



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

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

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

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

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

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
  
Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

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

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	40683.10	359333.50
(ii) Unitemized .....	39101.50	158891.98
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	79784.60	518225.48
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	79784.60	518225.48
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	2500.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	79784.60	520725.48
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	79784.60	520725.48

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	2037.66	15135.72
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	2037.66	15135.72
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	43500.00	411000.00
24. Independent Expenditures (use Schedule E) .....	0.00	108914.72
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	450.00	5653.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	450.00	5653.00
29. Other Disbursements (Including Non-Federal Donations).....	12500.00	85600.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	58487.66	626303.44
32. Total Federal Disbursements (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)

Page 5

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 67
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

**A. ADLER, MELODY R., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2075 GLENN MITCHELL DRIVE  
 City VIRGINIA BEACH State VA Zip Code 23456  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) COMPLETE WOMEN'S CARE Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 11 / 22 / 2016  
**Transaction ID : SA11AI.36337**  
 Amount of Each Receipt this Period 40.00  
 Memo Item

**B. AGNESHWAR, DHRUV, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 817 STONEHEDGE DRIVE  
 City VESTAL State NY Zip Code 13850  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 27 / 2016  
**Transaction ID : SA11AI.35190**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. ALDERSON, THOMAS L., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3664 EDINBOROUGH DRIVE  
 City ROCHESTER HILLS State MI Zip Code 48306  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MCLAREN WOMEN'S HEALTH Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 24 / 2016  
**Transaction ID : SA11AI.35066**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	640.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 67
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

**A. ALDERSON, THOMAS L., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3664 EDINBOROUGH DRIVE  
 City ROCHESTER HILLS State MI Zip Code 48306  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MCLAREN WOMEN'S HEALTH Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 11 / 24 / 2016  
**Transaction ID : SA11AI.36387**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. ASAAD, RADWAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 37261 FOX GLEN  
 City FARMINGTON HILLS State MI Zip Code 48331  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) HUTZEL WOMENS SPECIALISTS Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 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

**C. ASAAD, RADWAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 37261 FOX GLEN  
 City FARMINGTON HILLS State MI Zip Code 48331  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) HUTZEL WOMENS SPECIALISTS Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 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

<b>SUBTOTAL</b> of Receipts This Page (optional).....	266.66
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 67
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

**A. ATRIO, JESSICA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4 WOODLAND AVENUE  
 City BRONXVILLE State NY Zip Code 10708  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MONTEFIORE MEDICAL CENTER Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt **10 / 26 / 2016**  
**Transaction ID : SA11AI.35112**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. AUTRY, AMY M., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1364 VERMONT STREET  
 City SAN FRANCISCO State CA Zip Code 94110  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) UC SAN FRANCISCO Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt **11 / 16 / 2016**  
**Transaction ID : SA11AI.35548**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. BANFIELD, ANNE L., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 22 EASTRIDGE DRIVE  
 City ELKINS State WV Zip Code 26241  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) DAVIS HEALTH SYSTEM Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼ 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

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1250.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 67
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

**A. BARNABEI, VANESSA M., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 640B ESSJAY ROAD  
 City WILLIAMSVILLE State NY Zip Code 14221  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SUNY AT BUFFALO Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 28 / 2016  
**Transaction ID : SA11AI.35216**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. BARNES, JULIA E., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 19794 WILDWOOD DRIVE  
 City WEST LINN State OR Zip Code 97068  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) KAISER PERMANENTE Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 690.00

Date of Receipt 11 / 11 / 2016  
**Transaction ID : SA11AI.36054**  
 Amount of Each Receipt this Period 40.00  
 Memo Item

**C. BILLINGS, DAVID A., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 831 SOUTH BROADWAY  
 City MINOT State ND Zip Code 58701  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) TRINITY HEALTH Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt 11 / 24 / 2016  
**Transaction ID : SA11AI.36388**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 1040.00  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 67
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

**A. BOST, BRENT W., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4630 COLLIER STREET  
 City BEAUMONT State TX Zip Code 77706  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 SOUTHEAST TEXAS OB/GYN PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 11 / 14 / 2016  
**Transaction ID : SA11AI.35582**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**B. BRILL, KEITH R., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5502 SOUTH FORT APACHE ROAD  
 City LAS VEGAS State NV Zip Code 89148  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 WOMEN'S SPECIALTY CARE PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 715.00

Date of Receipt  
 11 / 18 / 2016  
**Transaction ID : SA11AI.35535**  
 Amount of Each Receipt this Period  
 65.00  
 Memo Item

**C. BRINCAT, CYNTHIA A., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 308 NORTH KENILWORTH  
 City OAK PARK State IL Zip Code 60302  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 LOYOLA UNIVERSITY PHYSICIAN  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 740.00

Date of Receipt  
 11 / 18 / 2016  
**Transaction ID : SA11AI.35411**  
 Amount of Each Receipt this Period  
 40.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	355.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 67
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

**A. BRINCAT, CYNTHIA A., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 308 NORTH KENILWORTH  
 City OAK PARK State IL Zip Code 60302  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LOYOLA UNIVERSITY Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1240.00

Date of Receipt 11 / 18 / 2016  
**Transaction ID : SA11AI.35536**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. BURKS, HEATHER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6419 GRANDVIEW PLACE  
 City OKLAHOMA CITY State OK Zip Code 73116  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) OKLAHOMA UNIVERSITY Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 28 / 2016  
**Transaction ID : SA11AI.35217**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. BUSH, STEPHEN H., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4400 KANAWHA AVENUE  
 City CHARLESTON State WV Zip Code 25304  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WEST VIRGINIA UNIVERSITY Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 28 / 2016  
**Transaction ID : SA11AI.35219**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	850.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 67
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

**A. BUSH, SUZANNE Y., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1750 YATES AVENUE  
 City PENSACOLA State FL Zip Code 32503  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FLORIDA STATE UNIVERSITY Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **10 / 28 / 2016**  
**Transaction ID : SA11AI.35220**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. BYCK, DAVID B., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 404 HERB RIVER DRIVE  
 City SAVANNAH State GA Zip Code 31406  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MEMORIAL HEALTH Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **10 / 20 / 2016**  
**Transaction ID : SA11AI.35047**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. CAIN, KRISTEN E., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1111 HARWOOD DRIVE  
 City FARGO State ND Zip Code 58103  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SANFORD HEALTH Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt **11 / 11 / 2016**  
**Transaction ID : SA11AI.36058**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	700.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. CANNON, OCTAVIA M., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3643 CANFIELD HILL COURT  
 City CHARLOTTE State NC Zip Code 28270  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ARBORETUM OB/GYN Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt **10 / 20 / 2016**  
**Transaction ID : SA11AI.35048**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. CANNON, OCTAVIA M., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3643 CANFIELD HILL COURT  
 City CHARLOTTE State NC Zip Code 28270  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ARBORETUM OB/GYN Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt **11 / 20 / 2016**  
**Transaction ID : SA11AI.35529**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. CHALAS, EVA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 27 FRANKLIN COURT  
 City GARDEN CITY State NY Zip Code 11530  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WINTHROP UNIVERSITY HOSPITAL Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt **10 / 28 / 2016**  
**Transaction ID : SA11AI.35093**  
 Amount of Each Receipt this Period 1500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 67
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

**A. CHEEK, BEN H., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address BUTLER PAVILLION  
 City COLUMBUS State GA Zip Code 31904  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ST. FRANCIS HOSPITAL Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2456.65

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 07 / 2016  
**Transaction ID : SA11AI.35692**  
 Amount of Each Receipt this Period  
 40.00  
 Memo Item

**B. CHEEK, BEN H., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address BUTLER PAVILLION  
 City COLUMBUS State GA Zip Code 31904  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ST. FRANCIS HOSPITAL Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2539.98

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 09 / 2016  
**Transaction ID : SA11AI.35597**  
 Amount of Each Receipt this Period  
 83.33  
 Memo Item

**C. CHEEK, BEN H., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address BUTLER PAVILLION  
 City COLUMBUS State GA Zip Code 31904  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ST. FRANCIS HOSPITAL Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2955.98

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 09 / 2016  
**Transaction ID : SA11AI.35598**  
 Amount of Each Receipt this Period  
 416.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	539.33
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. CHERVENAK, FRANK A., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 82 PARK PLACE  
 City SOUTH ORANGE State NJ Zip Code 07079  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WEILL CORNELL MEDICAL COLLEGE Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 21 / 2016  
**Transaction ID : SA11AI.35037**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. CHISHOLM, CHRISTIAN A., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1840 RIVER INN LANE  
 City CHARLOTTESVILLE State VA Zip Code 22901  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) UNIVERSITY OF VIRGINIA Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 28 / 2016  
**Transaction ID : SA11AI.35221**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. CHRISTAKIS, CHRISTA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 105 NORTH SPRINGHURST DRIVE  
 City EAST GREENWICH State NY Zip Code 12061  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) AMERICAN CONGRESS OF OB/GYNS Occupation (for Individual) EXECUTIVE DIRECTOR  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 26 / 2016  
**Transaction ID : SA11AI.35114**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 16 OF 67
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

**A. CLARE, CAMILLE A., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1376 MIDLAND AVENUE  
 City BRONXVILLE State NY Zip Code 10708  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) METROPOLITAN HOSPITAL CENTER Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 395.00

Date of Receipt 10 / 28 / 2016  
**Transaction ID : SA11AI.35094**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

**B. COBB, TOMMY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 119 MAISON DE VILLE  
 City STARKVILLE State MS Zip Code 39759  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) STARKVILLE CLINIC FOR WOMEN Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 28 / 2016  
**Transaction ID : SA11AI.35096**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. COMPTON, DAVID M., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2508 BROOK HILL CIRCLE  
 City ANCHORAGE State AK Zip Code 99516  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) YUKON-KUSKOKWIM HEALTH Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 290.00

Date of Receipt 11 / 12 / 2016  
**Transaction ID : SA11AI.35800**  
 Amount of Each Receipt this Period 40.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	490.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 17 OF 67
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

**A. CONRY, JEANNE A., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8204 CANTERSHIRE WAY  
 City GRANITE BAY State CA Zip Code 95746  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) KAISER PERMANENTE Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4608.87

Date of Receipt 11 / 01 / 2016  
**Transaction ID : SA11AI.35271**  
 Amount of Each Receipt this Period 391.11  
 Memo Item

**B. COOPER, MARTIN A., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10101 AMESTOY AVENUE  
 City NORTHRIDGE State CA Zip Code 91325  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FACEY MEDICAL GROUP Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 16 / 2016  
**Transaction ID : SA11AI.35551**  
 Amount of Each Receipt this Period 240.00  
 Memo Item

**C. CORTEZ, ENRIQUE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13223 HUGHES CIRCLE  
 City DALLAS State TX Zip Code 75240  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) U.S. ARMY Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 02 / 2016  
**Transaction ID : SA11AI.35276**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	881.11
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

**A. D'ALTON, MARY E., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 622 WEST 168TH STREET  
 City NEW YORK State NY Zip Code 10032  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) COLUMBIA UNIVERSITY MEDICAL Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 540.00

Date of Receipt 11 / 10 / 2016  
**Transaction ID : SA11AI.35925**  
 Amount of Each Receipt this Period 40.00  
 Memo Item

**B. DANTAS, STELLA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6906 SOUTHWEST WINDEMERE LOOP  
 City PORTLAND State OR Zip Code 97225  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NORTHWEST PERMANENTE Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1330.33

Date of Receipt 11 / 21 / 2016  
**Transaction ID : SA11AI.35492**  
 Amount of Each Receipt this Period 40.00  
 Memo Item

**C. DARDARIAN, THOMAS S., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 108 CETON COURT  
 City BROOMAIL State PA Zip Code 19008  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MAIN LINE WOMEN'S HEALTH CARE Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2310.00

Date of Receipt 11 / 17 / 2016  
**Transaction ID : SA11AI.35539**  
 Amount of Each Receipt this Period 210.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	290.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 19 OF 67
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

**A. DEFRANCESCO, MARK S., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 35 TERRELL FARM PLACE  
 City CHESHIRE State CT Zip Code 06410  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WOMEN'S HEALTH CONNECTICUT Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4000.00

Date of Receipt **10 / 21 / 2016**  
**Transaction ID : SA11AI.35038**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. DEFRANCESCO, MARK S., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 35 TERRELL FARM PLACE  
 City CHESHIRE State CT Zip Code 06410  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WOMEN'S HEALTH CONNECTICUT Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4500.00

Date of Receipt **11 / 21 / 2016**  
**Transaction ID : SA11AI.36331**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. DELKE, ISAAC, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 653-1 WEST 8TH STREET  
 City JACKSONVILLE State FL Zip Code 32209  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) UNIVERSITY OF FLORIDA Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 540.00

Date of Receipt **11 / 08 / 2016**  
**Transaction ID : SA11AI.35743**  
 Amount of Each Receipt this Period 40.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1040.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 20 OF 67
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

**A. DELMORE, JAMES E., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3232 EAST MURDOCK STREET  
 City WICHITA State KS Zip Code 67208  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ASSOCIATES IN WOMEN'S HEALTH Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 540.00

Date of Receipt 11 / 08 / 2016  
**Transaction ID : SA11AI.35744**  
 Amount of Each Receipt this Period 40.00  
 Memo Item

**B. DEVANE, GARY W., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 215 EAST SWOOPE AVENUE  
 City WINTER PARK State FL Zip Code 32789  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 11 / 10 / 2016  
**Transaction ID : SA11AI.35592**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. DULAY, ANTONETTE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 100 EAST LANCASTER AVENUE  
 City WYNNEWOOD State PA Zip Code 19096  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MAIN LINE PERINATAL Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 17 / 2016  
**Transaction ID : SA11AI.35540**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	390.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

**A. DUNSMOOR-SU, REBECCA F., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4825 36TH AVENUE NORTHEAST  
 City SEATTLE State WA Zip Code 98105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MEDNAX Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt **10 / 25 / 2016**  
**Transaction ID : SA11AI.35144**  
 Amount of Each Receipt this Period 125.00  
 Memo Item

**B. EDELMAN, JULIA SCHLAM, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3 VIRGINIA DRIVE  
 City LAKEVILLE State MA Zip Code 02347  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **11 / 08 / 2016**  
**Transaction ID : SA11AI.35602**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. EDGAR, DIANNE M., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1340 HIGHLAND AVENUE  
 City ROCHESTER State NY Zip Code 14620  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PARK WEST WOMEN'S HEALTH Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **11 / 04 / 2016**  
**Transaction ID : SA11AI.35620**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	625.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 22 OF 67
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

**A. ELFSTRAND, ELIZABETH P., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4254 LINDEN HILLS BOULEVARD

City MINNEAPOLIS	State MN	Zip Code 55410
---------------------	-------------	-------------------

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

Name of Employer (for Individual) JOHN A. HAUGEN ASSOCIATES	Occupation (for Individual) PHYSICIAN
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
365.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 16 / 2016  
**Transaction ID : SA11AI.36284**

Amount of Each Receipt this Period  
 40.00

Memo Item

**B. FENTON, DOUGLAS K., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2921 MANAGUA PLACE

City CARLSBAD	State CA	Zip Code 92009
------------------	-------------	-------------------

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

Name of Employer (for Individual) SCRIPPS COASTAL MEDICAL GROUP	Occupation (for Individual) PHYSICIAN
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
458.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 07 / 2016  
**Transaction ID : SA11AI.35607**

Amount of Each Receipt this Period  
 209.00

Memo Item

**C. FERNANDEZ, MARTHA T., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1308 LAURELWOOD LANE

City VIRGINIA BEACH	State VA	Zip Code 23452
------------------------	-------------	-------------------

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

Name of Employer (for Individual) THE GROUP FOR WOMEN	Occupation (for Individual) PHYSICIAN
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 20 / 2016  
**Transaction ID : SA11AI.35530**

Amount of Each Receipt this Period  
 100.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	349.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. FLORY, KATHRYN G., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2715 THOMAS AVENUE SOUTH  
 City MINNEAPOLIS State MN Zip Code 55416  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NORTH CLINIC Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 680.00

Date of Receipt 11 / 28 / 2016  
**Transaction ID : SA11AI.36495**  
 Amount of Each Receipt this Period 40.00  
 Memo Item

**B. FOK, ERIC C., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 24 BIRCH HILL ROAD  
 City GREAT NECK State NY Zip Code 11020  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 14 / 2016  
**Transaction ID : SA11AI.35583**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. FORSTEIN, DAVID A., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14 HOLLINGSWORTH DRIVE  
 City GREENVILLE State SC Zip Code 29607  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GREENVILLE HEALTH SYSTEM Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 10 / 29 / 2016  
**Transaction ID : SA11AI.35230**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	340.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 24 OF 67
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

**A. FRIEDMAN, FREDERICK, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 76-08 269TH STREET  
 City NEW HYDE PARK State NY Zip Code 11040  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MT. SINAI MEDICAL CENTER Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 290.00

Date of Receipt **10 / 26 / 2016**  
**Transaction ID : SA11AI.35118**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. GAFFNEY, RACHEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1144 PAULS DRIVE  
 City CONIFER State CO Zip Code 80433  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SCL HEALTH Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **11 / 17 / 2016**  
**Transaction ID : SA11AI.35542**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. GAITHER, ROBERT H., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 602 EAST STREET  
 City ALBEMARLE State NC Zip Code 28001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt **11 / 18 / 2016**  
**Transaction ID : SA11AI.35351**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 25 OF 67
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

**A. GALA, RAJIV B., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 44 WREN STREET  
 City NEW ORLEANS State LA Zip Code 70124  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) OCHSNER HEALTH SYSTEM Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 295.00

Date of Receipt 10 / 20 / 2016  
**Transaction ID : SA11AI.35053**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. GANDELL, DAVID L., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 21 WARWICK DRIVE  
 City FAIRPORT State NY Zip Code 14450  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ROCHESTER OB/GYN ASSOCIATES Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3030.00

Date of Receipt 10 / 26 / 2016  
**Transaction ID : SA11AI.35121**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item

**C. GIAMMITTORIO, DAVID, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4660 KENMORE AVENUE  
 City ALEXANDRIA State VA Zip Code 22304  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PHYSICIAN AND MIDWIFE PRACTICE Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 28 / 2016  
**Transaction ID : SA11AI.35224**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 26 OF 67  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

**A. GILBERT, WILLIAM, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5546 CLARENDON WAY  
 City CARMICHAEL State CA Zip Code 95608  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) MEDNAX Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 290.00

Date of Receipt 11 / 10 / 2016  
**Transaction ID : SA11AI.35941**  
 Amount of Each Receipt this Period 40.00  
 Memo Item

**B. GLANTZ, JOHN C., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6 SOUTHERN WOODS  
 City PITTSFORD State NY Zip Code 14534  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) UNIVERSITY OF ROCHESTER Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 26 / 2016  
**Transaction ID : SA11AI.35122**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. GLASSNER, MICHAEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 825 OLD LANCASTER ROAD  
 City BRYN MAWR State PA Zip Code 19010  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) MAIN LINE FERTILITY Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 11 / 17 / 2016  
**Transaction ID : SA11AI.35544**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2790.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 67
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

**A. GOLDBERG, JAY M., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 858 MANNING AVENUE  
 City LOS ANGELES    State CA    Zip Code 90024  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WOMEN'S CARE OF BEVERLY HILLS    Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary     General     Other (specify) ▼  
 Aggregate Year-to-Date ▼ 290.00

Date of Receipt 11 / 15 / 2016  
**Transaction ID : SA11AI.35578**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. GOLDMAN, ALEXANDRA J., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 813 CAMELOT COURT  
 City LEWISVILLE    State TX    Zip Code 75077  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NORTH TEXAS OB/GYN ASSOCIATES    Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary     General     Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 14 / 2016  
**Transaction ID : SA11AI.35584**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. GRIFFITH, SHARON, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 68 BRADHURST AVENUE  
 City NEW YORK    State NY    Zip Code 10038  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) COMMUNITY HEALTHCARE    Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary     General     Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 27 / 2016  
**Transaction ID : SA11AI.35191**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. GRUENBERG, TAMMY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2704 NETHERLAND AVENUE  
 City BRONX State NY Zip Code 10463  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MORRIS HEIGHTS HEALTH CENTER Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 26 / 2016  
**Transaction ID : SA11AI.35124**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**B. HAMMOND, CHARLES B., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2827 MCDOWELL ROAD  
 City DURHAM State NC Zip Code 27705  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) DUKE UNIVERSITY Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 27 / 2016  
**Transaction ID : SA11AI.35193**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**C. HARRIS, KAREN E., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2800 NORTHWEST 29TH STREET  
 City GAINESVILLE State FL Zip Code 32605  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FLORIDA WOMEN'S PHYSICIANS Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 725.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 16 / 2016  
**Transaction ID : SA11AI.35553**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	850.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. HERDE, CHRISTINE M., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2507 SOUTH ROAD  
 City POUGHKEEPSIE State NY Zip Code 12601  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CAREMOUNT MEDICAL GROUP Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1435.00

Date of Receipt 11 / 04 / 2016  
**Transaction ID : SA11AI.35627**  
 Amount of Each Receipt this Period 175.00  
 Memo Item

**B. HONEBRINK, ANN L., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 130 VALLEY ROAD  
 City ARDMORE State PA Zip Code 19003  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) UNIVERSITY OF PENNSYLVANIA Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 11 / 07 / 2016  
**Transaction ID : SA11AI.35701**  
 Amount of Each Receipt this Period 40.00  
 Memo Item

**C. IVEY, RICHARD T., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4023 BETSY LANE  
 City HOUSTON State TX Zip Code 77027  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BAYLOR COLLEGE OF MEDICINE Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1600.00

Date of Receipt 11 / 20 / 2016  
**Transaction ID : SA11AI.35468**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 315.00  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. JENNINGS, JOHN C., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2405 SPOONBILL DRIVE  
 City LEAGUE CITY State TX Zip Code 77573  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) TEXAS TECH UNIVERSITY Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5040.00

Date of Receipt 11 / 11 / 2016  
**Transaction ID : SA11AI.36078**  
 Amount of Each Receipt this Period 40.00  
 Memo Item

**B. JONES, JOHNNY W., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2801 RICHMOND ROAD  
 City TEXARKANA State TX Zip Code 75503  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) EAST TEXAS BORDER HEALTH Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 430.00

Date of Receipt 11 / 10 / 2016  
**Transaction ID : SA11AI.35967**  
 Amount of Each Receipt this Period 40.00  
 Memo Item

**C. JONES, KENNETH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 123 HARDEN PARKWAY  
 City SALINAS State CA Zip Code 93906  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) HEALTHCARE FOR WOMEN Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 235.00

Date of Receipt 11 / 15 / 2016  
**Transaction ID : SA11AI.36238**  
 Amount of Each Receipt this Period 40.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 120.00  
**TOTAL** This Period (last page this line number only)..... ▶

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : SA11AI.36078

\$40.00 REFUNDED 12/05/2016

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 32 OF 67
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

**A. KALLEN, AMANDA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 333 CEDER STREET  
 City NEW HAVEN State CT Zip Code 06510  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) YALE UNIVERSITY Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 11 / 13 / 2016  
**Transaction ID : SA11AI.35589**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**B. KAUFMAN, LEAH A., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8525 WOODBOX ROAD  
 City MANLIUS State NY Zip Code 13104  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SUNY UPSTATE Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 590.00

Date of Receipt 11 / 16 / 2016  
**Transaction ID : SA11AI.35556**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. KAUNITZ, ANDREW M., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2966 FOREST CIRCLE  
 City JACKSONVILLE State FL Zip Code 32257  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) UNIVERSITY OF FLORIDA Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 290.00

Date of Receipt 11 / 26 / 2016  
**Transaction ID : SA11AI.36432**  
 Amount of Each Receipt this Period 40.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	110.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. KELLY, RANDALL T., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4215 EAST EVERGLADE AVENUE  
 City ODESSA State TX Zip Code 79762  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) TEXAS TECH PHYSICIANS Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 18 / 2016  
**Transaction ID : SA11AI.35355**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**B. KESSLER, MARILYN C., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 115 EAST BELLEVUE PLACE  
 City CHICAGO State IL Zip Code 60611  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NORTHWESTERN UNIVERSITY Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 31 / 2016  
**Transaction ID : SA11AI.35240**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. KIPOLIONGO, LEZODE J., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 77 GREVES ROAD  
 City NEW HAMPTON State NY Zip Code 10958  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CRYSTAL RUN HEALTH CARE Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 02 / 2016  
**Transaction ID : SA11AI.35280**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1550.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 34 OF 67
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

**A. KOSTIC, KATHRYN J., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4423 WEST COUNTRY VIEW DRIVE  
 City MEQUON State WI Zip Code 53092  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) AURORA ADVANCED HEALTHCARE Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 540.00

Date of Receipt 11 / 28 / 2016  
**Transaction ID : SA11AI.36504**  
 Amount of Each Receipt this Period 40.00  
 Memo Item

**B. KOUTROUVELIS, GAYLE O., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11924 SPORTSMAN ROAD  
 City GALVESTON State TX Zip Code 77554  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) UT MEDICAL BRANCH Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1125.00

Date of Receipt 11 / 16 / 2016  
**Transaction ID : SA11AI.35557**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. KULBIDA, NICHOLAS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1043 LAMPLIGHTER ROAD  
 City NISKAYUNA State NY Zip Code 12309  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ELLIS MEDICINE Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 26 / 2016  
**Transaction ID : SA11AI.35127**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	640.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. LAFOLLETTE, LIZELLEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 599 SIR FRANCIS DRAKE BOULEVARD  
 City GREENBRAE State CA Zip Code 94904  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 290.00

Date of Receipt 11 / 14 / 2016  
**Transaction ID : SA11AI.36161**  
 Amount of Each Receipt this Period 40.00  
 Memo Item

**B. LEFLER, STEPHEN F., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3401 VILLAGE ROAD  
 City FORT SMITH State AR Zip Code 72903  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MERCY OB/GYN Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 11 / 19 / 2016  
**Transaction ID : SA11AI.35533**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**C. LEVISON, JUDY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4607 PINE STREET  
 City BELLAIRE State TX Zip Code 77401  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BAYLOR COLLEGE OF MEDICINE Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 05 / 2016  
**Transaction ID : SA11AI.35612**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	310.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. LEVISON, JUDY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4607 PINE STREET  
 City BELLAIRE State TX Zip Code 77401  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BAYLOR COLLEGE OF MEDICINE Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 290.00

Date of Receipt 11 / 13 / 2016  
**Transaction ID : SA11AI.35861**  
 Amount of Each Receipt this Period 40.00  
 Memo Item

**B. LYERLY, KRISTIN M., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3500 MEADOW SOUND DRIVE  
 City DE PERE State WI Zip Code 54115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BELLIN HEALTH Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 28 / 2016  
**Transaction ID : SA11AI.35226**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. MACISAAC, LAURA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 210 WEST 101ST STREET  
 City NEW YORK State NY Zip Code 10025  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MOUNT SINAI HEALTH SYSTEM Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 27 / 2016  
**Transaction ID : SA11AI.35199**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	590.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 67
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

**A. MADEJSKI, JULIE A., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7340 SALT ROAD  
 City CLARENCE CENTER State NY Zip Code 14032  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **11 / 18 / 2016**  
**Transaction ID : SA11AI.35358**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. MAKI, JANEY E., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13510 SOUTHWEST 60TH STREET  
 City ANDOVER State KS Zip Code 67002  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) VIA CHRISTI CLINIC Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **10 / 25 / 2016**  
**Transaction ID : SA11AI.35147**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. MANRIQUEZ, MARIA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1714 WEST SATINWOOD DRIVE  
 City PHOENIX State AZ Zip Code 85045  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt **11 / 27 / 2016**  
**Transaction ID : SA11AI.36466**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	800.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 38 OF 67
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

**A. MARTINUZZI, KURT W., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1258 NORTH MORNINGSIDE DRIVE  
 City ATLANTA State GA Zip Code 30306  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) EMORY UNIVERSITY Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 29 / 2016  
**Transaction ID : SA11AI.35233**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. MATTHEWS, ROBIN D., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 39 FLAT ROCK ROAD  
 City WAYNESVILLE State NC Zip Code 28786  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) DUKE LIFEPOINT HOSPITALS Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1357.00

Date of Receipt 10 / 20 / 2016  
**Transaction ID : SA11AI.35059**  
 Amount of Each Receipt this Period 45.00  
 Memo Item

**C. MCDONNELL, MARYANNE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 19 MAPLE VALLEY ROAD  
 City BOSTON State CT Zip Code 06043  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) OB/GYN GROUP Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 565.00

Date of Receipt 11 / 16 / 2016  
**Transaction ID : SA11AI.36304**  
 Amount of Each Receipt this Period 40.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	335.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. MCSHANE, KAREN E., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 221 GLEN STREET  
 City GLEN FALLS State NY Zip Code 12801  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) HUDSON HEADWATER HEALTH Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **10 / 27 / 2016**  
**Transaction ID : SA11AI.35200**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. MEGERIAN, GARO, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15 FORREST LANE  
 City SPRINGFIELD State PA Zip Code 19064  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WOMEN'S HEALTH CARE GROUP Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **11 / 16 / 2016**  
**Transaction ID : SA11AI.35558**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. MEHTA, AASTA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 201 NORTH 8TH STREET  
 City PHILADELPHIA State PA Zip Code 19106  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LEHIGH VALLEY PHYSICIAN GROUP Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2450.00

Date of Receipt **11 / 12 / 2016**  
**Transaction ID : SA11AI.35590**  
 Amount of Each Receipt this Period 210.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1460.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. MILLAR, MARY ANN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5171 POINTE EAST DRIVE  
 City JAMESVILLE State NY Zip Code 13078  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) UPSTATE COMMUNITY MEDICAL Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 10 / 23 / 2016  
**Transaction ID : SA11AI.35034**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item

**B. MORGAN, MEREDITH V., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2 CHELSEA BOULEVARD  
 City HOUSTON State TX Zip Code 77006  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 26 / 2016  
**Transaction ID : SA11AI.35128**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. NICHOLAS, SARA S., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 100 EAST LANCASTER AVENUE  
 City WYNNEWOOD State PA Zip Code 19096  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WOMEN'S HEALTH CARE GROUP Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 16 / 2016  
**Transaction ID : SA11AI.35560**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3000.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 67
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

**A. NICHOLAS, SARA S., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 100 EAST LANCASTER AVENUE  
 City WYNNEWOOD State PA Zip Code 19096  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WOMEN'S HEALTH CARE GROUP Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 290.00

Date of Receipt 11 / 16 / 2016  
**Transaction ID : SA11AI.36307**  
 Amount of Each Receipt this Period 40.00  
 Memo Item

**B. NICKELL, MARGARET B., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4320 WORNALL ROAD  
 City KANSAS CITY State MO Zip Code 64111  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ST. LUKE'S HEALTH SYSTEM Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 10 / 2016  
**Transaction ID : SA11AI.35593**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. OLIVER, NICOLE M., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4650 RAYMOND DRIVE  
 City LA VERNE State CA Zip Code 91750  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FEMCARE MEDICAL ASSOCIATES Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 10 / 2016  
**Transaction ID : SA11AI.35594**  
 Amount of Each Receipt this Period 240.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	530.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 42 OF 67
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

**A. OLIVER, NICOLE M., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4650 RAYMOND DRIVE  
 City LA VERNE State CA Zip Code 91750  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) FEMCARE MEDICAL ASSOCIATES Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 280.00

Date of Receipt 11 / 14 / 2016  
**Transaction ID : SA11AI.36174**  
 Amount of Each Receipt this Period 40.00  
 Memo Item

**B. OLSON, HOLLY L., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 95-1067 ALAOKI STREET  
 City MILILANI State HI Zip Code 96789  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) UNIVERSITY OF HAWAII Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 14 / 2016  
**Transaction ID : SA11AI.35585**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. PERL, LAWRENCE M., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1081 HIGH FALLS ROAD  
 City CATSKILL State NY Zip Code 12414  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) COLUMBIA MEMORIAL HOSPITAL Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 230.00

Date of Receipt 10 / 26 / 2016  
**Transaction ID : SA11AI.35131**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	640.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 43 OF 67
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

**A. PHELAN, TIMOTHY M., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2525 RIVERSIDE AVENUE  
 City JACKSONVILLE State FL Zip Code 32204  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NORTH FLORIDA OB/GYN Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 16 / 2016  
**Transaction ID : SA11AI.35563**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. PICKETT, STEPHANIE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15712 VAL COURT  
 City EDMOND State OK Zip Code 73013  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MERCY CLINIC Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 11 / 18 / 2016  
**Transaction ID : SA11AI.35365**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. POWELL, HARTAJ K., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4103 EDGEVALE COURT  
 City CHEVY CHASE State MD Zip Code 20815  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CAPITAL WOMEN'S CARE Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1425.00

Date of Receipt 10 / 23 / 2016  
**Transaction ID : SA11AI.35035**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 67
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

**A. PRABHAKARAN, SUJATHA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1100 IMPERIAL DRIVE  
 City SARASOTA State FL Zip Code 34236  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PLANNED PARENTHOOD Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt 11 / 16 / 2016  
**Transaction ID : SA11AI.35564**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. PURITZ, HOLLY S., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7940 NORTH SHORE ROAD  
 City NORFOLK State VA Zip Code 23505  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) THE GROUP FOR WOMEN Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2299.00

Date of Receipt 11 / 07 / 2016  
**Transaction ID : SA11AI.35609**  
 Amount of Each Receipt this Period 209.00  
 Memo Item

**C. QUINLAN, MAURA P., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 33 BREWSTER AVENUE  
 City LA GRANGE PARK State IL Zip Code 60926  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NORTHWESTERN UNIVERSITY Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 540.00

Date of Receipt 11 / 27 / 2016  
**Transaction ID : SA11AI.36472**  
 Amount of Each Receipt this Period 40.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	299.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 45 OF 67
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

**A. RAMSAY, LAURA B., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 839 BROOKBERRY FARM CIRCLE  
 City WINSTON-SALEM State NC Zip Code 27106  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NOVANT HEALTH Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 10 / 2016  
**Transaction ID : SA11AI.35595**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. RASBACH, ADRIENNE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13420 NORTH MERIDIAN STREET  
 City CARMEL State IN Zip Code 46032  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ASCENSION HEALTH Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 15 / 2016  
**Transaction ID : SA11AI.36254**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. REINERT, ANNA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 300 NORTH CHARLES STREET  
 City BALTIMORE State MD Zip Code 21201  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) UNIVERSITY OF MARYLAND Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 08 / 2016  
**Transaction ID : SA11AI.35606**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1200.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 46 OF 67
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

**A. REMMENGA, STEVEN W., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16995 PRINCETON ROAD  
 City ADAMS State NE Zip Code 68301  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) UNIVERSITY OF NEBRASKA Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2944.00

Date of Receipt **11 / 17 / 2016**  
**Transaction ID : SA11AI.35546**  
 Amount of Each Receipt this Period 209.00  
 Memo Item

**B. RING, BRANDI, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3755 SOUTH EMPORIA WAY  
 City AURORA State CO Zip Code 80014  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MILE HIGH OB/GYN Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 756.00

Date of Receipt **11 / 19 / 2016**  
**Transaction ID : SA11AI.35534**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**C. ROSSER, MARY L., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 32 STUDIO LANE  
 City BRONXVILLE State NY Zip Code 10708  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MONTEFIORE MEDICAL CENTER Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt **10 / 28 / 2016**  
**Transaction ID : SA11AI.35100**  
 Amount of Each Receipt this Period 750.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1043.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. SAJ, MARTA M., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 372 AVENA CIRCLE  
 City NAPERVILLE State IL Zip Code 60565  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RUSH COPLEY MEDICAL GROUP Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 11 / 18 / 2016  
**Transaction ID : SA11AI.35369**  
 Amount of Each Receipt this Period 340.00  
 Memo Item

**B. SIDDIQUI, NAZEEMA Y., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address DUMC 3192  
 City DURHAM State NC Zip Code 27710  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) DUKE UNIVERSITY Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 290.00

Date of Receipt 11 / 15 / 2016  
**Transaction ID : SA11AI.36261**  
 Amount of Each Receipt this Period 40.00  
 Memo Item

**C. SILVERMAN, ROBERT K., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2 THORNWOOD LANE  
 City FAYETTEVILLE State NY Zip Code 13066  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) STATE UNIVERSITY OF NEW YORK Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 26 / 2016  
**Transaction ID : SA11AI.35137**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1380.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 48 OF 67
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

**A. SIMPSON, J. SCOTT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16407 KIDD LANE  
 City AUSTIN State TX Zip Code 78734  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SETON HEALTHCARE Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 13 / 2016  
**Transaction ID : SA11AI.35881**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. SLAGLE, ELIZABETH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4712 13TH  
 City MINNEAPOLIS State MN Zip Code 55407  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) HEALTH PARTNERS Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 07 / 2016  
**Transaction ID : SA11AI.35610**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. SMITH, PATRICIA A., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 738 FONTAINE STREET  
 City ALEXANDRIA State VA Zip Code 22302  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GWU MEDICAL FACULTY ASSOCIATES Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 11 / 16 / 2016  
**Transaction ID : SA11AI.35567**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	125.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 67
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

**A. STONE, DANA G., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1730 HUNTINGTON AVENUE  
 City OKLAHOMA CITY State OK Zip Code 73116  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2410.00

Date of Receipt 11 / 09 / 2016  
**Transaction ID : SA11AI.35600**  
 Amount of Each Receipt this Period 210.00  
 Memo Item

**B. STONE, JOANNE L., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 19 EAST 88TH STREET  
 City NEW YORK State NY Zip Code 10128  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MT. SINAI HOSPITAL Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 27 / 2016  
**Transaction ID : SA11AI.35207**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. SULLIVAN, KATHLEEN T., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 711 TCHOUPITOULAS STREET  
 City NEW ORLEANS State LA Zip Code 70130  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) OCHSNER MEDICAL CENTER Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 10 / 27 / 2016  
**Transaction ID : SA11AI.35211**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1460.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. SUZUKI, CAROL M., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3036 NORTHEAST 12TH AVENUE  
 City PORTLAND State OR Zip Code 97212  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) EMORY UNIVERSITY Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 540.00

Date of Receipt 10 / 29 / 2016  
**Transaction ID : SA11AI.35234**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. TARAKJIAN, DENIS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2929 HEALTH CENTER DRIVE  
 City SAN DIEGO State CA Zip Code 92123  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SHARP REES STEALY Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 26 / 2016  
**Transaction ID : SA11AI.35138**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. TOTH, MIKLOS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 45 EAST 89TH STREET  
 City NEW YORK State NY Zip Code 10128  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 26 / 2016  
**Transaction ID : SA11AI.35140**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1000.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. TSAI, PAI-JONG S., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 143 OAKLAND PLACE  
 City BUFFALO State NY Zip Code 14222  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SUNY AT BUFFALO Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 07 / 2016  
**Transaction ID : SA11AI.35731**  
 Amount of Each Receipt this Period  
 40.00  
 Memo Item

**B. VU, HELEN H., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 18 GREAT VIEW TERRACE  
 City VOORHEESVILLE State NY Zip Code 12186  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ALBANY OB/GYN Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 02 / 2016  
**Transaction ID : SA11AI.35284**  
 Amount of Each Receipt this Period  
 400.00  
 Memo Item

**C. WARNER, ELIZABETH D., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 19 CHATHAM WOODS  
 City PITTSFORD State NY Zip Code 14534  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 26 / 2016  
**Transaction ID : SA11AI.35143**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	690.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 52 OF 67
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

**A. WEN, TONY S., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 301 UNIVERSITY BOULEVARD  
 City GALVESTON State TX Zip Code 77555  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) UNIVERSITY OF TEXAS Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 540.00

Date of Receipt 11 / 06 / 2016  
**Transaction ID : SA11AI.35683**  
 Amount of Each Receipt this Period 40.00  
 Memo Item

**B. WHITE, EMILY M., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 60 EAST MANNING STREET  
 City PROVIDENCE State RI Zip Code 02906  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PROVIDENCE COMMUNITY HEALTH Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1700.00

Date of Receipt 11 / 06 / 2016  
**Transaction ID : SA11AI.35611**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. WHITE, PAULA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7257 COMMONWEALTH AVENUE  
 City BURR RIDGE State IL Zip Code 60527  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LOYOLA UNIVERSITY Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 15 / 2016  
**Transaction ID : SA11AI.35579**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	440.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 53 OF 67
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

**A. WOODHAM, PADMASHREE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 102 ASTON HALL  
 City MACON State GA Zip Code 31210  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NAVICENT HEALTH Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 14 / 2016  
**Transaction ID : SA11AI.35586**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. WRIGHT, TRACY B., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2403 WHALER COURT  
 City VIRGINIA BEACH State VA Zip Code 23451  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) COMPLETE WOMEN'S CARE Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 28 / 2016  
**Transaction ID : SA11AI.35101**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**C. WU, DANNY W., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 112 SATURN STREET  
 City SAN FRANCISCO State CA Zip Code 94114  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) KAISER PERMANENTE Occupation (for Individual) PHYSICIAN  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 07 / 2016  
**Transaction ID : SA11AI.35734**  
 Amount of Each Receipt this Period 40.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	590.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 67
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
YELVERTON, ROBERT, , ,

Mailing Address 2526 JETTON AVENUE

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

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

Name of Employer (for Individual) SELF-EMPLOYED	Occupation (for Individual) PHYSICIAN
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
630.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11		16		2016

Transaction ID : SA11AI.35572

Amount of Each Receipt this Period  
70.00

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  

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

Amount of Each Receipt this Period

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  

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

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	70.00
<b>TOTAL</b> This Period (last page this line number only).....	40683.10

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

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

FOR LINE NUMBER:  
(check only one)

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

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

State  
NE

Zip Code  
68197

Purpose of Disbursement  
CREDIT CARD TRANSACTION FEES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			03			2016			

FEC Identification Number

C [ ]

Transaction ID : SB21B.35248

Amount of Each Disbursement this Period

[ ] 109.84

Memo Item

Full Name (Last, First, Middle Initial)

**B. SAGE PAYMENT SOLUTIONS**

Mailing Address 1750 OLD MEADOW ROAD

City  
MCLEAN

State  
VA

Zip Code  
22102

Purpose of Disbursement  
CREDIT CARD TRANSACTION FEES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			02			2016			

FEC Identification Number

C [ ]

Transaction ID : SB21B.35247

Amount of Each Disbursement this Period

[ ] 1851.82

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C [ ]

Amount of Each Disbursement this Period

[ ]

Memo Item

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

[ ] 1961.66

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

[ ] 1961.66

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

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

FOR LINE NUMBER:  
(check only one)

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

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. ANNA ESHOO FOR CONGRESS**

Mailing Address 555 CAPITOL MALL

City SACRAMENTO State CA Zip Code 95814

Purpose of Disbursement CONTRIBUTION

Candidate Name ESHOO, ANNA G., , ,

Office Sought:  House  Senate  President  
 Disbursement For: 2016  Primary  General  Other (specify) ▼  
 State: CA District: 18

Date of Disbursement

MM / DD / YYYY  
11 / 03 / 2016

FEC Identification Number

C00258475

Transaction ID : SB23.35296

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. BARBARA LEE FOR CONGRESS**

Mailing Address 505 14TH STREET

City OAKLAND State CA Zip Code 94612

Purpose of Disbursement CONTRIBUTION

Candidate Name LEE, BARBARA, , ,

Office Sought:  House  Senate  President  
 Disbursement For: 2016  Primary  General  Other (specify) ▼  
 State: CA District: 13

Date of Disbursement

MM / DD / YYYY  
11 / 03 / 2016

FEC Identification Number

C00331769

Transaction ID : SB23.35320

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. COLLINS FOR CONGRESS**

Mailing Address P.O. BOX 386

City CLARENCE State NY Zip Code 14031

Purpose of Disbursement CONTRIBUTION

Candidate Name COLLINS, CHRISTOPHER C., , ,

Office Sought:  House  Senate  President  
 Disbursement For: 2016  Primary  General  Other (specify) ▼  
 State: NY District: 27

Date of Disbursement

MM / DD / YYYY  
10 / 31 / 2016

FEC Identification Number

C00520379

Transaction ID : SB23.35244

Amount of Each Disbursement this Period

1000.00

Memo Item

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

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

2000.00



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

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

FOR LINE NUMBER:  
(check only one)

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

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

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

**A. DOLD FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
Mailing Address P.O. BOX 6312

City LIBERTYVILLE State IL Zip Code 60048

Purpose of Disbursement DEBT RETIREMENT

Candidate Name DOLD, JR., ROBERT J., , ,

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

State: IL District: 10

Date of Disbursement: 10 / 31 / 2016

FEC Identification Number: C00465971  
Transaction ID : SB23.35245  
Amount of Each Disbursement this Period: 2500.00

Memo Item

**B. DREW FERGUSON FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
Mailing Address P.O. BOX 387

City WEST POINT State GA Zip Code 31833

Purpose of Disbursement CONTRIBUTION

Candidate Name FERGUSON, ANDERSON D., , ,

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

State: GA District: 03

Date of Disbursement: 11 / 03 / 2016

FEC Identification Number: C00607838  
Transaction ID : SB23.35299  
Amount of Each Disbursement this Period: 5000.00

Memo Item

**C. EMMER FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
Mailing Address P.O. BOX 998

City ANOKA State MN Zip Code 55303

Purpose of Disbursement CONTRIBUTION

Candidate Name EMMER, THOMAS E., , ,

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

State: MN District: 06

Date of Disbursement: 11 / 07 / 2016

FEC Identification Number: C00545749  
Transaction ID : SB23.35338  
Amount of Each Disbursement this Period: 500.00

Memo Item

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

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

8000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

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

**A. FRIENDS OF PATRICK MURPHY**

Full Name (Last, First, Middle Initial)  
Mailing Address 4521 PGA BOULEVARD

City PALM BEACH GARDENS State FL Zip Code 33418

Purpose of Disbursement CONTRIBUTION

Candidate Name MURPHY, PATRICK E., , ,

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: FL District: 00

Date of Disbursement: 10 / 21 / 2016

FEC Identification Number: C00493825  
Transaction ID : SB23.34968  
Amount of Each Disbursement this Period: 5000.00

Memo Item

**B. FRIENDS OF SUSAN BROOKS**

Full Name (Last, First, Middle Initial)  
Mailing Address 9425 NORTH MERIDIAN STREET

City INDIANAPOLIS State IN Zip Code 46260

Purpose of Disbursement CONTRIBUTION

Candidate Name BROOKS, SUSAN, , ,

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: IN District: 05

Date of Disbursement: 11 / 03 / 2016

FEC Identification Number: C00500207  
Transaction ID : SB23.35289  
Amount of Each Disbursement this Period: 500.00

Memo Item

**C. GALLEGO FOR ARIZONA**

Full Name (Last, First, Middle Initial)  
Mailing Address P.O. BOX 1710

City PHOENIX State AZ Zip Code 85001

Purpose of Disbursement CONTRIBUTION

Candidate Name GALLEGO, RUBEN, , ,

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: AZ District: 07

Date of Disbursement: 11 / 03 / 2016

FEC Identification Number: C00558627  
Transaction ID : SB23.35302  
Amount of Each Disbursement this Period: 2500.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 8000.00

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





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

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

FOR LINE NUMBER:  
(check only one)

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

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. LANCE FOR CONGRESS**

Mailing Address P.O. BOX 225

City  
COLONIA

State  
NJ

Zip Code  
07067

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

**LANCE, LEONARD, , ,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NJ District: 07

Date of Disbursement

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

FEC Identification Number

**C** C00444224

**Transaction ID : SB23.35311**

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. LATTA FOR CONGRESS**

Mailing Address P.O. BOX 106

City  
BOWLING GREEN

State  
OH

Zip Code  
43402

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

**LATTA, ROBERT E., , ,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify)

State: OH District: 05

Date of Disbursement

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

FEC Identification Number

**C** C00438697

**Transaction ID : SB23.35314**

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. LEAHY FOR U.S. SENATOR COMMITTEE**

Mailing Address P.O. BOX 1042

City  
MONTPELIER

State  
VT

Zip Code  
05601

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

**LEAHY, PATRICK J., , ,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: VT District: 00

Date of Disbursement

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

FEC Identification Number

**C** C00068353

**Transaction ID : SB23.35317**

Amount of Each Disbursement this Period

500.00

Memo Item

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

1500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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. MICHAEL BURGESS FOR CONGRESS**

Mailing Address P.O. BOX 2334

City  
DENTON

State  
TX

Zip Code  
76202

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

**BURGESS, MICHAEL C., , DR.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: TX District: 26

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			31			2016			

FEC Identification Number

**C** C00372532

**Transaction ID : SB23.35243**

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. NEW YORKERS FOR YVETTE D. CLARKE**

Mailing Address 242 MIDWOOD STREET

City  
BROOKLYN

State  
NY

Zip Code  
11225

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

**CLARKE, YVETTE D., , ,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify)

State: NY District: 09

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			03			2016			

FEC Identification Number

**C** C00398941

**Transaction ID : SB23.35292**

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. RYAN COSTELLO FOR CONGRESS**

Mailing Address P.O. BOX 3154

City  
WEST CHESTER

State  
PA

Zip Code  
19381

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

**COSTELLO, RYAN A., , ,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: PA District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			07			2016			

FEC Identification Number

**C** C00554899

**Transaction ID : SB23.35341**

Amount of Each Disbursement this Period

4000.00

Memo Item

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

9500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

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

**A. TIM SCOTT FOR SENATE**

Full Name (Last, First, Middle Initial)  
Mailing Address 1405 ASHLEY RIVER ROAD

City CHARLESTON State SC Zip Code 29407

Purpose of Disbursement CONTRIBUTION

Candidate Name SCOTT, TIMOTHY E., , ,

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: SC District: 00

Date of Disbursement: 11 / 03 / 2016

FEC Identification Number: C00540302  
Transaction ID : SB23.35330  
Amount of Each Disbursement this Period: 500.00

Memo Item

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	43500.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

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

**A. ROONEY, KATHLEEN, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 2425 42ND STREET

City SACRAMENTO State CA Zip Code 95817

Purpose of Disbursement CONTRIBUTION REFUND

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 10 / 31 / 2016

FEC Identification Number: C

Transaction ID : SB28A.35242

Amount of Each Disbursement this Period: 450.00

Memo Item

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	450.00
<b>TOTAL</b> This Period (last page this line number only).....▶	450.00



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

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

FOR LINE NUMBER:  
(check only one)

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

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

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

**A. ANTHONY PORTANTINO FOR SENATE 2016**

Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 93935

City PASADENA State CA Zip Code 91109

Purpose of Disbursement NON-FEDERAL CONTRIBUTION

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 21 / 2016

FEC Identification Number: C

Transaction ID : SB29.34971

Amount of Each Disbursement this Period: 2000.00

Memo Item

**B. BERA FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 582496

City ELK GROVE State CA Zip Code 95758

Purpose of Disbursement POST GENERAL ELECTION RECOUNT

Candidate Name BERA, AMERISH, , ,

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) Recount

State: CA District: 07

Date of Disbursement: 11 / 10 / 2016

FEC Identification Number: C C00461061

Transaction ID : SB29.35336

Amount of Each Disbursement this Period: 5000.00

Memo Item

**C. BOCANEGRA FOR ASSEMBLY 2016**

Full Name (Last, First, Middle Initial)

Mailing Address 1787 TRIBUTE ROAD

City SACRAMENTO State CA Zip Code 95815

Purpose of Disbursement NON-FEDERAL CONTRIBUTION

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 21 / 2016

FEC Identification Number: C

Transaction ID : SB29.34973

Amount of Each Disbursement this Period: 500.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 7500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

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

**A. CATHARINE BAKER FOR ASSEMBLY 2016**

Full Name (Last, First, Middle Initial)

Mailing Address 4101 DUBLIN BOULEVARD

City DUBLIN State CA Zip Code 94568

Purpose of Disbursement NON-FEDERAL CONTRIBUTION

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 21 / 2016

FEC Identification Number: C

Transaction ID : SB29.34975

Amount of Each Disbursement this Period: 1000.00

Memo Item

**B. EBERT FOR SENATE 2016**

Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 1052

City IDABEL State OK Zip Code 74745

Purpose of Disbursement NON-FEDERAL CONTRIBUTION

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 21 / 2016

FEC Identification Number: C

Transaction ID : SB29.34981

Amount of Each Disbursement this Period: 1000.00

Memo Item

**C. FRIENDS OF ALEX CHARLTON**

Full Name (Last, First, Middle Initial)

Mailing Address 10 WINDSOR CIRCLE

City SPRINGFIELD State PA Zip Code 19064

Purpose of Disbursement NON-FEDERAL CONTRIBUTION

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 11 / 03 / 2016

FEC Identification Number: C

Transaction ID : SB29.35334

Amount of Each Disbursement this Period: 1000.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 3000.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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. FRIENDS OF MARCUS MCENTIRE 2016

Mailing Address 901 WEST MAIN STREET

City  
DUNCAN

State  
OK

Zip Code  
73533

Purpose of Disbursement  
NON-FEDERAL CONTRIBUTION

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

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

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		21		2016

FEC Identification Number

C [ ]

Transaction ID : SB29.34979

Amount of Each Disbursement this Period

[ ] 1000.00

Memo Item

Full Name (Last, First, Middle Initial)

### B. FRIENDS OF MELOYDE BLANCETT

Mailing Address 1620 SOUTH NEWPORT AVENUE

City  
TULSA

State  
OK

Zip Code  
74120

Purpose of Disbursement  
NON-FEDERAL CONTRIBUTION

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

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

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		21		2016

FEC Identification Number

C [ ]

Transaction ID : SB29.34977

Amount of Each Disbursement this Period

[ ] 1000.00

Memo Item

Full Name (Last, First, Middle Initial)

### C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

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

State: District:

Date of Disbursement

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

FEC Identification Number

C [ ]

Amount of Each Disbursement this Period

[ ]

Memo Item

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

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

[ ] 2000.00

[ ] 12500.00