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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

TOKW OX F	or Other Than An Aut	thorized Committee		Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, over the lines.	12FE4M	5
THE AMERICAN CON	GRESS OF OB-GYI	NS PAC (OB-GYN	PAC)	
ADDRESS (number and street)	409 12TH STREET, SW			
▼ Check if different				
than previously reported. (ACC)	WASHINGTON		DC L	20024
2. FEC IDENTIFICATION NU	MBER ▼ CI	TY▲	STATE ▲	ZIP CODE ▲
C C00364158		S THIS NEW	OR AM	ENDED
4. TYPE OF REPORT (Choose One)	Report Due On:			20 (M8) Nov 20 (M11) (Non-Election Year Only) 20 (M9) Dec 20 (M12)
(a) Quarterly Reports:				(Non-Election Year Only)
April 15		7 20 (M4) Jul 2	20 (M7) Oct 2	20 (M10) Jan 31 (YE)
Quarterly Report (Q July 15	(C) 12-Day	Primary (12P)	General (12G) Runoff (12R)
Quarterly Report (Quarterly Report (Quarterly Report 15	Report for the:	Convention (12C) Special (1	28)
Quarterly Report (Quarterly 31	3)	M M / D	D / Y Y Y Y Y	in the
Year-End Report (Yi	E) Election	on on		State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Election Report for the:	X General (30G)	Runoff (3	OR) Special (30S)
Termination Report (TER)	Election		08 2016	in the State of
5. Covering Period 10	20 2016	through	M M / D D / 28	2016
I certify that I have examined thi	s Report and to the best o	f my knowledge and belie	of it is true, correct and	complete.
Type or Print Name of Treasurer	SCHILLING, MARY, , ,			
Signature of Treasurer SCHII	LLING, MARY, , ,	[Electronically Fil	ed] Date 12	/ D D / Y Y Y Y Y Y 2016
NOTE: Submission of false, errone	ous, or incomplete information	on may subject the person	signing this Report to th	e penalties of 52 U.S.C. § 30109
Office				FEC FORM 3X
Use Only				Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016) Page 2

Write or Type Committee Name

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

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2016		324208.25
	(b) Cash on Hand at Beginning of Reporting Period	197333.35	
	(c) Total Receipts (from Line 19)	79784.60	520725.48
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	277117.95	844933.73
7.	Total Disbursements (from Line 31)	58487.66	626303.44
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	218630.29	218630.29
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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. 05/2016)

Write or Type Committee Name

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

R	eport Covering the Period: From:		11 28 2016
	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)	40683.10	359333.50
	(ii) Unitemized(iii) TOTAL (add	39101.50	158891.98
	Lines 11(a)(i) and (ii)	79784.60	518225.48
	(b) Political Party Committees	0.00	0.00
	(such as PACs)(d) Total Contributions (add Lines	0.00	0.00
	11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)▶	79784.60	518225.48
12.	Transfers From Affiliated/Other Party Committees	0.00	0.00
13.	All Loans Received	0.00	0.00
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
16.	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	0.00
	to Federal Candidates and Other Political Committees	0.00	2500.00
	Other Federal Receipts (Dividends, Interest, etc.) Transfers from Non-Federal and Levin Funds	0.00	0.00
	(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))▶	79784.60	520725.48
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)▶	79784.60	520725.48

DETAILED SUMMARY PAGE

of Disbursements

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Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures: Allocated Endors/Man Endors/	iotai iiiis Feliou	Calellual Teal-to-Date
(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	2027.66	15135.72
Expenditures(c) Total Operating Expenditures	2037.66	13133.72
(add 21(a)(i), (a)(ii), and (b))▶	2037.66	15135.72
2. Transfers to Affiliated/Other Party Committees	0.00	0.00
Contributions to Federal Candidates/Committees and Other Political Committees	43500.00	411000.00
Independent Expenditures	45500.00	4 4 4
(use Schedule E)	0.00	108914.72
(52 U.S.C. § 30116(d)) (use Schedule F)	0.00	0.00
. Loan Repayments Made	0.00	0.00
	0.00	4 4 4
Loans Made	0.00	0.00
(a) Individuals/Persons Other Than Political Committees	450.00	5653.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees		
(such as PACs)(d) Total Contribution Refunds	0.00	0.00
(add Lines 28(a), (b), and (c))	450.00	5653.00
Other Disbursements (Including		
Non-Federal Donations)	12500.00	85600.00
. Federal Election Activity (52 U.S.C. § 30101(2	0))	
(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	0.00	0.00
Entirely With Federal Funds	0.00	0.00
Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	58487.66	626303.44
Total Federal Disbursements	Apr. Apr. 1	4 4
(subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	58487.66	626303.44

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

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III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	79784.60	518225.48
4. Total Contribution Refunds (from Line 28(d))	450.00	5653.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	79334.60	512572.48
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	2037.66	15135.72
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	2037.66	15135.72

Receipt For:

Primary

General

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

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(check only one)									
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		13		14		15	16	6	17

or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name ADLER, MELODY R., , , Date of Receipt Mailing Address 2075 GLENN MITCHELL DRIVE 2016 Zip Code State Transaction ID: SA11AI.36337 VA VIRGINIA BEACH 23456 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) COMPLETE WOMEN'S CARE **PHYSICIAN** Receipt For: Aggregate Year-to-Date ▼ Primary General 340.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. AGNESHWAR, DHRUV, , , Date of Receipt Mailing Address 817 STONEHEDGE DRIVE 10 2016 City State Zip Code Transaction ID: SA11AI.35190 **VESTAL** NY 13850 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) SELF-EMPLOYÉD **PHYSICIAN**

	Other (specify) ▼		500.00				
C.	Full Name of Individual (Last, First, Middle In ALDERSON, THOMAS L., , ,	itial) or Full Orga	anization Name	Date of Receipt			
	Mailing Address 3664 EDINBOROUGH DRIV	E		10 24 2016			
	City	State	Zip Code	Transaction ID : SA11AI.35066			
	ROCHESTER HILLS	MI	48306	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		100.00 Memo Item			
	Name of Employer (for Individual) MCLAREN WOMEN'S HEALTH	Occupa PHYSI	ation (for Individual) CIAN				
	Receipt For: Primary General Other (specify)	Aggregate Ye	ear-to-Date ▼ 1000.00				
5	SUBTOTAL of Receipts This Page (optional)			640.00			

Aggregate Year-to-Date ▼

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

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

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or for commercial purposes, other than using	the name and address of any political committee t	to solicit contributions from such committee.
NAME OF COMMITTEE (IN Full) THE AMERICAN CONGRESS	S OF OB-GYNS PAC (OB-GYN PA	AC)
Full Name of Individual (Last, First, Middle ALDERSON, THOMAS L., , , Mailing Address 3664 EDINBOROUGH DRI City ROCHESTER HILLS FEC ID number of contributing federal political committee. Name of Employer (for Individual)	State Zip Code MI 48306 C Occupation (for Individual)	Date of Receipt 11 24 2016 Transaction ID : SA11AI.36387 Amount of Each Receipt this Period 100.00 Memo Item
MCLAREN WOMEN'S HEALTH Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	
Full Name of Individual (Last, First, Middle ASAAD, RADWAN, , , Mailing Address 37261 FOX GLEN City FARMINGTON HILLS FEC ID number of contributing federal political committee. Name of Employer (for Individual) HUTZEL WOMENS SPECIALISTS Receipt For: Primary General Other (specify) Other (specify)	State Zip Code MI 48331 C Occupation (for Individual) PHYSICIAN Aggregate Year-to-Date 583,31	Date of Receipt 10 23 2016 Transaction ID: SA11AI.35033 Amount of Each Receipt this Period 83.33 Memo Item
Full Name of Individual (Last, First, Middle ASAAD, RADWAN, , , Mailing Address 37261 FOX GLEN City FARMINGTON HILLS FEC ID number of contributing federal political committee. Name of Employer (for Individual) HUTZEL WOMENS SPECIALISTS Receipt For: Primary General Other (specify)	Initial) or Full Organization Name State Zip Code MI 48331 C Occupation (for Individual) PHYSICIAN Aggregate Year-to-Date ▼ 666.64	Date of Receipt 11 23 2016 Transaction ID: SA11AI.36364 Amount of Each Receipt this Period 83.33 Memo Item
SUBTOTAL of Receipts This Page (optional)	· · · · · · · · · · · · · · · · · · ·	266.66
TOTAL This Period (last page this line numb	er only)	

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

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or for commercial purposes, other than using	the name and address of any political committee t	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) THE AMERICAN CONGRES	S OF OB-GYNS PAC (OB-GYN PA	AC)
Full Name of Individual (Last, First, Middle ATRIO, JESSICA, , , Mailing Address 4 WOODLAND AVENUE City BRONXVILLE FEC ID number of contributing federal political committee.	Initial) or Full Organization Name State Zip Code NY 10708	Date of Receipt 10 26 2016 Transaction ID: SA11AI.35112 Amount of Each Receipt this Period 500.00
Name of Employer (for Individual) MONTEFIORE MEDICAL CENTER Receipt For: Primary General Other (specify) ▼	Occupation (for Individual) PHYSICIAN Aggregate Year-to-Date ▼ 500.00	Memo Item
Full Name of Individual (Last, First, Middle AUTRY, AMY M., , , Mailing Address 1364 VERMONT STREET City SAN FRANCISCO FEC ID number of contributing federal political committee. Name of Employer (for Individual) UC SAN FRANCISCO Receipt For: Primary General Other (specify)	Initial) or Full Organization Name State Zip Code CA 94110 C Occupation (for Individual) PHYSICIAN Aggregate Year-to-Date ▼	Date of Receipt 11 16 2016 Transaction ID : SA11AI.35548 Amount of Each Receipt this Period 500.00 Memo Item
Full Name of Individual (Last, First, Middle BANFIELD, ANNE L., , , Mailing Address 22 EASTRIDGE DRIVE City ELKINS FEC ID number of contributing federal political committee. Name of Employer (for Individual) DAVIS HEALTH SYSTEM Receipt For: Primary General Other (specify)	Initial) or Full Organization Name State Zip Code WV 26241 C Occupation (for Individual) PHYSICIAN Aggregate Year-to-Date ▼ 1250.00	Date of Receipt 10 28 2016 Transaction ID: SA11AI.35092 Amount of Each Receipt this Period 250.00 Memo Item
SUBTOTAL of Receipts This Page (optional)	>	1250.00
TOTAL This Period (last page this line numb	er only)	

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

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or for commercial purposes, other than using the	ne name and address of any political committee	to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS	OF OB-GYNS PAC (OB-GYN PA	AC)
Full Name of Individual (Last, First, Middle In BARNABEI, VANESSA M., , , Mailing Address 640B ESSJAY ROAD	nitial) or Full Organization Name	Date of Receipt
	State 7in Code	10 28 2016
City WILLIAMSVILLE	State Zip Code NY 14221	Transaction ID : SA11AI.35216 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer (for Individual) SUNY AT BUFFALO	Occupation (for Individual) PHYSICIAN	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name of Individual (Last, First, Middle II BARNES, JULIA E., , , Mailing Address 19794 WILDWOOD DRIVE	nitial) or Full Organization Name	Date of Receipt 11 11 2016
City WEST LINN	State Zip Code OR 97068	Transaction ID : SA11AI.36054 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer (for Individual) KAISER PERMANENTE	Occupation (for Individual) PHYSICIAN	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 690.00	
Full Name of Individual (Last, First, Middle II	nitial) or Full Organization Name	Date of Receipt
Mailing Address 831 SOUTH BROADWAY		11 24 2016
City MINOT	State Zip Code ND 58701	Transaction ID : SA11AI.36388 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer (for Individual) TRINITY HEALTH	Occupation (for Individual) PHYSICIAN	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 950.00	
SUBTOTAL of Receipts This Page (optional)		1040.00
TOTAL This Period (last page this line number	r only)	

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Use separate schedule(s) for each category of the

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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name BOST, BRENT W., , , Date of Receipt Mailing Address 4630 COLLIER STREET 2016 City Zip Code State Transaction ID: SA11AI.35582 TX **BEAUMONT** 77706 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer (for Individual) Memo Item Occupation (for Individual) SOUTHEAST TEXAS OB/GYN **PHYSICIAN** Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. BRILL, KEITH R., , , Date of Receipt Mailing Address 5502 SOUTH FORT APACHE ROAD 18 2016 11 City Zip Code State Transaction ID: SA11AI.35535 LAS VEGAS NV 89148 Amount of Each Receipt this Period FEC ID number of contributing 65.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) WOMEN'S SPECIALTY CARE **PHYSICIAN** Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 715.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. BRINCAT, CYNTHIA A., , , Date of Receipt Mailing Address 308 NORTH KENILWORTH 18 2016 City Zip Code State Transaction ID: SA11AI.35411 IL OAK PARK 60302 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) LOYOLA UNIVERSITY **PHYSICIAN** Receipt For: Aggregate Year-to-Date ▼ Primary General 740.00 Other (specify) 355.00 SUBTOTAL of Receipts This Page (optional).....

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

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	Statements may not be sold or used by any pers ne name and address of any political committee to	
NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS	OF OB-GYNS PAC (OB-GYN PA	C)
Full Name of Individual (Last, First, Middle II BRINCAT, CYNTHIA A., , ,	nitial) or Full Organization Name	Date of Receipt
Mailing Address 308 NORTH KENILWORTH		11 18 2016
City	State Zip Code	Transaction ID : SA11AI.35536
OAK PARK	IL 60302	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
LOYOLA UNIVERSITY	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1240.00	
Full Name of Individual (Last, First, Middle II B. BURKS, HEATHER, , ,	nitial) or Full Organization Name	Date of Receipt
Mailing Address 6419 GRANDVIEW PLACE		10 28 2016
City	State Zip Code	Transaction ID : SA11AI.35217
OKLAHOMA CITY	OK 73116	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer (for Individual) OKLAHOMA UNIVERSITY	Occupation (for Individual) PHYSICIAN	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name of Individual (Last, First, Middle In BUSH, STEPHEN H., , ,	nitial) or Full Organization Name	Date of Receipt
Mailing Address 4400 KANAWHA AVENUE		10 28 2016
City	State Zip Code	Transaction ID : SA11AI.35219
CHARLESTON	WV 25304	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer (for Individual) WEST VIRGINIA UNIVERSITY	Occupation (for Individual) PHYSICIAN	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify)	300.00	
SUBTOTAL of Receipts This Page (optional)		850.00
TOTAL This Period (last page this line number	r only)	

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Use separate schedule(s) for each category of the

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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name BUSH, SUZANNE Y., , , Date of Receipt Mailing Address 1750 YATES AVENUE 2016 City Zip Code State Transaction ID: SA11AI.35220 FL **PENSACOLA** 32503 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) FLORIDA STATE UNIVERSITY **PHYSICIAN** Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. BYCK, DAVID B., , , Date of Receipt Mailing Address 404 HERB RIVER DRIVE 10 2016 City State Zip Code Transaction ID: SA11AI.35047 **SAVANNAH** GA 31406 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MEMORIAL HEÁLTH **PHYSICIAN** Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 500.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. CAIN, KRISTEN E., , , Date of Receipt Mailing Address 1111 HARWOOD DRIVE 11 2016 City Zip Code State Transaction ID: SA11AI.36058 ND **FARGO** 58103 Amount of Each Receipt this Period FEC ID number of contributing C 200.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) SANFORD HEALTH **PHYSICIAN** Receipt For: Aggregate Year-to-Date ▼ Primary General 525.00 Other (specify) 700.00 SUBTOTAL of Receipts This Page (optional).....

FEC ID number of contributing

Name of Employer (for Individual)

WINTHROP UNIVERSITY HOSPITAL

federal political committee.

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

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name CANNON, OCTAVIA M., , , Date of Receipt Mailing Address 3643 CANFIELD HILL COURT 2016 City Zip Code State Transaction ID: SA11AI.35048 NC **CHARLOTTE** 28270 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) ARBORETUM OB/GYN **PHYSICIAN** Receipt For: Aggregate Year-to-Date ▼ Primary General 350.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. CANNON, OCTAVIA M., , , Date of Receipt Mailing Address 3643 CANFIELD HILL COURT 11 20 2016 City State Zip Code Transaction ID: SA11AI.35529 **CHARLOTTE** NC 28270 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) ARBORETUM OB/GYN **PHYSICIAN** Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 400.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. CHALAS, EVA, , , Date of Receipt Mailing Address 27 FRANKLIN COURT 10 28 2016 City State Zip Code Transaction ID: SA11AI.35093 NY **GARDEN CITY** 11530 Amount of Each Receipt this Period

Primary General Other (specify)	Aggregate Year-to-Date ▼ 1500.00							
SUBTOTAL of Receipts This Page (optional)	····		7		,	_	1600.00)
TOTAL This Period (last page this line numb	er only)		7	_		_	1 40	

Occupation (for Individual)

PHYSICIAN

C

1500.00

Memo Item

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

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		13		14		15		16		17

	d Statements may not be sold or used by any pers the name and address of any political committee t	
NAME OF COMMITTEE (In Full) THE AMERICAN CONGRES	S OF OB-GYNS PAC (OB-GYN PA	.C)
/	`	
Full Name of Individual (Last, First, Middle \mathbf{A} . CHEEK, BEN H., , ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address BUTLER PAVILLION		11 07 2016
City	State Zip Code	Transaction ID : SA11AI.35692
COLUMBUS	GA 31904	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
ST. FRANCIS HOSPITAL	PHYSICIAN	_
Receipt For:	Aggregate Year-to-Date ▼]
Primary General	30.0	
Other (specify) ▼	2456.65	
Full Name of Individual (Last, First, Middle	Initial) or Full Organization Name	
B. CHEEK, BEN H., , ,		Date of Receipt
Mailing Address BUTLER PAVILLION		11 09 2016
City	State Zip Code	Transaction ID : SA11AI.35597
COLUMBUS	GA 31904	Amount of Each Receipt this Period
FEC ID number of contributing	C	20.00
federal political committee.	[C]	83.33
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
ST. FRANCIS HOSPITAL	PHYSICIAN	_
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	0500.00	
Other (specify) ▼	2539,98	
Full Name of Individual (Last, First, Middle	Initial) or Full Organization Name	Date of Receipt
Mailing Address BUTLER PAVILLION		M = M / D = D / Y = Y = Y
	lau	11 09 2016
City COLUMBUS	State Zip Code GA 31904	Transaction ID : SA11AI.35598
	31804	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	416.00
Name of Employer (for Individual) ST. FRANCIS HOSPITAL	Occupation (for Individual) PHYSICIAN	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General	00 0	
Other (specify)	2955.98	
SUBTOTAL of Receipts This Page (optional)	·····	539.33
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Use separate schedule(s) for each category of the Detailed Summary Page

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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)

THE AMERICAN CONGRES	S OF OB-G	YNS PAC (OB-GYN PA	AC)
Full Name of Individual (Last, First, Middle CHERVENAK, FRANK A., , ,	Initial) or Full Org	ganization Name	Date of Receipt
Mailing Address 82 PARK PLACE			10 21 2016
City SOUTH ORANGE	State NJ	Zip Code 07079	Transaction ID : SA11AI.35037 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer (for Individual) WEILL CORNELL MEDICAL COLLEGE		pation (for Individual) SICIAN	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate \	/ear-to-Date ▼ 250.00	
Full Name of Individual (Last, First, Middle CHISHOLM, CHRISTIAN A., , ,	Initial) or Full Org	ganization Name	Date of Receipt
Mailing Address 1840 RIVER INN LANE			10 28 2016
City CHARLOTTESVILLE	State VA	Zip Code 22901	Transaction ID : SA11AI.35221 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer (for Individual) UNIVERSITY OF VIRGINIA	I	pation (for Individual) SICIAN	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Y	/ear-to-Date ▼ 1000.00	
Full Name of Individual (Last, First, Middle CHRISTAKIS, CHRISTA, , ,	Initial) or Full Org	ganization Name	Date of Receipt
Mailing Address 105 NORTH SPRINGHUR	ST DRIVE		10 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City EAST GREENWICH	State NY	Zip Code 12061	Transaction ID : SA11AI.35114 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer (for Individual) AMERICAN CONGRESS OF OB/GYNS		pation (for Individual) CUTIVE DIRECTOR	Memo Item
Receipt For: Primary General Other (specify)	Aggregate \	/ear-to-Date ▼ 250.00	
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	the name and address of any political committee	
NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS	S OF OB-GYNS PAC (OB-GYN PA	AC)
Full Name of Individual (Last, First, Middle I CLARE, CAMILLE A., , ,	nitial) or Full Organization Name	Date of Receipt
Mailing Address 1376 MIDLAND AVENUE		10 28 2016
City BRONXVILLE	State Zip Code NY 10708	Transaction ID : SA11AI.35094 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer (for Individual) METROPOLITAN HOSPITAL CENTER	Occupation (for Individual) PHYSICIAN	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 395.00	
Full Name of Individual (Last, First, Middle I COBB, TOMMY, , , Mailing Address 119 MAISON DE VILLE	nitial) or Full Organization Name	Date of Receipt
City STARKVILLE	State Zip Code MS 39759	Transaction ID : SA11AI.35096 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer (for Individual) STARKVILLE CLINIC FOR WOMEN	Occupation (for Individual) PHYSICIAN	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name of Individual (Last, First, Middle I	nitial) or Full Organization Name	Date of Receipt
Mailing Address 2508 BROOK HILL CIRCLE	:	11 12 2016
City ANCHORAGE	State Zip Code AK 99516	Transaction ID : SA11AI.35800 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer (for Individual) YUKON-KUSKOKWIM HEALTH Receipt For:	Occupation (for Individual) PHYSICIAN	Memo Item
Primary General Other (specify)	Aggregate Year-to-Date ▼ 290.00	
SUBTOTAL of Receipts This Page (optional)	·	490.00
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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name D'ALTON, MARY E., , , Date of Receipt Mailing Address 622 WEST 168TH STREET 10 2016 City Zip Code State Transaction ID: SA11AI.35925 NY **NEW YORK** 10032 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) COLUMBIA UNIVERSITY MEDICAL **PHYSICIAN** Receipt For: Aggregate Year-to-Date ▼ Primary General 540.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. DANTAS, STELLA, , , Date of Receipt Mailing Address 6906 SOUTHWEST WINDEMERE LOOP 2016 11 City State Zip Code Transaction ID: SA11AI.35492 **PORTLAND** OR 97225 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) NORTHWEST PERMANENTE **PHYSICIAN** Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1330.33 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. DARDARIAN, THOMAS S., , , Date of Receipt Mailing Address 108 CETON COURT 17 2016 City Zip Code State Transaction ID: SA11AI.35539 PΑ **BROOMAIL** 19008 Amount of Each Receipt this Period FEC ID number of contributing C 210.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MAIN LINE WOMEN'S HEALTH CARE **PHYSICIAN** Receipt For: Aggregate Year-to-Date ▼ Primary General 2310.00 Other (specify) 290.00 SUBTOTAL of Receipts This Page (optional).....

Name of Employer (for Individual)

General

UNIVERSITY OF FLORIDA

Other (specify)

Receipt For:

Primary

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SUBTOTAL of Receipts This Page (optional)	Ξ	I	,	I	I	,	Ξ	1040	0.00		
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540.00

Occupation (for Individual)

PHYSICIAN

Aggregate Year-to-Date ▼

Memo Item

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NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS	OF OB-GY	'NS PAC (OB-GYN PA	AC)
Full Name of Individual (Last, First, Middle I DELMORE, JAMES E., , , Mailing Address 3232 EAST MURDOCK STR		anization Name	Date of Receipt
City	Ctoto	Zin Codo	11 08 2016
City WICHITA	State KS	Zip Code 67208	Transaction ID : SA11AI.35744
FEC ID number of contributing federal political committee.	C	0.200	Amount of Each Receipt this Period 40.00
Name of Employer (for Individual) ASSOCIATES IN WOMEN'S HEALTH		ation (for Individual) ICIAN	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Yo	ear-to-Date ▼ 540.00	
Full Name of Individual (Last, First, Middle In DEVANE, GARY W., , , Mailing Address 215 EAST SWOOPE AVENU		anization Name	Date of Receipt 11 10 2016
City WINTER PARK	State FL	Zip Code 32789	Transaction ID : SA11Al.35592 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer (for Individual) RETIRED		nation (for Individual)	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Yo	ear-to-Date ▼ 1100.00	
Full Name of Individual (Last, First, Middle III)	nitial) or Full Org	anization Name	Date of Receipt
Mailing Address 100 EAST LANCASTER AV			11 17 2016
City WYNNEWOOD	State PA	Zip Code 19096	Transaction ID : SA11AI.35540
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period 250.00
Name of Employer (for Individual) MAIN LINE PERINATAL	Occup PHYS	ation (for Individual)	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Yo	ear-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)		>	390.00
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name DUNSMOOR-SU, REBECCA F., , , Date of Receipt Mailing Address 4825 36TH AVENUE NORTHEAST 2016 City Zip Code State Transaction ID: SA11AI.35144 WA **SEATTLE** 98105 Amount of Each Receipt this Period FEC ID number of contributing C 125.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **PHYSICIAN MEDNAX** Receipt For: Aggregate Year-to-Date ▼ Primary General 375.00 Other (specify)

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В.	EDELMAN, JULIA SCHLAM, , ,	itial) or Full Orga	inization Name	Date of Receipt					
	Mailing Address 3 VIRGINIA DRIVE			11 08 2016					
	City	State	Zip Code	Transaction ID : SA11AI.35602					
	LAKEVILLE	MA	02347	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		250.00					
	Name of Employer (for Individual) SELF-EMPLOYED	Occupa PHYSI	ation (for Individual) CIAN	Memo Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 250.00						
С.	Full Name of Individual (Last, First, Middle IniEDGAR, DIANNE M., , ,	itial) or Full Orga	nization Name	Date of Receipt					
	Mailing Address 1340 HIGHLAND AVENUE			11 04 2016					
	City	State	Zip Code	Transaction ID : SA11AI.35620					

NY **ROCHESTER** 14620 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) PARK WEST WOMEN'S HEALTH **PHYSICIAN** Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify)

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	Statements may not be sold or used by any perse e name and address of any political committee to	
NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS	OF OB-GYNS PAC (OB-GYN PA	C)
Full Name of Individual (Last, First, Middle In ELFSTRAND, ELIZABETH P., , ,		Date of Receipt
Mailing Address 4254 LINDEN HILLS BOULE		11 16 2016
City MINNEAPOLIS	State Zip Code MN 55410	Transaction ID : SA11AI.36284
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 40.00
Name of Employer (for Individual) JOHN A. HAUGEN ASSOCIATES Receipt For:	Occupation (for Individual) PHYSICIAN Aggregate Year-to-Date ▼	Memo Item
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	
Full Name of Individual (Last, First, Middle In FENTON, DOUGLAS K., , , Mailing Address 2921 MANAGUA PLACE	itial) or Full Organization Name	Date of Receipt
City	State Zip Code CA 92009	11 07 2016 Transaction ID : SA11AI.35607
CARLSBAD FEC ID number of contributing federal political committee.	CA 92009	Amount of Each Receipt this Period 209.00
Name of Employer (for Individual) SCRIPPS COASTAL MEDICAL GROUP	Occupation (for Individual) PHYSICIAN	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 458.00	
Full Name of Individual (Last, First, Middle In FERNANDEZ, MARTHA T., , ,	itial) or Full Organization Name	Date of Receipt
Mailing Address 1308 LAURELWOOD LANE		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City VIRGINIA BEACH	State Zip Code VA 23452	Transaction ID : SA11AI.35530 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	100.00
Name of Employer (for Individual) THE GROUP FOR WOMEN	Occupation (for Individual) PHYSICIAN	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 400.00	
SUBTOTAL of Receipts This Page (optional)	·····	349.00
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Primary

Other (specify)

General

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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	Statements may not be sold or used by any persone name and address of any political committee to	
NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS	S OF OB-GYNS PAC (OB-GYN PA	C)
Full Name of Individual (Last, First, Middle I GALA, RAJIV B., , , Mailing Address 44 WREN STREET	nitial) or Full Organization Name	Date of Receipt
	Change Tip Code	10 20 2016
City NEW ORLEANS	State Zip Code LA 70124	Transaction ID : SA11AI.35053 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	100.00
Name of Employer (for Individual) OCHSNER HEALTH SYSTEM Receipt For: Primary General	Occupation (for Individual) PHYSICIAN Aggregate Year-to-Date ▼	Memo Item
Other (specify) ▼	295.00	
Full Name of Individual (Last, First, Middle I GANDELL, DAVID L., , , Mailing Address 21 WARWICK DRIVE	nitial) or Full Organization Name	Date of Receipt
City FAIRPORT	State Zip Code NY 14450	Transaction ID : SA11AI.35121 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	2500.00
Name of Employer (for Individual) ROCHESTER OB/GYN ASSOCIATES	Occupation (for Individual) PHYSICIAN	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 3030.00	
Full Name of Individual (Last, First, Middle I GIAMMITTORIO, DAVID, , ,	nitial) or Full Organization Name	Date of Receipt
Mailing Address 4660 KENMORE AVENUE		10 28 2016
City ALEXANDRIA	State Zip Code VA 22304	Transaction ID : SA11AI.35224 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer (for Individual) PHYSICIAN AND MIDWIFE PRACTICE	Occupation (for Individual) PHYSICIAN	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional)		3600.00
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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name GILBERT, WILLIAM, , , Date of Receipt Mailing Address 5546 CLARENDON WAY 10 2016 City Zip Code State Transaction ID: SA11AI.35941 CA **CARMICHAEL** 95608 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **PHYSICIAN MEDNAX** Receipt For: Aggregate Year-to-Date ▼ Primary General 290.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. GLANTZ, JOHN C., , , Date of Receipt Mailing Address 6 SOUTHERN WOODS 10 2016 City State Zip Code Transaction ID: SA11AI.35122 **PITTSFORD** NY 14534 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Memo Item Name of Employer (for Individual)
UNIVERSITY OF ROCHESTER Occupation (for Individual) **PHYSICIAN** Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 250.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. GLASSNER, MICHAEL, , , Date of Receipt Mailing Address 825 OLD LANCASTER ROAD 17 2016 City Zip Code State Transaction ID: SA11AI.35544 PΑ **BRYN MAWR** 19010 Amount of Each Receipt this Period FEC ID number of contributing C 2500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MAIN LINE FERTILITY **PHYSICIAN** Receipt For: Aggregate Year-to-Date ▼ Primary General 2500.00 Other (specify) 2790.00 SUBTOTAL of Receipts This Page (optional).....

federal political committee.

COMMINITY HEALTHCARE

Other (specify)

Receipt For:

Primary

Name of Employer (for Individual)

General

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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250.00

Occupation (for Individual)

PHYSICIAN

Aggregate Year-to-Date ▼

Memo Item

C.

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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Curior (opeouty) V	4	4 00000	
Full Name of Individual (Last, First, Middle Init HARRIS, KAREN E., , ,	itial) or Full Org	ganization Name	Date of Receipt
Mailing Address 2800 NORTHWEST 29TH ST	11 16 2016		
City	State	Zip Code	Transaction ID : SA11AI.35553
GAINESVILLE	FL	32605	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		100.00
Name of Employer (for Individual) FLORIDA WOMEN'S PHYSICIANS	Occup PHYS	oation (for Individual) ICIAN	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Y	ear-to-Date ▼ 725.00	
SUBTOTAL of Receipts This Page (optional)	850.00		

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	the name and address of any political committee	
NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS	S OF OB-GYNS PAC (OB-GYN PA	AC)
Full Name of Individual (Last, First, Middle HERDE, CHRISTINE M., , ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 2507 SOUTH ROAD		11 04 2016
City POUGHKEEPSIE	State Zip Code NY 12601	Transaction ID : SA11AI.35627 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	175.00
Name of Employer (for Individual) CAREMOUNT MEDICAL GROUP	Occupation (for Individual) PHYSICIAN	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1435.00	
Full Name of Individual (Last, First, Middle HONEBRINK, ANN L., , , Mailing Address 130 VALLEY ROAD	Initial) or Full Organization Name	Date of Receipt
City ARDMORE	State Zip Code PA 19003	Transaction ID : SA11Al.35701 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer (for Individual)	Occupation (for Individual)	40.00 Memo Item
UNIVERSITY OF PENNSYLVANIA Receipt For:	PHYSICIAN Aggregate Year-to-Date ▼	-
Primary General Other (specify) ▼	275.00	
Full Name of Individual (Last, First, Middle IVEY, RICHARD T., , ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 4023 BETSY LANE		11 20 2016
City HOUSTON	State Zip Code 77027	Transaction ID : SA11AI.35468 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer (for Individual) BAYLOR COLLEGE OF MEDICINE	Occupation (for Individual) PHYSICIAN	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1600.00	
SUBTOTAL of Receipts This Page (optional).	•	315.00
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Transaction ID : SA11AI.36078

\$40.00 REFUNDED 12/05/2016

Form/Schedule: Transaction ID:

Other (specify)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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UT MEDICAL BRANCH

General

Receipt For:

C

Primary

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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Other (specify) ▼	1	, 1125.00	
Full Name of Individual (Last, First, Middle In KULBIDA, NICHOLAS, , , Mailing Address 1043 LAMPLIGHTER ROAD	Date of Receipt 10 26 2016		
City	State NY	Zip Code	Transaction ID : SA11AI.35127
NISKAYUNA	INY	12309	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		500.00
Name of Employer (for Individual)	Occupa	ation (for Individual)	Memo Item
ELLIS MEDICINE	PHYSI	CIAN	
Receipt For: Primary General Other (specify)	Aggregate Ye	ear-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)			640.00

PHYSICIAN

Aggregate Year-to-Date ▼

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General

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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rederal political committee.		<u> </u>
Name of Employer (for Individual) VIA CHRISTI CLINIC	Occupation (for Individual) PHYSICIAN	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name of Individual (Last, First, Middle MANRIQUEZ, MARIA, , ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 1714 WEST SATINWOOD		11 27 2016
City PHOENIX	State Zip Code AZ 85045	Transaction ID : SA11AI.36466 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer (for Individual) SELF-EMPLOYED	Occupation (for Individual) PHYSICIAN	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 750.00	
SUBTOTAL of Receipts This Page (optional)	>	800.00
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3.	Full Name of Individual (Last, First, Middle Ini MATTHEWS, ROBIN D., , ,	itial) or Full Organization Name	Date of Receipt
	Mailing Address 39 FLAT ROCK ROAD		10 20 2016
	City WAYNESVILLE	State Zip Code NC 28786	Transaction ID : SA11AI.35059 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	45.00
	Name of Employer (for Individual) DUKE LIFEPOINT HOSPITALS	Occupation (for Individual) PHYSICIAN	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1357.00	
С .	Full Name of Individual (Last, First, Middle Ini MCDONNELL, MARYANNE, , ,	itial) or Full Organization Name	Date of Receipt
	Mailing Address 19 MAPLE VALLEY ROAD		11 16 2016
	City	State Zip Code	Transaction ID : SA11AI.36304
	BOSTON	CT 06043	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	40.00
	Name of Employer (for Individual) OB/GYN GROUP	Occupation (for Individual) PHYSICIAN	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 565.00	
S	SUBTOTAL of Receipts This Page (optional)	>	335.00
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			FEC Schedule A (Form 3X) Rev. 06/20

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

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Any information copied from such Reports and or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS	OF OB-GY	NS PAC (OB-GYN PA	AC)
Full Name of Individual (Last, First, Middle In MCSHANE, KAREN E., , , Mailing Address 221 GLEN STREET	nitial) or Full Orga	anization Name	Date of Receipt 10 27 2016
City	State	Zip Code	Transaction ID : SA11AI.35200
GLEN FALLS	NY	12801	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer (for Individual) HUDSON HEADWATER HEALTH	Occupa PHYSI	ation (for Individual) CIAN	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 250.00	
Full Name of Individual (Last, First, Middle Ir MEGERIAN, GARO, , , Mailing Address 15 FORREST LANE	nitial) or Full Orga	anization Name	Date of Receipt
City	State	Zip Code	11 16 2016
SPRINGFIELD	PA	19064	Transaction ID : SA11AI.35558 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		1000.00
Name of Employer (for Individual) WOMEN'S HEALTH CARE GROUP	Occupa PHYS	ation (for Individual) ICIAN	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼	
Full Name of Individual (Last, First, Middle Ir	nitial) or Full Orga	anization Name	Date of Receipt
Mailing Address 201 NORTH 8TH STREET			11 12 2016
City PHILADELPHIA	State PA	Zip Code 19106	Transaction ID : SA11AI.35590
FEC ID number of contributing federal political committee.	С	10100	Amount of Each Receipt this Period 210.00
Name of Employer (for Individual) LEHIGH VALLEY PHYSICIAN GROUP	Occupa PHYSI	ation (for Individual) CIAN	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Ye	ear-to-Date ▼ 2450.00	
SUBTOTAL of Receipts This Page (optional)		>	1460.00
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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name MILLAR, MARY ANN, , , Date of Receipt Mailing Address 5171 POINTE EAST DRIVE 2016 City Zip Code State Transaction ID: SA11AI.35034 NY **JAMESVILLE** 13078 Amount of Each Receipt this Period FEC ID number of contributing C 2500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **UPSTATE COMMUNITY MEDICAL PHYSICIAN** Receipt For: Aggregate Year-to-Date ▼ Primary General 2500.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. MORGAN, MEREDITH V., , , Date of Receipt Mailing Address 2 CHELSEA BOULEVARD 10 2016 City State Zip Code Transaction ID: SA11AI.35128 **HOUSTON** TX 77006 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) SELF-EMPLOYÉD **PHYSICIAN** Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 250.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. NICHOLAS, SARA S., , , Date of Receipt Mailing Address 100 EAST LANCASTER AVENUE 16 2016 City Zip Code State Transaction ID: SA11AI.35560 PΑ WYNNEWOOD 19096 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) WOMEN'S HEALTH CARE GROUP **PHYSICIAN** Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 3000.00 SUBTOTAL of Receipts This Page (optional).....

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name NICHOLAS, SARA S., , , Date of Receipt Mailing Address 100 EAST LANCASTER AVENUE 16 2016 City Zip Code State Transaction ID: SA11AI.36307 PA WYNNEWOOD 19096 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) WOMEN'S HEALTH CARE GROUP **PHYSICIAN** Receipt For: Aggregate Year-to-Date ▼ Primary General 290.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. NICKELL, MARGARET B., , , Date of Receipt Mailing Address 4320 WORNALL ROAD 10 2016 City State Zip Code Transaction ID: SA11AI.35593 KANSAS CITY MO 64111 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) ST. LUKE'S HEALTH SYSTEM **PHYSICIAN** Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 250.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. OLIVER, NICOLE M., , , Date of Receipt Mailing Address 4650 RAYMOND DRIVE 10 2016 City Zip Code State Transaction ID: SA11AI.35594 CA LA VERNE 91750 Amount of Each Receipt this Period FEC ID number of contributing C 240.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) FEMCARE MEDICAL ASSOCIATES **PHYSICIAN** Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) 530.00 SUBTOTAL of Receipts This Page (optional).....

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Other (specify)

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name OLIVER, NICOLE M., , , Date of Receipt Mailing Address 4650 RAYMOND DRIVE 2016 City State Zip Code Transaction ID: SA11AI.36174 CA LA VERNE 91750 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) FEMCARE MEDICAL ASSOCIATES **PHYSICIAN** Receipt For: Aggregate Year-to-Date ▼ Primary General 280.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. OLSON, HOLLY L., , , Date of Receipt Mailing Address 95-1067 ALAOKI STREET

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

	WILLANI	1111	90709	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer (for Individual) UNIVERSITY OF HAWAII	Occupa PHYSI	ation (for Individual) CIAN	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ar-to-Date ▼ 500.00	
С .	Full Name of Individual (Last, First, Middle Init PERL, LAWRENCE M., , ,	tial) or Full Orga	nization Name	Date of Receipt
	Mailing Address 1081 HIGH FALLS ROAD			10 26 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID : SA11AI.35131
	CATSKILL	NY	12414	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
	Name of Employer (for Individual) COLUMBIA MEMORIAL HOSPITAL	Occupa PHYSI	ution (for Individual) CIAN	Memo Item
	Receipt For: Primary General	Aggregate Ye	ar-to-Date ▼	

230.00

Zip Code

State

640.00

2016

Transaction ID: SA11AI.35585

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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name PHELAN, TIMOTHY M., , , Date of Receipt Mailing Address 2525 RIVERSIDE AVENUE 16 2016 City Zip Code State Transaction ID: SA11AI.35563 FL **JACKSONVILLE** 32204 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) NORTH FLORIDA OB/GYN **PHYSICIAN** Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. PICKETT, STEPHANIE, , , Date of Receipt Mailing Address 15712 VAL COURT 18 2016 11 City State Zip Code Transaction ID: SA11AI.35365 **EDMOND** OK 73013 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MERCY CLINIC **PHYSICIAN** Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 350.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. POWELL, HARTAJ K., , , Date of Receipt Mailing Address 4103 EDGEVALE COURT 23 2016 City Zip Code State Transaction ID: SA11AI.35035 MD **CHEVY CHASE** 20815 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) CAPITAL WOMEN'S CARE **PHYSICIAN** Receipt For: Aggregate Year-to-Date ▼ Primary General 1425.00 Other (specify) 750.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name PRABHAKARAN, SUJATHA, , , Date of Receipt Mailing Address 1100 IMPERIAL DRIVE 16 2016 City State Zip Code Transaction ID: SA11AI.35564 FL SARASOTA 34236 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Name of Employer (for Individual) Occupation (for Individual) Memo Item PLANNED PARENTHOOD **PHYSICIAN** Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 390.00

3.	Full Name of Individual (Last, First, Middle Initial PURITZ, HOLLY S., , ,	Date of Receipt							
	Mailing Address 7940 NORTH SHORE ROAD			11 07 2016					
	City	State Zip Code		Transaction ID : SA11Al.35609					
	NORFOLK	VA	23505	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		209.00					
	Name of Employer (for Individual) THE GROUP FOR WOMEN	Occupati PHYSIC	tion (for Individual)	Memo Item					
	Receipt For: Primary General Other (specify) ▼								
С.	Full Name of Individual (Last, First, Middle Initial QUINLAN, MAURA $P.$, , ,	nization Name	Date of Receipt						
	Mailing Address 33 BREWSTER AVENUE	7:- 01.	11 27 2016						
	City	State	Zip Code	Transaction ID : SA11AI.36472					
	LA GRANGE PARK	IL	60926	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		40.00					
	Name of Employer (for Individual) NORTHWESTERN UNIVERSITY	Occupat PHYSIC	ion (for Individual)	Memo Item					
	Receipt For: Primary General Other (specify)	Aggregate Yea	r-to-Date ▼ 540.00						
s	UBTOTAL of Receipts This Page (optional)		>	299.00					
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NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS	OF OB-GY	NS PAC (OB-GYN PA	AC)
Full Name of Individual (Last, First, Middle I RAMSAY, LAURA B., , , Mailing Address 839 BROOKBERRY FARM		nization Name	Date of Receipt
City	State	7in Codo	11 10 2016
City WINSTON-SALEM	Zip Code 27106	Transaction ID : SA11AI.35595	
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period 500.00
Name of Employer (for Individual) NOVANT HEALTH	ition (for Individual) CIAN	Memo Item	
Receipt For: Primary General Other (specify) ▼			
Full Name of Individual (Last, First, Middle In RASBACH, ADRIENNE, , , Mailing Address 13420 NORTH MERIDIAN S		nization Name	Date of Receipt
City	State IN	Zip Code 46032	11 15 2016 Transaction ID : SA11Al.36254
FEC ID number of contributing federal political committee.	С	10032	Amount of Each Receipt this Period 500.00
Name of Employer (for Individual) ASCENSION HEALTH	Occupa PHYSI	ation (for Individual) CIAN	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 500,00	
Full Name of Individual (Last, First, Middle In REINERT, ANNA, , ,	nitial) or Full Orga	nization Name	Date of Receipt
Mailing Address 300 NORTH CHARLES STF			11 08 2016
City BALTIMORE	State MD	Zip Code 21201	Transaction ID : SA11AI.35606
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period 200.00
Name of Employer (for Individual) UNIVERSITY OF MARYLAND	Occupa PHYSIC	ition (for Individual) CIAN	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Yea	ar-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (optional)		>	1200.00
TOTAL This Period (last page this line numbe	r only)		

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Any information copied from such Reports and or for commercial purposes, other than using			erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS	S OF OB-GY	'NS PAC (OB-GYN P	AC)
Full Name of Individual (Last, First, Middle REMMENGA, STEVEN W., , , Mailing Address 16995 PRINCETON ROAD		anization Name	Date of Receipt
		T-1 0 1	11 17 2016
City ADAMS	State NE	Zip Code 68301	Transaction ID : SA11AI.35546
FEC ID number of contributing federal political committee.	С	30001	Amount of Each Receipt this Period
Name of Employer (for Individual) UNIVERSITY OF NEBRASKA	1	ation (for Individual) SICIAN	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Y	ear-to-Date ▼ 2944.00	
Full Name of Individual (Last, First, Middle RING, BRANDI, , , Mailing Address 3755 SOUTH EMPORIA W		anization Name	Date of Receipt 11 19 2016
City AURORA	State CO	Zip Code 80014	Transaction ID : SA11AI.35534 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		84.00
Name of Employer (for Individual) MILE HIGH OB/GYN		pation (for Individual) SICIAN	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Y	ear-to-Date ▼ 756.00	
Full Name of Individual (Last, First, Middle ROSSER, MARY L., , ,	Initial) or Full Org	ganization Name	Date of Receipt
Mailing Address 32 STUDIO LANE	Otata	77. 0.4.	10 28 2016
City BRONXVILLE	State NY	Zip Code 10708	Transaction ID : SA11AI.35100 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		750.00
Name of Employer (for Individual) MONTEFIORE MEDICAL CENTER	Occup PHYS	pation (for Individual)	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Y	ear-to-Date ▼ 1250.00	
SUBTOTAL of Receipts This Page (optional)		·····	1043.00
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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name SAJ, MARTA M., , , Date of Receipt Mailing Address 372 AVENA CIRCLE 18 2016 City Zip Code State Transaction ID: SA11AI.35369 IL **NAPERVILLE** 60565 Amount of Each Receipt this Period FEC ID number of contributing C 340.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) RUSH COPLEY MEDICAL GROUP **PHYSICIAN** Receipt For: Aggregate Year-to-Date ▼ Primary General 340.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. SIDDIQUI, NAZEEMA Y., , , Date of Receipt Mailing Address DUMC 3192 15 2016 11 City State Zip Code Transaction ID: SA11AI.36261 **DURHAM** NC 27710 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) DUKE UNIVERSITY **PHYSICIAN** Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 290.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. SILVERMAN, ROBERT K., , , Date of Receipt Mailing Address 2 THORNWOOD LANE 10 26 2016 City Zip Code State Transaction ID: SA11AI.35137 NY **FAYETTEVILLE** 13066 Amount of Each Receipt this Period FEC ID number of contributing C 1000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) STATE UNIVERSITY OF NEW YORK **PHYSICIAN** Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 1380.00 SUBTOTAL of Receipts This Page (optional).....

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Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 300.00	
Full Name of Individual (Last, First, Middle Initial SLAGLE, ELIZABETH, , , Mailing Address 4712 13TH City MINNEAPOLIS FEC ID number of contributing federal political committee. Name of Employer (for Individual) HEALTH PARTNERS Receipt For: Primary General Other (specify) ▼	State MN C Occup	anization Name Zip Code 55407 Dation (for Individual) SICIAN ear-to-Date ▼ 300.00	Date of Receipt 11 07 2016 Transaction ID: SA11AI.35610 Amount of Each Receipt this Period 25.00 Memo Item
Full Name of Individual (Last, First, Middle Initial SMITH, PATRICIA A., , , Mailing Address 738 FONTAINE STREET City ALEXANDRIA FEC ID number of contributing federal political committee. Name of Employer (for Individual) GWU MEDICAL FACULTY ASSOCIATES Receipt For: Primary General Other (specify)	State VA C Occup PHYS	Zip Code 22302	Date of Receipt 11 16 2016 Transaction ID: SA11AI.35567 Amount of Each Receipt this Period 50.00 Memo Item
UBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number o			125.00
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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name STONE, DANA G., , , Date of Receipt Mailing Address 1730 HUNTINGTON AVENUE 09 2016 City Zip Code State Transaction ID: SA11AI.35600 OKLAHOMA CITY OK 73116 Amount of Each Receipt this Period FEC ID number of contributing 210.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **PHYSICIAN** SELF-EMPLOYED Receipt For: Aggregate Year-to-Date ▼ Primary General 2410.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. STONE, JOANNE L., , , Date of Receipt Mailing Address 19 EAST 88TH STREET 10 2016 City State Zip Code Transaction ID: SA11AI.35207 **NEW YORK** NY 10128 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MT. SINAI HÓSPITAL **PHYSICIAN** Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1000.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. SULLIVAN, KATHLEEN T., , , Date of Receipt Mailing Address 711 TCHOUPITOULAS STREET 2016 City Zip Code State Transaction ID: SA11AI.35211 **NEW ORLEANS** LA 70130 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) OCHSNER MEDICAL CENTER **PHYSICIAN** Receipt For: Aggregate Year-to-Date ▼ Primary General 600.00 Other (specify)

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

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Any information copied from such Reports and or for commercial purposes, other than using			erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) THE AMERICAN CONGRES	S OF OB-GY	NS PAC (OB-GYN P	AC)
Full Name of Individual (Last, First, Middle SUZUKI, CAROL M., , , Mailing Address 3036 NORTHEAST 12TH A		anization Name	Date of Receipt
			10 29 2016
City	State	Zip Code	Transaction ID : SA11AI.35234
PORTLAND	OR	97212	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		500.00
Name of Employer (for Individual) EMORY UNIVERSITY	Memo Item		
Receipt For: Primary General Other (specify) ▼			
Full Name of Individual (Last, First, Middle TARAKJIAN, DENIS, , , Mailing Address 2929 HEALTH CENTER DI		anization Name	Date of Receipt
	NIVE		10 26 2016
City	State	Zip Code	Transaction ID : SA11AI.35138
SAN DIEGO	CA	92123	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer (for Individual) SHARP REES STEALY	Occupa PHYS	ation (for Individual) ICIAN	Memo Item
Receipt For:	Aggregate Ye	ear-to-Date ▼	
Primary General Other (specify) ▼	4	250.00	
Full Name of Individual (Last, First, Middle C. TOTH, MIKLOS, , ,	Initial) or Full Orga	anization Name	Date of Receipt
Mailing Address 45 EAST 89TH STREET			10 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City NEW YORK	State NY	Zip Code 10128	Transaction ID : SA11AI.35140
FEC ID number of contributing		10120	Amount of Each Receipt this Period
federal political committee.	C		250.00
Name of Employer (for Individual) RETIRED	Occupa PHYSI	ation (for Individual) CIAN	Memo Item
Receipt For:	Aggregate Ye	ear-to-Date ▼	
Primary General Other (specify)	7	250.00	
SUBTOTAL of Receipts This Page (optional)		·····	1000.00
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	Statements may not be sold or used by any person e name and address of any political committee to	
NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS	OF OB-GYNS PAC (OB-GYN PA	C)
Full Name of Individual (Last, First, Middle Ini TSAI, PAI-JONG S., , , Mailing Address 143 OAKLAND PLACE	tial) or Full Organization Name	Date of Receipt
City	State Zip Code	11 07 2016 Transaction ID : SA11AI.35731
BUFFALO	NY 14222	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer (for Individual) SUNY AT BUFFALO	Occupation (for Individual) PHYSICIAN	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	
Full Name of Individual (Last, First, Middle Ini VU, HELEN H., , , Mailing Address 18 GREAT VIEW TERRACE	tial) or Full Organization Name	Date of Receipt
City VOORHEESVILLE	State Zip Code NY 12186	11 02 2016 Transaction ID : SA11AI.35284 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer (for Individual) ALBANY OB/GYN	Occupation (for Individual) PHYSICIAN	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Full Name of Individual (Last, First, Middle Ini	tial) or Full Organization Name	Date of Receipt
Mailing Address 19 CHATHAM WOODS		10 26 2016
City PITTSFORD	State Zip Code NY 14534	Transaction ID : SA11AI.35143 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) PHYSICIAN	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)	•	690.00
TOTAL This Period (last page this line number	only)	

LOYOLA UNIVERSITY

Other (specify)

General

Primary

Receipt For:

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name WEN, TONY S., , , Date of Receipt Mailing Address 301 UNIVERSITY BOULEVARD 2016 City Zip Code State Transaction ID: SA11AI.35683 TX **GALVESTON** 77555 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) UNIVERSITY OF TEXAS **PHYSICIAN** Receipt For: Aggregate Year-to-Date ▼ Primary General 540.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. WHITE, EMILY M., , , Date of Receipt Mailing Address 60 EAST MANNING STREET 2016 11 City State Zip Code Transaction ID: SA11AI.35611 **PROVIDENCE** RΙ 02906 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) PROVIDENCE COMMUNITY HEALTH **PHYSICIAN** Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1700.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. WHITE, PAULA, , , Date of Receipt Mailing Address 7257 COMMONWEALTH AVENUE 15 2016 City Zip Code State Transaction ID: SA11AI.35579 IL **BURR RIDGE** 60527 Amount of Each Receipt this Period FEC ID number of contributing C 300.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual)

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name WOODHAM, PADMASHREE, , , Date of Receipt Mailing Address 102 ASTON HALL 2016 City Zip Code State Transaction ID: SA11AI.35586 31210 GA MACON Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) NAVICENT HEALTH **PHYSICIAN** Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. WRIGHT, TRACY B., , , Date of Receipt Mailing Address 2403 WHALER COURT 10 2016 City State Zip Code Transaction ID: SA11AI.35101 VIRGINIA BEACH VA 23451 Amount of Each Receipt this Period FEC ID number of contributing 300.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) COMPLETE WOMEN'S CARE **PHYSICIAN** Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 300.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** WU, DANNY W., , , Date of Receipt Mailing Address 112 SATURN STREET 07 2016 City State Zip Code Transaction ID: SA11AI.35734 CA SAN FRANCISCO 94114 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) KAISER PERMANENTE **PHYSICIAN** Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) 590.00 SUBTOTAL of Receipts This Page (optional).....

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NAME OF COMMITTEE (In Full) THE AMERICAN CONGRES	S OF OB-GYNS PAC (OB-GYN PA	AC)
Full Name of Individual (Last, First, Middle YELVERTON, ROBERT, , , Mailing Address 2526 JETTON AVENUE		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City TAMPA FEC ID number of contributing federal political committee. Name of Employer (for Individual) SELF-EMPLOYED Receipt For: Primary General	State Zip Code FL 33629 C Occupation (for Individual) PHYSICIAN Aggregate Year-to-Date ▼	Transaction ID : SA11AI.35572 Amount of Each Receipt this Period 70.00 Memo Item
Other (specify) ▼ Full Name of Individual (Last, First, Middle 3. Mailing Address City	Initial) or Full Organization Name State Zip Code	Date of Receipt
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Full Name of Individual (Last, First, Middle Mailing Address City FEC ID number of contributing federal political committee.	Initial) or Full Organization Name State Zip Code	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC) Full Name (Last, First, Middle Initial) A. FIRST NATIONAL MERCHANT SOLUTIONS Mailing Address 1620 DODGE STREET City OMAHA Purpose of Disbursement CREDIT CARD TRANSACTION FEES Candidate Name Office Sought: Full Name (Last, First, Middle Initial) State: District: Full Name (Last, First, Middle Initial) SAGE PAYMENT SOLUTIONS Mailing Address 1750 OLD MEADOW ROAD City MCLEAN Purpose of Disbursement CREDIT CARD TRANSACTION FEES Candidate Name Category/ Type Office Sought: FEC Identification Number Category/ Type Transaction ID: SB21B.35248 Amount of Each Disbursement Category/ Type City MCLEAN Purpose of Disbursement CREDIT CARD TRANSACTION FEES Candidate Name Category/ Type Category/ Type Date of Disbursement Category/ Type Transaction ID: SB21B.35247 Amount of Each Disbursement this Period Transaction ID: SB21B.35247 Amount of Each Disbursement this Period Transaction ID: SB21B.35247 Amount of Each Disbursement this Period Transaction ID: SB21B.35247 Amount of Each Disbursement this Period Transaction ID: SB21B.35247 Amount of Each Disbursement this Period Memo Item Memo Item Memo Item List is the committee to solicities on the purpose of so	SCHEDULE B (FEC Form 3X)	11-		FOR LINE	IE NUMBER: PAGE 55 OF 67				
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Office Sought: House Senate Primary General Other (specify) ▼ State: District: Type Type Memo Item	Candidate Name	Candidate Name Category						t this Period	
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THE AMERICAN CONGRESS OF	OB-GYNS PAC (OB-	·GYN PAC)	_			
A. ANNA ESHOO FOR CONGRESS		Date of Disbursement				
Mailing Address 555 CAPITOL MALL	25. O. d.	11 03 201	0			
City SACRAMENTO Purpose of Disbursement CONTRIBUTION	State Zip Code CA 95814	FEC Identification Number C C00258475 Transaction ID : SB23.3529	16			
	ment For: 2016	Category/ Type Amount of Each Disbursement to	-			
Senate President State: CA District: 18	Primary	Memo Item				
B. BARBARA LEE FOR CONGRESS Mailing Address 505 14TH STREET	5	Date of Disbursement M M / D D / Y Y Y 11 03 201				
City OAKLAND Purpose of Disbursement CONTRIBUTION	State Zip Code CA 94612	FEC Identification Number C C00331769	7			
Candidate Name LEE, BARBARA, , ,		Category/ Type Transaction ID : SB23.3532 Amount of Each Disbursement to	-			
Office Sought: X House Disburser	nent For: 2016 Primary	Memo Item	00.00			
Full Name (Last, First, Middle Initial) C. COLLINS FOR CONGRESS		Date of Disbursement	YY			
Mailing Address P.O. BOX 386		10 31 201	6			
City CLARENCE Purpose of Disbursement CONTRIBUTION	State Zip Code NY 14031	FEC Identification Number C C00520379 Transaction ID : SB23.3524				
Candidate Name COLLINS, CHRISTOPHER C., , , Office Sought: House Disburser	ment For: 2016	Category/ Type Amount of Each Disbursement to				
Senate President State: NY District: 27	Primary	Memo Item				
SUBTOTAL of Disbursements This Page (optional)		20	000.00			
TOTAL This Period (last page this line number only)						

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 57 OF 67				
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 28a					
Any information copied from such Reports and Stat							
or for commercial purposes, other than using the national NAME OF COMMITTEE (In Full)	ame and address of any politi	cai committee to	o solicit contributions from such committee.				
THE AMERICAN CONGRESS O	F OB-GYNS PAC (O	B-GYN PA	C)				
Full Name (Last, First, Middle Initial)			Data of Dichurcoment				
A. DOLD FOR CONGRESS	Date of Disbursement						
Mailing Address P.O. BOX 6312			10 31 2016				
City LIBERTYVILLE	State Zip Code 60048		FEC Identification Number				
Purpose of Disbursement DEBT RETIREMENT			C C00465971				
Candidate Name			Transaction ID : SB23.35245				
DOLD, JR., ROBERT J., , ,		Category/ Type	Amount of Each Disbursement this Period				
	ement For: 2016		2500.00				
State: IL District: 10	Primary General Other (specify) ▼		Memo Item				
State: IL District: 10 Full Name (Last, First, Middle Initial)			_				
B. DREW FERGUSON FOR CONG	RESS		Date of Disbursement				
Mailing Address P.O. BOX 387			11 03 2016				
City		FEC Identification Number					
WEST POINT Purpose of Disbursement	GA 31833		C C00607838				
CONTRIBUTION			Transaction ID : SB23.35299				
Candidate Name FERGUSON, ANDERSON D., , ,		Category/	Amount of Each Disbursement this Period				
	ement For: 2016	Туре	5000.00				
Senate	Primary x General		7 7 7				
President State: GA District: 03	Other (specify)		Memo Item				
Full Name (Last, First, Middle Initial)			D. (Dil				
C. EMMER FOR CONGRESS			Date of Disbursement				
Mailing Address P.O. BOX 998			11 07 2016				
City	State Zip Code		FEC Identification Number				
ANOKA Purpose of Disbursement	MN 55303		C C00545749				
CONTRIBUTION Candidate Name			Transaction ID : SB23.35338				
EMMER, THOMAS E., , ,		Category/ Type	Amount of Each Disbursement this Period				
	ement For: 2016	71: -	500.00				
Senate	Primary General						
State: MN District: 06	Other (specify) ▼		Memo Item				

SUBTOTAL of Disbursements This Page (optional)		·····•	8000.00				
TOTAL This Period (last page this line number on	y)						

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE N				
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 28a	one) 22 X 23 26 27 28b 28c 29 30b			
Any information copied from such Reports and Stater or for commercial purposes, other than using the name						
NAME OF COMMITTEE (In Full)	, , , ,					
THE AMERICAN CONGRESS OF	OB-GYNS PAC (OB	-GYN PAC	()			
Full Name (Last, First, Middle Initial)			Data of Dichursoment			
A. FRIENDS OF PATRICK MURPHY			Date of Disbursement			
Mailing Address 4521 PGA BOULEVARD			10 21 2016			
City PALM BEACH GARDENS	State Zip Code FL 33418		FEC Identification Number			
Purpose of Disbursement	33410		C C00493825			
CONTRIBUTION						
Candidate Name		Category/	Transaction ID: SB23.34968 Amount of Each Disbursement this Period			
MURPHY, PATRICK E., , ,		Type				
Office Sought: House Disburser	ment For: 2016		5000.00			
X Senate	Primary General					
State: FL District: 00	Other (specify) ▼		Memo Item			
Full Name (Last, First, Middle Initial)						
FRIENDS OF SUSAN BROOKS			Date of Disbursement			
			M = M / D = D / Y = Y = Y			
Mailing Address 9425 NORTH MERIDIAN STREE	Т		11 03 2016			
City :	State Zip Code IN 46260		FEC Identification Number			
Purpose of Disbursement	40200		C C00500207			
CONTRIBUTION						
Candidate Name	I	Category/	Transaction ID: SB23.35289 Amount of Each Disbursement this Period			
BROOKS, SUSAN, , ,		Туре				
	ment For: 2016		500.00			
Senate President	Primary General Other (specify)					
State: IN District: 05	(00001)		Memo Item			
Full Name (Last, First, Middle Initial)			Date of Dichuranness			
GALLEGO FOR ARIZONA			Date of Disbursement			
Mailing Address P.O. BOX 1710			11 03 2016			
City	State Zip Code		FEC Identification Number			
PHOENIX	AZ 85001					
Purpose of Disbursement CONTRIBUTION			C C00558627 Transaction ID : SB23.35302			
Candidate Name	"	Category/	Amount of Each Disbursement this Period			
GALLEGO, RUBEN, , ,		Type	2522.22			
	ment For: 2016		2500.00			
Senate	Primary x General		П.,			
			Memo Item			
Senate President	Primary x General		Memo Item			
Senate President	Primary x General Other (specify) ▼		Memo Item 8000.00			

SCHEDULE B (FEC Form 3X)	Hannan I I I I I I I I I I I I I I I I I	FOR LINE	NUMBER: PAGE 59 OF 67				
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 28a	one) 22 X 23 26 27 28b 28c 29 30b				
Any information copied from such Reports and State or for commercial purposes, other than using the nar							
NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS OF							
Full Name (Last, First, Middle Initial) A. GRETCHEN DRISKELL FOR COMMailing Address P.O. BOX 464	NGRESS		Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
•	State Zip Code		FEC Identification Number				
SALINE Purpose of Disbursement CONTRIBUTION	MI 48176		C C00572859 Transaction ID: SB23.35295				
Candidate Name DRISKELL, GRETCHEN, , , Office Sought: March Disburse Disburse	ment For: 2016	Category/ Type	Amount of Each Disbursement this Period 2500.00				
Senate President State: MI District: 07	Primary x General Other (specify) ▼		Memo Item				
Full Name (Last, First, Middle Initial) B. JOHN LEWIS FOR CONGRESS			Date of Disbursement				
Mailing Address P.O. BOX 2323	State Zin Code		11 03 2016				
City ATLANTA Purpose of Disbursement CONTRIBUTION	State Zip Code GA 30301		FEC Identification Number C C00202416 Transaction ID : SB23.35321				
Senate President	ment For: 2016 Primary 🗶 General Other (specify)	Category/ Type	Amount of Each Disbursement this Period 500.00 Memo Item				
State: GA District: 05 Full Name (Last, First, Middle Initial) C. KATIE MCGINTY FOR SENATE			Date of Disbursement				
Mailing Address P.O. BOX 22447			11 03 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
PHILADELPHIA Purpose of Disbursement CONTRIBUTION	State Zip Code PA 19110		FEC Identification Number C C00582809 Transaction ID : SB23.35324				
Candidate Name MCGINTY, KATHLEEN A., , , Office Sought: House Disburse	ment For: 2016	Category/ Type	Amount of Each Disbursement this Period 5000.00				
Senate President State: PA District: 00	Primary General Other (specify) ▼		Memo Item				
SUBTOTAL of Disbursements This Page (optional)			8000.00				
TOTAL This Period (last page this line number only)						

	CHEDULE B (FEC Form 3X)	llse senar	rate schedule(s)	FOR LINE N					
IT	EMIZED DISBURSEMENTS	for each of	category of the	(check only	one) 22 x 23 26 27				
		Detailed S	Summary Page	28a	28b 28c 29 30b				
	ly information copied from such Reports and Staten for commercial purposes, other than using the nam								
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS OF	OB-GYN	NS PAC (OB	-GYN PAC	C)				
Α.	Full Name (Last, First, Middle Initial) KIM MYERS FOR CONGRESS Mailing Address P.O. BOX 1255				Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
	VESTAL Purpose of Disbursement	State NY	Zip Code 13851		FEC Identification Number				
	CONTRIBUTION Candidate Name MYERS, KIM, , ,			Category/ Type	Transaction ID: SB23.35327 Amount of Each Disbursement this Period	od			
	Senate	nent For: 20 Primary Other (speci	✗ General		5000.00 Memo Item	_			
В.	Full Name (Last, First, Middle Initial) KIND FOR CONGRESS COMMIT Mailing Address 205 5TH AVENUE SOUTH	TEE			Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
	City LA CROSSE Purpose of Disbursement CONTRIBUTION Candidate Name KIND, RONALD J., , , Office Sought: House Disbursem	Category/ Type	FEC Identification Number C C00312017 Transaction ID : SB23.35305 Amount of Each Disbursement this Periods 500.00	od					
		Primary Other (speci	✗ General ify)		Memo Item				
C.	Full Name (Last, First, Middle Initial) KINZINGER FOR CONGRESS Mailing Address P.O. BOX 2365				Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
	City OTTAWA Purpose of Disbursement CONTRIBUTION	State IL	Zip Code 61350		FEC Identification Number C C00458877 Transaction ID: SB23.35308				
	Senate President	ment For: 20 Primary Other (speci	✗ General	Category/ Type	Amount of Each Disbursement this Periodo.00 Memo Item	od			
	State: IL District: 16				2000.00	$\overline{}$			
	UBTOTAL of Disbursements This Page (optional)			<u> </u>	6000.00	爿			
Т	OTAL This Period (last page this line number only)								

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 61 OF 67
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 28a	TVO MIDELLE.
Any information copied from such Reports and State			
or for commercial purposes, other than using the nar NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS OF			
Full Name (Last, First, Middle Initial) A. LANCE FOR CONGRESS			Date of Disbursement
Mailing Address P.O. BOX 225			11 03 2016
COLONIA	State Zip Code NJ 07067		FEC Identification Number
Purpose of Disbursement CONTRIBUTION Candidate Name		2-1	C C00444224 Transaction ID : SB23.35311 Amount of Food Dishurament this Period
LANCE, LEONARD, , , Office Sought: W House Disburse	ment For: 2016	Category/ Type	Amount of Each Disbursement this Period 500.00
Senate President	Primary x General Other (specify) ▼		Memo Item
State: NJ District: 07 Full Name (Last, First, Middle Initial)			Date of Disbursement
B. LATTA FOR CONGRESS Mailing Address P.O. BOX 106			11 03 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City BOWLING GREEN Purpose of Disbursement	State Zip Code OH 43402		FEC Identification Number C C00438697
CONTRIBUTION Candidate Name LATTA, ROBERT E., , , Office Sought: House Disburse	ment For: 2016	Category/ Type	Transaction ID : SB23.35314 Amount of Each Disbursement this Period 500.00
Senate President State: OH District: 05	Primary		Memo Item
Full Name (Last, First, Middle Initial) C. LEAHY FOR U.S. SENATOR COM	MMITTEE		Date of Disbursement
Mailing Address P.O. BOX 1042			11 03 7 2016
City MONTPELIER Purpose of Disbursement	State Zip Code VT 05601		FEC Identification Number
CONTRIBUTION Candidate Name		Category/	C C00068353 Transaction ID : SB23.35317 Amount of Each Disbursement this Period
LEAHY, PATRICK J., , , Office Sought: House Disburse x Senate	ment For: 2016 Primary 🗶 General	Туре	500.00
State: VT District: 00	Other (specify) ▼		Memo Item
SUBTOTAL of Disbursements This Page (optional)			1500.00
TOTAL This Period (last page this line number only			

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 62 OF	F 67
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only one) 21b 22 x 23 26 27 28a 28b 28c 29 30b	
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam			
NAME OF COMMITTEE (In Full)	is and address of any pointed.	Committee to const. Committee in our committee	
THE AMERICAN CONGRESS OF	OB-GYNS PAC (OB-	GYN PAC)	
Full Name (Last, First, Middle Initial)			
MICHAEL BURGESS FOR CONG	RESS	Date of Disbursement 10 31 2016	
Mailing Address 1.0. DOX 2004		10 01 2010	
City DENTON	State Zip Code TX 76202	FEC Identification Number	
Purpose of Disbursement	76202	C C00372532	
CONTRIBUTION			
Candidate Name	-	Transaction ID: SB23.35243 Category/ Amount of Each Disbursement this Pe	eriod
BURGESS, MICHAEL C., , DR.,		Type	
Senate	nent For: 2016 Primary General	5000.00	
State: TX District: 26	Other (specify) ▼	Memo Item	
Full Name (Last, First, Middle Initial)		 	
B. NEW YORKERS FOR YVETTE D.	CLARKE	Date of Disbursement	
Mailing Address 242 MIDWOOD STREET		11 03 2016	
,	State Zip Code NY 11225	FEC Identification Number	
Purpose of Disbursement	11225	C C00398941	
CONTRIBUTION		Transaction ID : SB23.35292	
Candidate Name	-	Category/ Amount of Each Disbursement this Pe	eriod
CLARKE, YVETTE D., , ,		Type	-
	nent For: 2016	500.00	
	Primary General	_	
State: NY District: 09	Other (specify)	Memo Item	
Full Name (Last, First, Middle Initial)			
C. RYAN COSTELLO FOR CONGRE	SS	Date of Disbursement	
Mailing Address P.O. BOX 3154		11 07 2016	
City	State Zip Code	FEC Identification Number	
WEST CHESTER	PA 19381	TEO Identification (Vulliber	
Purpose of Disbursement CONTRIBUTION		C C00554899 Transaction ID : SB23.35341	
Candidate Name COSTELLO, RYAN A., , ,		Category/ Amount of Each Disbursement this Pe	eriod
Office Sought: House Disbursen	nent For: 2016 Primary 🗶 General	Type 4000.00	
	Other (specify) ▼	Memo Item	
State: PA District: 06			
SUBTOTAL of Disbursements This Page (optional)		9500.00)
TOTAL This Period (last page this line number only)			

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SCHEDULE B (FEC Form 3X)			FOR LIVE S	PAGE 63 OF 67
ITEMIZED DISBURSEMENTS	Use separate so		FOR LINE No (check only	NOMBELL:
	for each categor Detailed Summa		21b	22 🗶 23 🔲 26 🔲 27
	Dotaliou Guillille	, . ugo	28a	28b 28c 29 30b
Any information copied from such Reports and Staten or for commercial purposes, other than using the name				
NAME OF COMMITTEE (In Full)	io and addition of	arry political	COMMITTEE TO	const continuations from such committee.
THE AMERICAN CONGRESS OF	OB-GYNS P	AC (OB-	-GYN PAC	C)
		,		,
Full Name (Last, First, Middle Initial) A. TIM SCOTT FOR SENATE				Date of Disbursement
A TIM SCOTT FOR SENATE				M M / D D / Y Y Y Y
Mailing Address 1405 ASHLEY RIVER ROAD				11 03 2016
Oib.	7: 0	\I -		
City S CHARLESTON	State Zip C SC 2940			FEC Identification Number
Purpose of Disbursement				C C00540302
CONTRIBUTION				Transaction ID : SB23.35330
Candidate Name SCOTT, TIMOTHY E., , ,			Category/	Amount of Each Disbursement this Period
	nent For: 2016		Туре	500.00
x Senate		General		7 7
President	Other (specify) ▼	•		Memo Item
State: SC District: 00 Full Name (Last, First, Middle Initial)				
B.				Date of Disbursement
				M = M / D = D / Y = Y = Y
Mailing Address				
City	State Zip C	ode		
	2100	- 540		FEC Identification Number
Purpose of Disbursement	1	Г		C
Candidate Name		[.		
			Category/ Type	Amount of Each Disbursement this Period
Office Sought: House Disbursen	nent For:			
	,	General		
President State: District:	Other (specify)			Memo Item
Full Name (Last, First, Middle Initial)				
C.				Date of Disbursement
AA-WAddress				M = M / D = D / Y = Y = Y
Mailing Address				
City	State Zip C	ode		FEC Identification Number
Purpose of Disbursement		<u> </u>		
i dipose of Dispulsement				C
Candidate Name			Category/	Amount of Each Disbursement this Period
0.0			Type	
Office Sought: House Disbursen Senate		General		7 7 7
President	Other (specify)	,		Mama Itam
State: District:				Memo Item
				500.00
SUBTOTAL of Disbursements This Page (optional)			······•	500.00
TOTAL This Period (last page this line number only)				43500.00

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SCHEDULE B (FEC Form 3X)	Hoo ser :	roto cob = dula (-)		NE NUM	BER:		PAC	GE 64	OF 67
ITEMIZED DISBURSEMENTS	for each of	rate schedule(s) category of the	I ' —	only one)	22	□ 23	26	27	
		Summary Page			28b	23 28c	29	27 30b	
Any information copied from such Reports and Statem	nents may n	ot be sold or us	ed by any p	erson for	the pu	rpose of	soliciting	contrib	utions
or for commercial purposes, other than using the nam NAME OF COMMITTEE (In Full)	e and addre	ess of any politic	cai committee	e to solic	τ contri	butions f	rom sucl	n commi	пее.
THE AMERICAN CONGRESS OF	OB-GYN	NS PAC (OI	B-GYN P	PAC)					
Full Name (Last, First, Middle Initial) A. ROONEY, KATHLEEN, , ,						isbursem		TY TY	
Mailing Address 2425 42ND STREET					10	31		2016	
,	State CA	Zip Code 95817			-	tification	Number		l
CONTRIBUTION REFUND						aatian II) - CD00	A 25242	
Candidate Name			Category/ Type	An		action II f Each D			
Office Sought: House Disbursem	nent For: Primary	General	1900	7 C		7	-	450.	00
	Other (spec	ify) ▼			Memo	Item			
Full Name (Last, First, Middle Initial)				-	to -/ -	iob	ont		
В.				Da	re of D	isbursem		YYY	Y
Mailing Address						L.	J L		
City	State	Zip Code		FE	C Iden	tification	Number		
Purpose of Disbursement				C					
Candidate Name			Category/ Type	An	ount o	f Each D	isbursem	nent this	Period
Office Sought: House Disbursem		Canaval		٦L		7	-7		
President	Primary Other (spec	General		П	Memo) Item			
State: District: Full Name (Last, First, Middle Initial)				+-					
C.						isbursem			
Mailing Address				M	■ M	/ D D	/ Y	- Y - Y	Y
City	State	Zip Code		FE	C Iden	tification	Number		
Purpose of Disbursement				C	<u> </u>				
Candidate Name			Category/ Type	Am	ount o	f Each D	isbursem	nent this	Period
Office Sought: House Disburser		Gonoral		ΤL		7	- 7		
	Primary Other (spec	General ify) ▼			Memo) Item			
					-			450	.00
SUBTOTAL of Disbursements This Page (optional)			······	<u> </u>		7		450	.00
TOTAL This Period (last page this line number only).				.				450	.00

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE I	
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 28a	one) 22 23 26 27 28b 28c x 29 30b
Any information copied from such Reports and Statem or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full)	usurooo or arry pontion	23	The second second communities.
THE AMERICAN CONGRESS OF	OB-GYNS PAC (OB	-GYN PAC	C)
Full Name (Last, First, Middle Initial) A. ANTHONY PORTANTINO FOR SE	ENATE 2016		Date of Disbursement
Mailing Address P.O. BOX 93935			10 21 2016
PASADENA	State Zip Code CA 91109		FEC Identification Number
Purpose of Disbursement NON-FEDERAL CONTRIBUTION			C
Candidate Name		Category/ Type	Transaction ID: SB29.34971 Amount of Each Disbursement this Period
	Primary General	.,,,,	2000.00
State: District:	Other (specify) ▼		Memo Item
Full Name (Last, First, Middle Initial) B. BERA FOR CONGRESS			Date of Disbursement
Mailing Address P.O. BOX 582496			11 10 2016
,	State Zip Code CA 95758		FEC Identification Number
PÓST GENERAL ELECTION RECOUNT Candidate Name		Category/	C C00461061 Transaction ID: SB29.35336 Amount of Each Disbursement this Period
BERA, AMERISH, , , Office Sought: House Disbursem	nent For: 2016	Type	5000.00
Senate	Primary General Other (specify)		3000.00
State: CA District: 07	Recount		Memo Item
Full Name (Last, First, Middle Initial) C. BOCANEGRA FOR ASSEMBLY 20	016		Date of Disbursement
Mailing Address 1787 TRIBUTE ROAD			10 21 7 2016
SACRAMENTO	State Zip Code CA 95815		FEC Identification Number
Purpose of Disbursement NON-FEDERAL CONTRIBUTION			Transaction ID : SB29.34973
Candidate Name		Category/ Type	Amount of Each Disbursement this Period
	nent For: Primary General Other (specify)		500.00
State: District:			Memo Item
SUBTOTAL of Disbursements This Page (optional) TOTAL This Period (last page this line number only).		······•	7500.00

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE	_
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 28a	one) 22 23 26 27 28b 28c x 29 30b
Any information copied from such Reports and Stater or for commercial purposes, other than using the nan			
NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS OF			
Full Name (Last, First, Middle Initial) A. CATHARINE BAKER FOR ASSEN	//BLY 2016		Date of Disbursement
Mailing Address 4101 DUBLIN BOULEVARD			10 21 2016
City DUBLIN Purpose of Disbursement	State Zip Code CA 94568		FEC Identification Number
NON-FEDERAL CONTRIBUTION Candidate Name		Category/	Transaction ID : SB29.34975 Amount of Each Disbursement this Period
Senate President	ment For: Primary General Other (specify) ▼	Туре	1000.00 Memo Item
State: District: Full Name (Last, First, Middle Initial) B. EBERT FOR SENATE 2016 Mailing Address P.O. BOX 1052			Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City IDABEL Purpose of Disbursement NON-FEDERAL CONTRIBUTION Candidate Name	State Zip Code OK 74745	Category/ Type	FEC Identification Number C Transaction ID : SB29.34981 Amount of Each Disbursement this Period
Office Sought: House Senate President State: Disburser	ment For: Primary General Other (specify)	.,,,,,	1000.00 Memo Item
Full Name (Last, First, Middle Initial) FRIENDS OF ALEX CHARLTON			Date of Disbursement
Mailing Address 10 WINDSOR CIRCLE			11 03 2016
SPRINGFIELD	State Zip Code PA 19064		FEC Identification Number
Purpose of Disbursement NON-FEDERAL CONTRIBUTION Candidate Name		Category/	Transaction ID : SB29.35334 Amount of Each Disbursement this Period
Office Sought: House Senate President State: District:	ment For: Primary General Other (specify) ▼	Type	1000.00 Memo Item
SUBTOTAL of Disbursements This Page (optional)		·····•	3000.00

Mailing Address 901 WEST MAIN STREET City DUNCAN OK 7 Purpose of Disbursement NON-FEDERAL CONTRIBUTION Candidate Name Office Sought: House Senate Primary Other (specify) State: District: Full Name (Last, First, Middle Initial) B. FRIENDS OF MELOYDE BLANCETT Mailing Address 1620 SOUTH NEWPORT AVENUE City TULSA OK 7 Purpose of Disbursement NON-FEDERAL CONTRIBUTION Candidate Name Office Sought: House Disbursement For: Senate Primary Other (specify) State: District: Full Name (Last, First, Middle Initial)	gory of the mary Page 21b 28a e sold or used by any persof any political committee to PAC (OB-GYN PAC Code 3533 Category/ Type	22 28b 28c x 29 30b son for the purpose of soliciting contributions to solicit contributions from such committee. AC) Date of Disbursement FEC Identification Number C Transaction ID: SB29.34979 Amount of Each Disbursement this Period 1000.00 Memo Item Date of Disbursement Para Saction ID: SB29.34979 Amount of Each Disbursement this Period FEC Identification Number C Transaction ID: SB29.34979
or for commercial purposes, other than using the name and address NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS OF OB-GYNS Full Name (Last, First, Middle Initial) A. FRIENDS OF MARCUS MCENTIRE 2016 Mailing Address 901 WEST MAIN STREET City	Code General Code Code Code Code Code Code Code Cod	Date of Disbursement Transaction ID: SB29.34979 Amount of Each Disbursement this Period Memo Item Date of Disbursement Mono Item Date of Disbursement Memo Item Transaction ID: SB29.34977
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City TULSA Purpose of Disbursement NON-FEDERAL CONTRIBUTION Candidate Name Office Sought: House Disbursement For: Senate Primary President Other (specify) State: District: Full Name (Last, First, Middle Initial) C.		FEC Identification Number C Transaction ID : SB29.34977
TULSA Purpose of Disbursement NON-FEDERAL CONTRIBUTION Candidate Name Office Sought: House Disbursement For: Senate Primary President Other (specify) State: District: Full Name (Last, First, Middle Initial) C.		Transaction ID : SB29.34977
Senate President Other (specify) State: Full Name (Last, First, Middle Initial) C.	Category/	Amount of Each Disbursement this Period
Full Name (Last, First, Middle Initial)	Type Type	1000.00 Memo Item
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Office Sought: House Senate President Disbursement For: Primary Other (specify)	i ivbe	
State: District:	General	Memo Item