M. LEWIS
Full Name (Last, First, Middle Initial)

Mailing Address 517 CAMINO TIERRA ALTA

City SANTA FE	State NM	Zip Code 87501
------------------	-------------	-------------------

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

Name of Employer ST. VINCENT MEDICAL GROUP	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
10	/	24	/	2012

Transaction ID : SA11AI.28419

Amount of Each Receipt this Period

300.00

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

Mailing Address 16 WEXFORD GLEN

City PITTSFORD	State NY	Zip Code 14534
-------------------	-------------	-------------------

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

Name of Employer ROCHESTER GENERAL HOSPITAL	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
10	/	24	/	2012

Transaction ID : SA11AI.28420

Amount of Each Receipt this Period

100.00

C. CHRISTOPHER M. LYNCH
Full Name (Last, First, Middle Initial)

Mailing Address 5201 RENE STREET

City SHAWNEE	State KS	Zip Code 66216
-----------------	-------------	-------------------

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

Name of Employer JOHNSON COUNTY 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
10	/	18	/	2012

Transaction ID : SA11AI.28220

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 Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 46
	<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. JAMES A. MACER		Date of Receipt
Mailing Address 10 CONGRESS STREET		<input type="text" value="11"/> / <input type="text" value="03"/> / <input type="text" value="2012"/>
City PASADENA	State CA	Zip Code 91105
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.28519
Name of Employer SELF-EMPLOYED		Amount of Each Receipt this Period
Occupation PHYSICIAN		<input type="text" value="250.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="1550.00"/>	

Full Name (Last, First, Middle Initial) B. MARIA M. MANRIQUEZ		Date of Receipt
Mailing Address 1321 WEST THUNDERHILL		<input type="text" value="10"/> / <input type="text" value="23"/> / <input type="text" value="2012"/>
City PHOENIX	State AZ	Zip Code 85045
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.28356
Name of Employer DISTRICT MEDICAL GROUP		Amount of Each Receipt this Period
Occupation PHYSICIAN		<input type="text" value="50.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="300.00"/>	

Full Name (Last, First, Middle Initial) C. MARIA M. MANRIQUEZ		Date of Receipt
Mailing Address 1321 WEST THUNDERHILL		<input type="text" value="11"/> / <input type="text" value="23"/> / <input type="text" value="2012"/>
City PHOENIX	State AZ	Zip Code 85045
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.28616
Name of Employer DISTRICT MEDICAL GROUP		Amount of Each Receipt this Period
Occupation PHYSICIAN		<input type="text" value="50.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="350.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="350.00"/>
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:	PAGE 30 OF 46
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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. JAMES N. MARTIN JR.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2101 EASTOVER DRIVE
 City JACKSON State MS Zip Code 39211
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UNIVERSITY OF MISSISSIPPI Occupation PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2080.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 13 / 2012
Transaction ID : SA11AI.28490
 Amount of Each Receipt this Period
500.00

B. ROBIN D. MATTHEWS
 Full Name (Last, First, Middle Initial)
 Mailing Address 39 FLAT ROCK ROAD
 City WAYNESVILLE State NC Zip Code 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 **340.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 09 / 2012
Transaction ID : SA11AI.28570
 Amount of Each Receipt this Period
20.00

C. DANIEL MCCAULEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 1729 NORTH OLIVE AVENUE
 City TURLOCK State CA Zip Code 95382
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OB/GYN ASSOCIATES OF TURLOCK 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
 10 / 24 / 2012
Transaction ID : SA11AI.28421
 Amount of Each Receipt this Period
100.00

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: (check only one)	PAGE 31 OF 46
	<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. KELLY A. MCCUE
 Full Name (Last, First, Middle Initial)
 Mailing Address 1330 NORTH DAVIS FARMS ROAD
 City DAVIS State CA Zip Code 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 ▼ 275.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 06 / 2012
Transaction ID : SA11AI.28550
 Amount of Each Receipt this Period
 250.00

B. JEANNINE M. MCMAHON
 Full Name (Last, First, Middle Initial)
 Mailing Address 11436 LAKEWOOD STREET
 City CROWN POINT State IN Zip Code 46307
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CROWN POINT OB/GYN Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 26 / 2012
Transaction ID : SA11AI.28299
 Amount of Each Receipt this Period
 250.00

C. ROGER B. NEWMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 737 CREEKSIDE DRIVE
 City MT. PLEASANT State SC Zip Code 29464
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MEDICAL UNIVERSITY 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
 10 / 26 / 2012
Transaction ID : SA11AI.28483
 Amount of Each Receipt this Period
 125.00

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 32 OF 46
<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. LUKE NEWTON		Date of Receipt
Mailing Address 314 TRAFALGAR		<input type="text" value="10"/> / <input type="text" value="23"/> / <input type="text" value="2012"/>
City SAN ANTONIO	State TX	Zip Code 78216
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.28362
Name of Employer UNIVERSITY OF TEXAS		Amount of Each Receipt this Period
Occupation PHYSICIAN		<input type="text" value="100.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="625.00"/>	

Full Name (Last, First, Middle Initial) B. LUKE NEWTON		Date of Receipt
Mailing Address 314 TRAFALGAR		<input type="text" value="10"/> / <input type="text" value="25"/> / <input type="text" value="2012"/>
City SAN ANTONIO	State TX	Zip Code 78216
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.28454
Name of Employer UNIVERSITY OF TEXAS		Amount of Each Receipt this Period
Occupation PHYSICIAN		<input type="text" value="25.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="650.00"/>	

Full Name (Last, First, Middle Initial) C. LUKE NEWTON		Date of Receipt
Mailing Address 314 TRAFALGAR		<input type="text" value="11"/> / <input type="text" value="25"/> / <input type="text" value="2012"/>
City SAN ANTONIO	State TX	Zip Code 78216
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.28620
Name of Employer UNIVERSITY OF TEXAS		Amount of Each Receipt this Period
Occupation PHYSICIAN		<input type="text" value="25.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="675.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="150.00"/>
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: (check only one)	PAGE 33 OF 46
<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. MICHIEL R. NOE
Full Name (Last, First, Middle Initial)

Mailing Address 1950 PASEO ARENA

City EL PASO State TX Zip Code 79936

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

Name of Employer SUN CITY WOMEN'S HEALTH 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 Y
 11 / 05 / 2012
Transaction ID : SA11AI.28539

Amount of Each Receipt this Period
 100.00

B. PAUL W. OSTOYA
Full Name (Last, First, Middle Initial)

Mailing Address 1095 EAST WARNER

City FRESNO State CA Zip Code 93710

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 ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 02 / 2012
Transaction ID : SA11AI.28511

Amount of Each Receipt this Period
 300.00

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

Mailing Address 1104 SHADY LANE

City LOUISVILLE State KY Zip Code 40223

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

Name of Employer NORTON HEALTHCARE Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 04 / 2012
Transaction ID : SA11AI.28526

Amount of Each Receipt this Period
 300.00

SUBTOTAL of Receipts This Page (optional).....▶	700.00
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 34 OF 46
(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. TIMOTHY M. PHELAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 2525 RIVERSIDE AVENUE
 City JACKSONVILLE State FL Zip Code 32204
 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 ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 01 / 2012
Transaction ID : SA11AI.28498
 Amount of Each Receipt this Period
 500.00

B. HARTAJ K. POWELL
 Full Name (Last, First, Middle Initial)
 Mailing Address 229 CHRYSTIE STREET
 City NEW YORK State NY Zip Code 10002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NEW YORK UNIVERSITY Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1050.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 23 / 2012
Transaction ID : SA11AI.28367
 Amount of Each Receipt this Period
 250.00

C. VANCE D. POWELL
 Full Name (Last, First, Middle Initial)
 Mailing Address 21481 WOODFARM DRIVE
 City FARMINGTON HILLS State MI Zip Code 48167
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BOTSFORD HOSPITAL Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 26 / 2012
Transaction ID : SA11AI.28304
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1000.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 46
	<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. HOLLY S. PURITZ
Full Name (Last, First, Middle Initial)

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 ▼
1450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	09	/	2012

Transaction ID : SA11AI.28572

Amount of Each Receipt this Period
100.00

B. CHERYL C. RAZDAN
Full Name (Last, First, Middle Initial)

Mailing Address 8424 SOUTH BRADEN AVENUE

City TULSA	State OK	Zip Code 74137
---------------	-------------	-------------------

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

Name of Employer CONTEMPORARY SPECIALISTS	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
10	/	23	/	2012

Transaction ID : SA11AI.28268

Amount of Each Receipt this Period
500.00

C. MONIQUE M. REGARD
Full Name (Last, First, Middle Initial)

Mailing Address 360 CROW HILL ROAD

City MOUNT KISCO	State NY	Zip Code 10549
---------------------	-------------	-------------------

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

Name of Employer CHILDREN'S/WOMEN'S PHYSICIANS	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
10	/	26	/	2012

Transaction ID : SA11AI.28307

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional).....▶	700.00
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 36 OF 46
	<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. MARY L. ROSSER		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2012
Mailing Address 32 STUDIO LANE		Transaction ID : SA11AI.28308
City BRONXVILLE	State NY	Zip Code 10708
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer MONTEFIORE MEDICAL CENTER	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

Full Name (Last, First, Middle Initial) B. HOWARD A. SHAW		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2012
Mailing Address 65 OLANDER LANE		Transaction ID : SA11AI.28240
City MIDDLETOWN	State CT	Zip Code 06457
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer ST. RAPHAEL HOSPITAL	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) C. SUSAN M. SHERIDAN-LEWIS		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 09 / 2012
Mailing Address 167 SOUTH CONWELL		Transaction ID : SA11AI.28573
City CASPER	State WY	Zip Code 82601
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer CASPER OB/GYN ASSOCIATES	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional).....▶	500.00
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 37 OF 46
	<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. CHAD M. SMITH
Full Name (Last, First, Middle Initial)

Mailing Address 1517 BRIAR MEADE CIRCLE

City EDMOND State OK Zip Code 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 ▼ 275.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 04 / 2012
Transaction ID : SA11AI.28528

Amount of Each Receipt this Period
 25.00

B. BARRY A. SOBEL
Full Name (Last, First, Middle Initial)

Mailing Address 11104 CREEK POINTE DRIVE

City MATTHEWS State NC Zip Code 28105

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

Name of Employer UNION OB/GYN Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 23 / 2012
Transaction ID : SA11AI.28271

Amount of Each Receipt this Period
 100.00

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 ▼ 1060.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 23 / 2012
Transaction ID : SA11AI.28272

Amount of Each Receipt this Period
 20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 145.00

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 38 OF 46
	<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. DANA G. STONE		Date of Receipt
Mailing Address 1730 HUNTINGTON AVENUE		<input type="text" value="11"/> / <input type="text" value="09"/> / <input type="text" value="2012"/>
City State Zip Code OKLAHOMA CITY OK 73116		Transaction ID : SA11AI.28575
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="130.00"/>
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 ▼ <input type="text" value="1190.00"/>	

Full Name (Last, First, Middle Initial) B. KATHLEEN T. SULLIVAN		Date of Receipt
Mailing Address 4315 HOUMA BOULEVARD		<input type="text" value="10"/> / <input type="text" value="23"/> / <input type="text" value="2012"/>
City State Zip Code METAIRIE LA 70006		Transaction ID : SA11AI.28273
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="20.00"/>
Name of Employer LAKESIDE WOMEN'S CENTER	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="220.00"/>	

Full Name (Last, First, Middle Initial) C. KAREN G. SWENSON		Date of Receipt
Mailing Address 1305 WEST 34TH STREET		<input type="text" value="11"/> / <input type="text" value="11"/> / <input type="text" value="2012"/>
City State Zip Code AUSTIN TX 78705		Transaction ID : SA11AI.28583
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="84.00"/>
Name of Employer WOMEN PARTNERS IN HEALTH	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="924.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="234.00"/>
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: (check only one)	PAGE 39 OF 46
	<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. JANICE E. 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 ▼ 916.63

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 15 / 2012
Transaction ID : SA11AI.28592
 Amount of Each Receipt this Period
 83.33

B. MIKLOS TOTH
 Full Name (Last, First, Middle Initial)
 Mailing Address 45 EAST 89TH STREET
 City NEW YORK State NY Zip Code 10128
 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 ▼ 2100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 24 / 2012
Transaction ID : SA11AI.28432
 Amount of Each Receipt this Period
 100.00

C. RONALD V. UVA
 Full Name (Last, First, Middle Initial)
 Mailing Address 108 LAKESHORE ROAD
 City OSWEGO State NY Zip Code 13126
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OSWEGO COUNTY OB/GYN 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
 10 / 24 / 2012
Transaction ID : SA11AI.28433
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional).....▶	283.33
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 40 OF 46
(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. JOAN L. WALKER			Date of Receipt <table border="1" style="width:100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>10</td><td></td><td></td><td>25</td><td></td><td></td><td>2012</td><td></td><td></td><td></td> </tr> </table> Transaction ID : SA11AI.28455			M	M	/	D	D	/	Y	Y	Y	Y	10			25			2012			
M	M	/	D	D	/	Y	Y	Y	Y																
10			25			2012																			
Mailing Address 800 10TH STREET			Amount of Each Receipt this Period <table border="1" style="width:100%; text-align: center;"> <tr> <td>250.00</td> </tr> </table>			250.00																			
250.00																									
City OKLAHOMA CITY	State OK	Zip Code 73104																							
FEC ID number of contributing federal political committee. C																									
Name of Employer UNIVERSITY OF OKLAHOMA		Occupation PHYSICIAN																							
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <table border="1" style="width:100%; text-align: center;"> <tr> <td>250.00</td> </tr> </table>				250.00																			
250.00																									

Full Name (Last, First, Middle Initial) B. KATHY N. WALKER			Date of Receipt <table border="1" style="width:100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>11</td><td></td><td></td><td>01</td><td></td><td></td><td>2012</td><td></td><td></td><td></td> </tr> </table> Transaction ID : SA11AI.28501			M	M	/	D	D	/	Y	Y	Y	Y	11			01			2012			
M	M	/	D	D	/	Y	Y	Y	Y																
11			01			2012																			
Mailing Address 50 ALESSANDRO PLACE			Amount of Each Receipt this Period <table border="1" style="width:100%; text-align: center;"> <tr> <td>250.00</td> </tr> </table>			250.00																			
250.00																									
City PASADENA	State CA	Zip Code 91105																							
FEC ID number of contributing federal political committee. C																									
Name of Employer CARING FOR YOU OB/GYN		Occupation PHYSICIAN																							
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <table border="1" style="width:100%; text-align: center;"> <tr> <td>500.00</td> </tr> </table>				500.00																			
500.00																									

Full Name (Last, First, Middle Initial) C. MELISSA M. WATTERS			Date of Receipt <table border="1" style="width:100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>10</td><td></td><td></td><td>31</td><td></td><td></td><td>2012</td><td></td><td></td><td></td> </tr> </table> Transaction ID : SA11AI.28448			M	M	/	D	D	/	Y	Y	Y	Y	10			31			2012			
M	M	/	D	D	/	Y	Y	Y	Y																
10			31			2012																			
Mailing Address 8760 EAST MESA LANE			Amount of Each Receipt this Period <table border="1" style="width:100%; text-align: center;"> <tr> <td>250.00</td> </tr> </table>			250.00																			
250.00																									
City BLOOMINGTON	State IN	Zip Code 47401																							
FEC ID number of contributing federal political committee. C																									
Name of Employer SOUTHERN INDIANA PHYSICIANS		Occupation PHYSICIAN																							
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <table border="1" style="width:100%; text-align: center;"> <tr> <td>250.00</td> </tr> </table>				250.00																			
250.00																									

SUBTOTAL of Receipts This Page (optional).....▶	<table border="1" style="width:100%; text-align: center;"> <tr> <td>750.00</td> </tr> </table>	750.00
750.00		
TOTAL This Period (last page this line number only).....▶	<table border="1" style="width:100%; text-align: center;"> <tr> <td> </td> </tr> </table>	

**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 41 OF 46
	<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. ESTELLE H. WHITNEY		Date of Receipt
Mailing Address 4910 MONUMENT ROAD		<input type="text" value="11"/> / <input type="text" value="16"/> / <input type="text" value="2012"/>
City	State	Zip Code
PHILADELPHIA	PA	19131
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.28598
Name of Employer	Occupation	Amount of Each Receipt this Period
CHRISTIANA CARE HEALTH	PHYSICIAN	<input type="text" value="25.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="275.00"/>	

Full Name (Last, First, Middle Initial) B. CATHY H. WHITTLESEY		Date of Receipt
Mailing Address 5356 PROMONTORY CIRCLE		<input type="text" value="11"/> / <input type="text" value="13"/> / <input type="text" value="2012"/>
City	State	Zip Code
WINDSOR	CO	80528
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.28493
Name of Employer	Occupation	Amount of Each Receipt this Period
LARIMER COUNTY MEDICAL SOCIETY	EXECUTIVE DIRECTOR	<input type="text" value="500.00"/>
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. EDWARD R. YEOMANS		Date of Receipt
Mailing Address 6108 PRIVATE ROAD 6470		<input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2012"/>
City	State	Zip Code
LUBBOCK	TX	79416
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.28473
Name of Employer	Occupation	Amount of Each Receipt this Period
TEXAS TECH UNIVERSITY	PHYSICIAN	<input type="text" value="1000.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1000.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1525.00"/>
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 42 OF 46
(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. STEVE YU
 Full Name (Last, First, Middle Initial)
 Mailing Address 8909 SHADY GROVE COURT
 City State Zip Code
 GAITHERSBURG MD 20877
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SELF-EMPLOYED PHYSICIAN
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 18 / 2012
Transaction ID : SA11AI.28237
 Amount of Each Receipt this Period
 300.00

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).....▶	300.00
TOTAL This Period (last page this line number only).....▶	20760.99

**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) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 29 / 2012

Transaction ID : SB21B.28444

Amount of Each Disbursement this Period

7.95

Full Name (Last, First, Middle Initial)

B. 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) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 05 / 2012

Transaction ID : SB21B.28485

Amount of Each Disbursement this Period

492.23

Full Name (Last, First, Middle Initial)

C. FIRST NATIONAL MERCHANT SOLUTIONS

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) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 02 / 2012

Transaction ID : SB21B.28484

Amount of Each Disbursement this Period

820.54

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

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

1320.72

1320.72

**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. BOSWELL FOR CONGRESS

Mailing Address P.O. BOX 1814

City DES MOINES State IA Zip Code 50305

Purpose of Disbursement
CONTRIBUTION

Candidate Name
LEONARD L. BOSWELL

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: IA District: 03

Date of Disbursement

MM / DD / YYYY
10 / 30 / 2012

Transaction ID : **SB23.28275**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. CHARLES BOUSTANY, JR. 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: 2012 Primary General Other (specify) ▼
State: LA District: 07 Runoff

Date of Disbursement

MM / DD / YYYY
11 / 15 / 2012

Transaction ID : **SB23.28556**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. KEVIN MCCARTHY FOR CONGRESS

Mailing Address P.O. BOX 12667

City BAKERSFIELD State CA Zip Code 93389

Purpose of Disbursement
CONTRIBUTION

Candidate Name
KEVIN MCCARTHY

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: CA District: 23

Date of Disbursement

MM / DD / YYYY
10 / 22 / 2012

Transaction ID : **SB23.28193**

Amount of Each Disbursement this Period

1000.00

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

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

7000.00

**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. LOBIONDO FOR CONGRESS

Mailing Address P. O. BOX 550

City VINELAND State NJ Zip Code 08362

Purpose of Disbursement
VOID 07/17/2012 CONTRIBUTION

Candidate Name
FRANK A. LOBIONDO

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: NJ District: 02

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 25 / 2012

Transaction ID : SB23.28281

Amount of Each Disbursement this Period

-500.00

Full Name (Last, First, Middle Initial)

B. LOBIONDO FOR CONGRESS

Mailing Address P. O. BOX 550

City VINELAND State NJ Zip Code 08362

Purpose of Disbursement
CONTRIBUTION

Candidate Name
FRANK A. LOBIONDO

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: NJ District: 02

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 30 / 2012

Transaction ID : SB23.28278

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

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

Date of Disbursement

M M / 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)..... ▶

0.00

7000.00

**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. MICHAEL SANCHEZ FOR STATE SENATE

Mailing Address 3 BUNTON ROAD

City BELEN State NM Zip Code 87002

Purpose of Disbursement
NON-FEDERAL CONTRIBUTION

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			31			2012			

Transaction ID : SB29.28440

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. REBEKAH WARREN FOR STATE SENATE

Mailing Address 234 8TH STREET

City ANN ARBOR State MI Zip Code 48103

Purpose of Disbursement
NON-FEDERAL CONTRIBUTION

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			30			2012			

Transaction ID : SB29.28279

Amount of Each Disbursement this Period

499.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Disbursement this Period

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

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

1499.00

1499.00
