

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

ADDRESS (number and street) 409 12TH STREET, SW
Check if different than previously reported. (ACC) WASHINGTON DC 20024

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00364158 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on M M M / D D D / Y Y Y Y Y Y in the State of
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on M M M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period 02 / 01 / 2012 through 02 / 29 / 2012

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer STACIE MONROE

Signature of Treasurer STACIE MONROE [Electronically Filed] Date 03 / 09 / 2012

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

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

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>		311166.38
(b) Cash on Hand at Beginning of Reporting Period.....	300754.99	
(c) Total Receipts (from Line 19)	69778.66	108329.32
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	370533.65	419495.70
7. Total Disbursements (from Line 31).....	20243.28	69205.33
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	350290.37	350290.37
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

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

Report Covering the Period: From: / / 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).....	40652.00	62902.00
(ii) Unitemized	29126.66	45427.32
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	69778.66	108329.32
(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)	69778.66	108329.32
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	69778.66	108329.32
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	69778.66	108329.32

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	1143.28	1605.33
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1143.28	1605.33
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	19000.00	67500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	100.00	100.00
(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)).....	100.00	100.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	20243.28	69205.33
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	20243.28	69205.33

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	69778.66	108329.32
34. Total Contribution Refunds (from Line 28(d))	100.00	100.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	69678.66	108229.32
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1143.28	1605.33
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1143.28	1605.33

**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 41
	<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)

Full Name (Last, First, Middle Initial) A. SANDRA J. AHLUM		Date of Receipt MM / DD / YYYY 02 / 10 / 2012 Transaction ID : SA11AI.24773
Mailing Address 2505 HYACINTH AVENUE		Amount of Each Receipt this Period 250.00
City HANNIBAL	State MO	Zip Code 63401
FEC ID number of contributing federal political committee. C	Name of Employer HANNIBAL CLINIC	Occupation PHYSICIAN
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. ELSIE ALVAREZ		Date of Receipt MM / DD / YYYY 02 / 01 / 2012 Transaction ID : SA11AI.24720
Mailing Address 11 STERLING PLACE		Amount of Each Receipt this Period 250.00
City MALVERNE	State NY	Zip Code 11565
FEC ID number of contributing federal political committee. C	Name of Employer PREFERRED HEALTH PARTNERS	Occupation PHYSICIAN
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. JOSEPH F. AMATO		Date of Receipt MM / DD / YYYY 02 / 27 / 2012 Transaction ID : SA11AI.25000
Mailing Address 1215 KILHAM COURT		Amount of Each Receipt this Period 250.00
City COLUMBUS	State GA	Zip Code 43235
FEC ID number of contributing federal political committee. C	Name of Employer ASSOCIATES IN CENTRAL OHIO	Occupation PHYSICIAN
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. J. MAX AUSTIN JR.		Date of Receipt MM / DD / YYYY 02 / 27 / 2012 Transaction ID : SA11AI.25004
Mailing Address 3912 SHANNON LAKE		Amount of Each Receipt this Period 250.00
City MOUNTAIN BROOK	State AL	Zip Code 35213
FEC ID number of contributing federal political committee. C		
Name of Employer UNIVERSITY OF ALABAMA	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. NENA C. BARNHART		Date of Receipt MM / DD / YYYY 02 / 08 / 2012 Transaction ID : SA11AI.24657
Mailing Address 1501 LINCOLN WAY		Amount of Each Receipt this Period 352.00
City SAN FRANCISCO	State CA	Zip Code 94122
FEC ID number of contributing federal political committee. C		
Name of Employer KAISER PERMANENTE	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 352.00	

Full Name (Last, First, Middle Initial) C. NORMA S. BASINGER		Date of Receipt MM / DD / YYYY 02 / 21 / 2012 Transaction ID : SA11AI.25117
Mailing Address 271B SOUTH 74TH		Amount of Each Receipt this Period 500.00
City FORT SMITH	State AR	Zip Code 72403
FEC ID number of contributing federal political committee. C		
Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional).....▶	1102.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. OWEN R. BELL
Full Name (Last, First, Middle Initial)

Mailing Address 2501 EAST 42ND STREET

City ANCHORAGE State AK Zip Code 99508

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

Name of Employer SELF-EMPLOYED Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 22 / 2012
Transaction ID : SA11AI.25145

Amount of Each Receipt this Period
 1000.00

B. JAMES P. BENEDICT
Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 10

City HYDE PARK State UT Zip Code 84318

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

Name of Employer INTERMOUNTAIN HEALTHCARE Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 10 / 2012
Transaction ID : SA11AI.24774

Amount of Each Receipt this Period
 500.00

C. CHARLES M. BERRY III
Full Name (Last, First, Middle Initial)

Mailing Address 15748 MEDICAL ARTS PLAZA

City HAMMOND State LA Zip Code 70403

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

Name of Employer NORTH OAKS OB/GYN Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 17 / 2012
Transaction ID : SA11AI.25102

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	1750.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 41
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. BRENT W. BOST		Date of Receipt
Mailing Address 4770 DUNLEITH STREET		<input type="text" value="02"/> / <input type="text" value="27"/> / <input type="text" value="2012"/>
City	State	Zip Code
BEAUMONT	TX	77706
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.25014
Name of Employer	Occupation	Amount of Each Receipt this Period
SOUTHEAST TEXAS OB/GYN	PHYSICIAN	<input type="text" value="250.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="250.00"/>	

Full Name (Last, First, Middle Initial) B. LEONARD A. BRABSON		Date of Receipt
Mailing Address 939 EMERALD AVENUE		<input type="text" value="02"/> / <input type="text" value="16"/> / <input type="text" value="2012"/>
City	State	Zip Code
KNOXVILLE	TN	37917
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.25094
Name of Employer	Occupation	Amount of Each Receipt this Period
SELF-EMPLOYED	PHYSICIAN	<input type="text" value="250.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="250.00"/>	

Full Name (Last, First, Middle Initial) C. JAMES T. BREEDEN		Date of Receipt
Mailing Address 1775 CHAPARRAL		<input type="text" value="02"/> / <input type="text" value="10"/> / <input type="text" value="2012"/>
City	State	Zip Code
CARSON CITY	NV	89703
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.24978
Name of Employer	Occupation	Amount of Each Receipt this Period
CARSON MEDICAL GROUP	PHYSICIAN	<input type="text" value="1000.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1000.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1500.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 41
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. SUSAN C. BUNCH
Full Name (Last, First, Middle Initial)

Mailing Address 9913 SPRING RIDGE DRIVE

City LOUISVILLE	State KY	Zip Code 40223
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	08	/	2012

Transaction ID : SA11AI.24662

Amount of Each Receipt this Period
250.00

B. JUDITH T. BURGIS
Full Name (Last, First, Middle Initial)

Mailing Address 2 MEDICAL PARK

City COLUMBIA	State SC	Zip Code 29203
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FEC ID number of contributing federal political committee. **C**

Name of Employer UNIVERSITY SPECIALTY CLINICS	Occupation PHYSICIAN
--	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	14	/	2012

Transaction ID : SA11AI.24963

Amount of Each Receipt this Period
300.00

C. CARLA A. BURKLEY
Full Name (Last, First, Middle Initial)

Mailing Address 51 OAKLAND STREET

City AUBURN	State ME	Zip Code 04210
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FEC ID number of contributing federal political committee. **C**

Name of Employer ST. MARY'S REGIONAL MEDICAL	Occupation PHYSICIAN
---	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	26	/	2012

Transaction ID : SA11AI.25158

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....▶	1050.00
TOTAL This Period (last page this line number only).....▶	

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

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

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

Full Name (Last, First, Middle Initial) A. ROBERT J. BURNETT		Date of Receipt
Mailing Address 201 BIRCH STREET		<input type="text" value="02"/> / <input type="text" value="07"/> / <input type="text" value="2012"/>
City	State	Zip Code
COUPEVILLE	WA	98239
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.24832
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="500.00"/>
Name of Employer	Occupation	
WHIDBEY GENERAL HOSPITAL	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. CYNTHIA S. CANNON		Date of Receipt
Mailing Address 455 EAST SOUTH TEMPLE		<input type="text" value="02"/> / <input type="text" value="08"/> / <input type="text" value="2012"/>
City	State	Zip Code
SALT LAKE CITY	UT	84111
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.24811
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="500.00"/>
Name of Employer	Occupation	
SELF-EMPLOYED	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. JACLYNN R. CLASEN		Date of Receipt
Mailing Address 1435 WEST BONITA AVENUE		<input type="text" value="02"/> / <input type="text" value="17"/> / <input type="text" value="2012"/>
City	State	Zip Code
MOUNT PROSPECT	IL	60056
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.24865
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
Name of Employer	Occupation	
DUPAGE MEDICAL GROUP	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1250.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 41
	<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

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

A. TERRY L. COLE
Full Name (Last, First, Middle Initial)

Mailing Address 168 NORTH BRENT STREET

City	State	Zip Code
VENTURA	CA	93003

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

Name of Employer	Occupation
SELF-EMPLOYED	PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	17	/	2012

Transaction ID : SA11AI.25103

Amount of Each Receipt this Period
500.00

B. SABRINA L. COLLINS
Full Name (Last, First, Middle Initial)

Mailing Address 7490 ZIEGLER ROAD

City	State	Zip Code
CHATTANOOGA	TN	37421

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

Name of Employer	Occupation
CHATTANOOGA CENTER FOR WOMEN	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
02	/	09	/	2012

Transaction ID : SA11AI.24939

Amount of Each Receipt this Period
250.00

C. DOUGLAS J. CREEDON
Full Name (Last, First, Middle Initial)

Mailing Address 1119 BUCKRIDGE DRIVE

City	State	Zip Code
ROCHESTER	MN	55906

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

Name of Employer	Occupation
MAYO CLINIC	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
02	/	10	/	2012

Transaction ID : SA11AI.24980

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....▶	1250.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 13 OF 41
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. MARY E. D'ALTON
 Full Name (Last, First, Middle Initial)
 Mailing Address 622 WEST 168TH STREET
 City NEW YORK State NY Zip Code 10128
 FEC ID number of contributing federal political committee. **C**
 Name of Employer COLUMBIA UNIVERSITY Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 14 / 2012
Transaction ID : SA11AI.24967
 Amount of Each Receipt this Period
 500.00

B. WALEED DOANY
 Full Name (Last, First, Middle Initial)
 Mailing Address 18399 VENTURA BOULEVARD
 City TARZANA State CA Zip Code 91356
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 10 / 2012
Transaction ID : SA11AI.24982
 Amount of Each Receipt this Period
 1000.00

C. MARK I. EVANS
 Full Name (Last, First, Middle Initial)
 Mailing Address 131 EAST 65TH STREET
 City NEW YORK State NY Zip Code 10065
 FEC ID number of contributing federal political committee. **C**
 Name of Employer COMPREHENSIVE GENETICS Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 08 / 2012
Transaction ID : SA11AI.24818
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2000.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 14 OF 41
(check only one)

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

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

A. MICHAEL A. FEINMAN
Full Name (Last, First, Middle Initial)
Mailing Address 6130 FAIRHAVEN COURT
City AGOURA HILLS State CA Zip Code 91301
FEC ID number of contributing federal political committee. **C**
Name of Employer HUNTINGTON REPRODUCTIVE CENTER Occupation PHYSICIAN
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **250.00**

Date of Receipt **02 / 14 / 2012**
Transaction ID : SA11AI.24969
Amount of Each Receipt this Period **250.00**

B. HUGO M. FERRARA
Full Name (Last, First, Middle Initial)
Mailing Address 7150 WEST 20TH AVENUE
City HIALEAH State FL Zip Code 33016
FEC ID number of contributing federal political committee. **C**
Name of Employer NEW LIFE OB/GYN Occupation PHYSICIAN
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **1000.00**

Date of Receipt **02 / 03 / 2012**
Transaction ID : SA11AI.24687
Amount of Each Receipt this Period **1000.00**

C. MEGHAN M. FLANNERY
Full Name (Last, First, Middle Initial)
Mailing Address 85 SOUTH 235 OXFORD LANE
City NAPERVILLE State IL Zip Code 60540
FEC ID number of contributing federal political committee. **C**
Name of Employer NAPERVILLE OB/GYN Occupation PHYSICIAN
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **250.00**

Date of Receipt **02 / 17 / 2012**
Transaction ID : SA11AI.24873
Amount of Each Receipt this Period **250.00**

SUBTOTAL of Receipts This Page (optional)..... **1500.00**
TOTAL This Period (last page this line number only).....

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

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

FOR LINE NUMBER: PAGE 15 OF 41
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. STEVEN J. FLEISCHMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 9 CARRIAGE HILL ROAD
 City State Zip Code
 WOODBRIDGE CT 06525
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 OB/GYN MENOPAUSE PHYSICIANS PHYSICIAN
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 22 / 2012
Transaction ID : SA11AI.25150
 Amount of Each Receipt this Period
 1000.00

B. MAGDALENA FLORES
 Full Name (Last, First, Middle Initial)
 Mailing Address 17 SHADOWBROOK LANE
 City State Zip Code
 BROWNSVILLE TX 78521
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 BROWNSVILLE OB/GYN ASSOCIATES PHYSICIAN
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 09 / 2012
Transaction ID : SA11AI.24941
 Amount of Each Receipt this Period
 1000.00

C. ROBIN H. FOGLE
 Full Name (Last, First, Middle Initial)
 Mailing Address 4162 NORTH STRATFORD ROAD
 City State Zip Code
 ATLANTA GA 30342
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 ATLANTA CENTER 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
 02 / 17 / 2012
Transaction ID : SA11AI.24875
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2250.00
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 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. FREDERICK FRIEDMAN JR.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 LAKE ROAD SOUTH
 City GREAT NECK State NY Zip Code 11020
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MT. SINAI HOSPITAL Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 03 / 2012
Transaction ID : SA11AI.24689
 Amount of Each Receipt this Period
 250.00

B. KATHERINE M. GILLOGLEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 8120 TIMBERLAKE WAY
 City SACRAMENTO State CA Zip Code 95823
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MERCY MEDICAL GROUP Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 03 / 2012
Transaction ID : SA11AI.24691
 Amount of Each Receipt this Period
 250.00

C. SUSAN T. HAAS
 Full Name (Last, First, Middle Initial)
 Mailing Address 133 BROOKLINE AVENUE
 City BOSTON State MA Zip Code 02115
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HARVARD VANGUARD MEDICAL Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 08 / 2012
Transaction ID : SA11AI.24819
 Amount of Each Receipt this Period
 500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 41
	<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

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

Full Name (Last, First, Middle Initial) A. CHARLES B. HAMMOND		Date of Receipt
Mailing Address 2827 MCDOWELL ROAD		<input type="text" value="02"/> / <input type="text" value="21"/> / <input type="text" value="2012"/>
City	State	Zip Code
DURHAM	NC	27705
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.25127
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="500.00"/>
Name of Employer	Occupation	
DUKE UNIVERSITY	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. SUSAN M. HARVEY		Date of Receipt
Mailing Address 8912 46TH AVENUE		<input type="text" value="02"/> / <input type="text" value="17"/> / <input type="text" value="2012"/>
City	State	Zip Code
SEATTLE	WA	98115
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.24877
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
Name of Employer	Occupation	
SEATTLE OB/GYN GROUP	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. MICHAEL E. HERRMANN		Date of Receipt
Mailing Address 2900 FRANK SCOTT PARKWAY		<input type="text" value="02"/> / <input type="text" value="09"/> / <input type="text" value="2012"/>
City	State	Zip Code
BELLEVILLE	IL	62223
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.24945
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="500.00"/>
Name of Employer	Occupation	
SELF-EMPLOYED	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1250.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 41
	<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

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

A. BRIANT G. HERZOG
 Full Name (Last, First, Middle Initial)
 Mailing Address 6200 WEST PARKER ROAD
 City PLANO State TX Zip Code 75093
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 03 / 2012
Transaction ID : SA11AI.24692
 Amount of Each Receipt this Period
 250.00

B. KATHERINE L. HILSINGER
 Full Name (Last, First, Middle Initial)
 Mailing Address W5180 SOUTH OSPREY DRIVE
 City NEW LISBON State WI Zip Code 53950
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MILE BLUFF MEDICAL CENTER Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 27 / 2012
Transaction ID : SA11AI.25032
 Amount of Each Receipt this Period
 500.00

C. GLEN HISS
 Full Name (Last, First, Middle Initial)
 Mailing Address 1015 SOUTH PEPPER TREE LANE
 City SPOKANE State WA Zip Code 99224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NORTHWEST OB/GYN Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 17 / 2012
Transaction ID : SA11AI.24879
 Amount of Each Receipt this Period
 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. JANET M. HORENSTEIN
 Full Name (Last, First, Middle Initial)
 Mailing Address 27 PALERMO WALK
 City LONG BEACH State CA Zip Code 90803
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 10 / 2012
Transaction ID : SA11AI.24988
 Amount of Each Receipt this Period
500.00

B. SARA L. IMERSHEIN
 Full Name (Last, First, Middle Initial)
 Mailing Address 3912 HARRISON STREET, NW
 City WASHINGTON State DC Zip Code 20015
 FEC ID number of contributing federal political committee. **C**
 Name of Employer IMERSHEIN & BIRNKRANT Occupation PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 10 / 2012
Transaction ID : SA11AI.24989
 Amount of Each Receipt this Period
1000.00

C. CHRISTIE A. IVERSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 5956 LARIAT LOOP
 City BISMARCK State ND Zip Code 58503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MED CENTER ONE Occupation PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 14 / 2012
Transaction ID : SA11AI.24972
 Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)..... **2000.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 41
	<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

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

Full Name (Last, First, Middle Initial) A. HARRY S. JONAS		Date of Receipt
Mailing Address 207 SPRUCE STREET		<input type="text" value="02"/> / <input type="text" value="17"/> / <input type="text" value="2012"/>
City	State	Zip Code
LEE'S SUMMIT	MO	64064
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.24886
Name of Employer	Occupation	Amount of Each Receipt this Period
UNIVERSITY OF MISSOURI	PHYSICIAN	<input type="text" value="250.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="250.00"/>	

Full Name (Last, First, Middle Initial) B. GERALD F. JOSEPH JR.		Date of Receipt
Mailing Address 1600 SOUTH EADS STREET		<input type="text" value="02"/> / <input type="text" value="07"/> / <input type="text" value="2012"/>
City	State	Zip Code
ARLINGTON	VA	22202
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.24843
Name of Employer	Occupation	Amount of Each Receipt this Period
AMERICAN CONGRESS OF OB/GYNS	VICE PRESIDENT	<input type="text" value="600.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="600.00"/>	

Full Name (Last, First, Middle Initial) C. GERALD F. JOSEPH JR.		Date of Receipt
Mailing Address 1600 SOUTH EADS STREET		<input type="text" value="02"/> / <input type="text" value="08"/> / <input type="text" value="2012"/>
City	State	Zip Code
ARLINGTON	VA	22202
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.24820
Name of Employer	Occupation	Amount of Each Receipt this Period
AMERICAN CONGRESS OF OB/GYNS	VICE PRESIDENT	<input type="text" value="500.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1100.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1350.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. ANNE H. KALTER
 Full Name (Last, First, Middle Initial)
 Mailing Address 15 OLD ROLLINSFORD ROAD
 City DOVER State NH Zip Code 03820
 FEC ID number of contributing federal political committee. **C**
 Name of Employer INFERTILITY ASSOCIATES Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 14 / 2012
Transaction ID : SA11AI.24973
 Amount of Each Receipt this Period
 500.00

B. HAROLD A. KAMINETZKY
 Full Name (Last, First, Middle Initial)
 Mailing Address 26 YARMOUTH COURT
 City SCOTCH PLAINS State NJ Zip Code 07076
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 21 / 2012
Transaction ID : SA11AI.25133
 Amount of Each Receipt this Period
 1000.00

C. KATHLEEN A. KUHLMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address EAST THOMPSON PEAK PARKWAY
 City SCOTTSDALE State AZ Zip Code 85255
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MEDNAX SERVICES, INC. Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 27 / 2012
Transaction ID : SA11AI.25041
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1750.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. MADELEINE D. LAMARQUE		Date of Receipt
Mailing Address 102 DEER RUN		<input type="text" value="02"/> / <input type="text" value="07"/> / <input type="text" value="2012"/>
City	State	Zip Code
ROSLYN HEIGHTS	NY	11577
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.24834
Name of Employer	Occupation	Amount of Each Receipt this Period
SELF-EMPLOYED	PHYSICIAN	<input type="text" value="500.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="500.00"/>	

Full Name (Last, First, Middle Initial) B. PETER D. LAWRASON		Date of Receipt
Mailing Address 1919 LATHROP STREET		<input type="text" value="02"/> / <input type="text" value="01"/> / <input type="text" value="2012"/>
City	State	Zip Code
FAIRBANKS	AK	99701
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.24733
Name of Employer	Occupation	Amount of Each Receipt this Period
SELF-EMPLOYED	PHYSICIAN	<input type="text" value="250.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="250.00"/>	

Full Name (Last, First, Middle Initial) C. KATHLEEN T. LEVECK		Date of Receipt
Mailing Address 200 LERNA ROAD SOUTH		<input type="text" value="02"/> / <input type="text" value="08"/> / <input type="text" value="2012"/>
City	State	Zip Code
MATTOON	IL	61938
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.24823
Name of Employer	Occupation	Amount of Each Receipt this Period
CARLE FOUNDATION	PHYSICIAN	<input type="text" value="250.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="250.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1000.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 41
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. MICHELLE M. LEWIS
 Full Name (Last, First, Middle Initial)
 Mailing Address 1941 GREY EAGLE STREET
 City HENDERSON State NV Zip Code 89074
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **02 / 01 / 2012**
Transaction ID : SA11AI.24736
 Amount of Each Receipt this Period **500.00**

B. E. STEVE LICHTENBERG
 Full Name (Last, First, Middle Initial)
 Mailing Address 2953 PACIFIC AVENUE
 City SAN FRANCISCO State CA Zip Code 94115
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **02 / 08 / 2012**
Transaction ID : SA11AI.24673
 Amount of Each Receipt this Period **250.00**

C. CHAINARONK LIMANON
 Full Name (Last, First, Middle Initial)
 Mailing Address 804 STILL BREEZE WAY
 City SACRAMENTO State CA Zip Code 95831
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **02 / 17 / 2012**
Transaction ID : SA11AI.24895
 Amount of Each Receipt this Period **250.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 41
	<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

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

A. DENNIS J. LUTZ
Full Name (Last, First, Middle Initial)

Mailing Address 433 7TH STREET, NW

City MINOT State ND Zip Code 58703

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

Name of Employer UNIVERSITY OF NORTH DAKOTA Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 27 / 2012
Transaction ID : SA11AI.25045

Amount of Each Receipt this Period
 250.00

B. JAMES A. MACER
Full Name (Last, First, Middle Initial)

Mailing Address 10 CONGRESS STREET

City PASADENA State CA Zip Code 91105

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

Name of Employer SELF-EMPLOYED Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 03 / 2012
Transaction ID : SA11AI.24698

Amount of Each Receipt this Period
 250.00

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

Mailing Address 10309 SANTA MONICA BOULEVARD

City LOS ANGELES State CA Zip Code 90025

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

Name of Employer SELF-EMPLOYED Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 17 / 2012
Transaction ID : SA11AI.24899

Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....	1500.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. LEWIS J. MAROLA
 Full Name (Last, First, Middle Initial)
 Mailing Address 700 MCCLELLAN STREET
 City State Zip Code
 SCHENECTADY NY 12304
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MONDRAGON & MCGRINDER 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
 02 / 03 / 2012
Transaction ID : SA11AI.24699
 Amount of Each Receipt this Period
 500.00

B. JAMES N. MARTIN JR.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2101 EASTOVER DRIVE
 City State Zip Code
 JACKSON MS 39211
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 UNIVERSITY OF MISSISSIPPI PHYSICIAN
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1080.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 01 / 2012
Transaction ID : SA11AI.24738
 Amount of Each Receipt this Period
 1000.00

C. KURT W. MARTINUZZI
 Full Name (Last, First, Middle Initial)
 Mailing Address 1258 NORTH MORNINGSIDE DRIVE
 City State Zip Code
 ATLANTA GA 30306
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 EMORY UNIVERSITY PHYSICIAN
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 20 / 2012
Transaction ID : SA11AI.25098
 Amount of Each Receipt this Period
 300.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. LOUISE S. MATTHEWS
 Full Name (Last, First, Middle Initial)
 Mailing Address 674 GARLAND AVENUE
 City WINNETKA State IL Zip Code 60093
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NORTH SHORE UNIVERSITY HEALTH Occupation PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **02 / 10 / 2012**
Transaction ID : SA11AI.24992
 Amount of Each Receipt this Period **500.00**

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

Date of Receipt **02 / 02 / 2012**
Transaction ID : SA11AI.24712
 Amount of Each Receipt this Period **1000.00**

C. KENNETH W. MERKITCH JR.
 Full Name (Last, First, Middle Initial)
 Mailing Address W5732 HEATHERWOOD PLACE
 City LACROSSE State WI Zip Code 54601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GUNDERSEN LUTHERAN Occupation PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **02 / 27 / 2012**
Transaction ID : SA11AI.25054
 Amount of Each Receipt this Period **250.00**

SUBTOTAL of Receipts This Page (optional)..... **1750.00**
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 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. DAVID H. MOORE
Full Name (Last, First, Middle Initial)

Mailing Address 12505 RICHLANE DRIVE

City INDIANAPOLIS State IN Zip Code 46236

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

Name of Employer FRANCISCAN PHYSICIAN NETWORK Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 10 / 2012
Transaction ID : SA11AI.24799

Amount of Each Receipt this Period
 250.00

B. L. DAVID MOORE
Full Name (Last, First, Middle Initial)

Mailing Address 1501 COPPERFIELD PARKWAY

City COLLEGE STATION State TX Zip Code 77845

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

Name of Employer BRAZOS VALLEY WOMEN'S CENTER Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 08 / 2012
Transaction ID : SA11AI.24675

Amount of Each Receipt this Period
 250.00

C. JILL K. MORAN
Full Name (Last, First, Middle Initial)

Mailing Address 1706 71ST STREET

City DOWNER'S GROVE State IL Zip Code 60516

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

Name of Employer SELF-EMPLOYED Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 10 / 2012
Transaction ID : SA11AI.24994

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 750.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. JAMES NGO
Full Name (Last, First, Middle Initial)

Mailing Address 44105 15TH STREET WEST

City LANCASTER State CA Zip Code 93534

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

Name of Employer ANTELOPE VALLEY HOSPITAL Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 03 / 2012

Transaction ID : SA11AI.24700

Amount of Each Receipt this Period
 250.00

B. JAY L. PADRATZIK
Full Name (Last, First, Middle Initial)

Mailing Address 20 NORTH WALLING DRIVE

City ST. LOUIS State MO Zip Code 63141

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

Name of Employer MERCY MEDICAL GROUP Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 10 / 2012

Transaction ID : SA11AI.24800

Amount of Each Receipt this Period
 250.00

C. CO D.L. PHAM
Full Name (Last, First, Middle Initial)

Mailing Address 10362 BOLSA AVENUE

City WESTMINSTER State CA Zip Code 92683

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

Name of Employer BOLSA MEDICAL GROUP Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 21 / 2012

Transaction ID : SA11AI.25139

Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. JOEL C. PITTARD
Full Name (Last, First, Middle Initial)

Mailing Address 121 NORTH 20TH STREET

City OPELIKA State AL Zip Code 36801

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

Name of Employer LEE OB/GYN Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 14 / 2012
Transaction ID : SA11AI.24975

Amount of Each Receipt this Period
 1000.00

B. HEATHER R. REESE
Full Name (Last, First, Middle Initial)

Mailing Address 194 TUSCARORA ROAD

City WINCHESTER State VA Zip Code 22603

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

Name of Employer SELF-EMPLOYED Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 27 / 2012
Transaction ID : SA11AI.25060

Amount of Each Receipt this Period
 250.00

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

Mailing Address 360 CROW HILL ROAD

City MOUNT KISCO State NY Zip Code 10549

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

Name of Employer CHILDREN'S/WOMEN'S PHYSICIANS Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 27 / 2012
Transaction ID : SA11AI.25062

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	1500.00
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 41
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) A. FLORENCE R. ROLSTON		Date of Receipt MM / DD / YYYY 02 / 10 / 2012 Transaction ID : SA11AI.24804
Mailing Address 151 HAMPTON ROAD		Amount of Each Receipt this Period 250.00
City SOUTHAMPTON	State NY	Zip Code 11968
FEC ID number of contributing federal political committee. C	Name of Employer HAMPTONS GYNECOLOGY Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. ANDRE H. SAAD		Date of Receipt MM / DD / YYYY 02 / 01 / 2012 Transaction ID : SA11AI.24743
Mailing Address 372 POST AVENUE		Amount of Each Receipt this Period 300.00
City WESTBURY	State NY	Zip Code 11590
FEC ID number of contributing federal political committee. C	Name of Employer SELF-EMPLOYED Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. ROBERT L. SALISBURY		Date of Receipt MM / DD / YYYY 02 / 27 / 2012 Transaction ID : SA11AI.25065
Mailing Address 4112 SOUTH GREEN STREET		Amount of Each Receipt this Period 250.00
City KENNEWICK	State WA	Zip Code 99337
FEC ID number of contributing federal political committee. C	Name of Employer KENNEWICK GENERAL HOSPITAL Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional).....▶	800.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 41
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. BENTON S. SATTERFIELD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2801 BLUE RIDGE ROAD
 City RALEIGH State NC Zip Code 27607
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **02 / 01 / 2012**
Transaction ID : SA11AI.24744
 Amount of Each Receipt this Period **250.00**

B. ANN I. SCHUTT-AINE
 Full Name (Last, First, Middle Initial)
 Mailing Address 1602 OAKDALE STREET
 City HOUSTON State TX Zip Code 77004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BAYLOR COLLEGE OF MEDICINE Occupation PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **02 / 01 / 2012**
Transaction ID : SA11AI.24745
 Amount of Each Receipt this Period **250.00**

C. JANET S. SEGALL
 Full Name (Last, First, Middle Initial)
 Mailing Address 470 METHODIST ROAD
 City GREENVILLE State PA Zip Code 16125
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UNIVERSITY OF PITTSBURGH Occupation PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **02 / 17 / 2012**
Transaction ID : SA11AI.24918
 Amount of Each Receipt this Period **250.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. SUSAN M. SHERIDAN-LEWIS
 Full Name (Last, First, Middle Initial)
 Mailing Address 167 SOUTH CONWELL
 City CASPER State WY Zip Code 82601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CASPER OB/GYN ASSOCIATES Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 09 / 2012
Transaction ID : SA11AI.24953
 Amount of Each Receipt this Period
 250.00

B. WAYNE A. SLOCUM
 Full Name (Last, First, Middle Initial)
 Mailing Address 1915 FOREST PARK
 City TUPELO State MS Zip Code 38801
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OB/GYN ASSOCIATES Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 27 / 2012
Transaction ID : SA11AI.25068
 Amount of Each Receipt this Period
 500.00

C. KIRSTEN M. SMITH
 Full Name (Last, First, Middle Initial)
 Mailing Address 405 WOODSTOCK LANE
 City WILMINGTON State DE Zip Code 19808
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CHRISTIANA CARE Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 17 / 2012
Transaction ID : SA11AI.24925
 Amount of Each Receipt this Period
 250.00

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

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

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

FOR LINE NUMBER: PAGE 33 OF 41
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. BARRY A. SOBEL
 Full Name (Last, First, Middle Initial)
 Mailing Address 11104 CREEK POINTE DRIVE
 City State Zip Code
 MATTHEWS NC 28105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 UNION OB/GYN PHYSICIAN
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 10 / 2012
Transaction ID : SA11AI.24757
 Amount of Each Receipt this Period
 250.00

B. WILLIAM N. SPELLACY
 Full Name (Last, First, Middle Initial)
 Mailing Address 516 MIRABAY BOULEVARD
 City State Zip Code
 APOLLO BEACH FL 33572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 UNIVERSITY OF SOUTH FLORIDA 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
 02 / 17 / 2012
Transaction ID : SA11AI.24927
 Amount of Each Receipt this Period
 250.00

C. MICHELLE M. STARKE
 Full Name (Last, First, Middle Initial)
 Mailing Address 135 SAN LORENZO AVENUE
 City State Zip Code
 CORAL GABLES FL 33146
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SELF-EMPLOYED PHYSICIAN
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 22 / 2012
Transaction ID : SA11AI.25156
 Amount of Each Receipt this Period
 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 34 OF 41
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. CHARLES M. STEDMAN		Date of Receipt M M / D D / Y Y Y Y Y Y 02 / 27 / 2012 Transaction ID : SA11AI.25073
Mailing Address 18 IDLEWOOD PLACE		Amount of Each Receipt this Period 500.00
City RIVER RIDGE	State LA	Zip Code 70123
FEC ID number of contributing federal political committee. C		
Name of Employer WOMEN'S HOSPITAL	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. JANETTE H. STRATHY		Date of Receipt M M / D D / Y Y Y Y Y Y 02 / 17 / 2012 Transaction ID : SA11AI.24928
Mailing Address 3209 GALLERIA		Amount of Each Receipt this Period 1000.00
City EDINA	State MN	Zip Code 55435
FEC ID number of contributing federal political committee. C		
Name of Employer PARK NICOLLET CLINIC	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. MICHAL C. SZCZUPAK		Date of Receipt M M / D D / Y Y Y Y Y Y 02 / 03 / 2012 Transaction ID : SA11AI.24702
Mailing Address 3120 DELL PLACE		Amount of Each Receipt this Period 500.00
City GLENVIEW	State IL	Zip Code 60025
FEC ID number of contributing federal political committee. C		
Name of Employer WOMEN'S & CHILDREN'S HEALTH	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional).....▶	2000.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 41
	<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

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

A. KEN M. TAYLOR
Full Name (Last, First, Middle Initial)

Mailing Address 500 SOUTH UNIVERSITY AVENUE

City LITTLE ROCK	State AR	Zip Code 72205
---------------------	-------------	-------------------

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

Name of Employer THE WOMAN'S CLINIC	Occupation PHYSICIAN
--	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	17	/	2012

Transaction ID : SA11AI.25110

Amount of Each Receipt this Period
500.00

B. DUMITRU-DAN TEODORESCU
Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 2161

City ARCADIA	State FL	Zip Code 34266
-----------------	-------------	-------------------

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

Name of Employer MANATEE COUNTY RURAL HEALTH	Occupation PHYSICIAN
---	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	15	/	2012

Transaction ID : SA11AI.24960

Amount of Each Receipt this Period
250.00

C. ANDREA R. THURMAN
Full Name (Last, First, Middle Initial)

Mailing Address 21 RILEYS WAY

City HAMPTON	State VA	Zip Code 23664
-----------------	-------------	-------------------

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

Name of Employer CONRAD	Occupation PHYSICIAN
----------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	17	/	2012

Transaction ID : SA11AI.25112

Amount of Each Receipt this Period
250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. ALLEN H. VAN DYKE
 Full Name (Last, First, Middle Initial)
 Mailing Address 119 HENDERSONVILLE ROAD
 City ASHEVILLE State NC Zip Code 28803
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MOUNTAIN AREA HEALTH CENTER Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 03 / 2012
Transaction ID : SA11AI.24704
 Amount of Each Receipt this Period
 250.00

B. CAROL M. VAUGHAN
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. BOX 6296
 City CAPE ELIZABETH State ME Zip Code 04107
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GENERATIONS OB/GYN Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 08 / 2012
Transaction ID : SA11AI.24825
 Amount of Each Receipt this Period
 250.00

C. WILLIAM C. VOGELPOHL
 Full Name (Last, First, Middle Initial)
 Mailing Address 337 EL DORADO STREET
 City MONTEREY State CA Zip Code 93940
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 08 / 2012
Transaction ID : SA11AI.24827
 Amount of Each Receipt this Period
 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. VIVIAN E. VON GRUENIGEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 525 EAST MARKET STREET
 City AKRON State OH Zip Code 44309
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SUMMA HEALTH SYSTEM Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 01 / 2012
Transaction ID : SA11AI.24752
 Amount of Each Receipt this Period
 300.00

B. JAN E. WHITEFIELD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2550 CURLEW CIRCLE
 City ANCHORAGE State AK Zip Code 99502
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ALASKA WOMEN'S HEALTH Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 08 / 2012
Transaction ID : SA11AI.24829
 Amount of Each Receipt this Period
 250.00

C.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	550.00
TOTAL This Period (last page this line number only).....▶	40652.00

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

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

Full Name (Last, First, Middle Initial)

A. AMERICAN EXPRESS

Mailing Address P.O. BOX 53852

City PHOENIX State AZ Zip Code 85072

Purpose of Disbursement
CREDIT CARD TRANSACTION FEES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		06		2012

Transaction ID : SB21B.24652

Amount of Each Disbursement this Period

379.14

Full Name (Last, First, Middle Initial)

B. 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 M	/	D D D	/	Y Y Y Y Y Y
02		02		2012

Transaction ID : SB21B.24651

Amount of Each Disbursement this Period

739.34

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 M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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

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

1118.48

1118.48

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. ALLYSON SCHWARTZ FOR CONGRESS

Mailing Address P.O. BOX 2232

City State Zip Code
JENKINTOWN PA 19046

Purpose of Disbursement
CONTRIBUTION

Candidate Name
ALLYSON Y. SCHWARTZ

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: PA District: 13

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	0		2	0	1	2

Transaction ID : SB23.24654

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

B. DAVE CAMP FOR CONGRESS

Mailing Address 5915 EASTMAN AVENUE

City State Zip Code
MIDLAND MI 48640

Purpose of Disbursement
CONTRIBUTION

Candidate Name
DAVID L. CAMP

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: MI District: 04

Date of Disbursement

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

Transaction ID : SB23.24846

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. FRIENDS OF CHRIS MURPHY

Mailing Address P.O. BOX 127

City State Zip Code
CHESHIRE CT 06410

Purpose of Disbursement
CONTRIBUTION

Candidate Name
CHRISTOPHER S. MURPHY

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: CT District: 00

Date of Disbursement

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

Transaction ID : SB23.24852

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

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

6	5	0	0	.	0	0
---	---	---	---	---	---	---

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

6	5	0	0	.	0	0
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. FRIENDS OF NAN HAYWORTH

Mailing Address P. O. BOX 188

City State Zip Code
CARMEL NY 10512

Purpose of Disbursement
CONTRIBUTION

Candidate Name
NAN HAYWORTH

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: NY District: 19

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		10		2012

Transaction ID : SB23.24653

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. GILLIBRAND FOR SENATE

Mailing Address 236 MASSACHUSETTS AVENUE

City State Zip Code
WASHINGTON DC 20002

Purpose of Disbursement
CONTRIBUTION

Candidate Name
KIRSTEN E. GILLIBRAND

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: NY District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		13		2012

Transaction ID : SB23.24847

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. JESSE JACKSON, JR. FOR CONGRESS

Mailing Address P.O. BOX 490286

City State Zip Code
CHICAGO IL 60649

Purpose of Disbursement
CONTRIBUTION

Candidate Name
JESSE L. JACKSON JR.

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		13		2012

Transaction ID : SB23.24848

Amount of Each Disbursement this Period

2500.00

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

5500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. LA FERLA FOR CONGRESS

Mailing Address 209 BIRCH RUN ROAD

City CHESTERTOWN State MD Zip Code 21620

Purpose of Disbursement
CONTRIBUTION

Candidate Name

JOHN J. LA FERLA

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MD District: 01

Date of Disbursement

MM / DD / YYYY
02 / 13 / 2012

Transaction ID : SB23.24849

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. PAUL GOSAR FOR CONGRESS

Mailing Address P.O. BOX 3586

City FLAGSTAFF State AZ Zip Code 86003

Purpose of Disbursement
CONTRIBUTION

Candidate Name

PAUL A. GOSAR

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: AZ District: 01

Date of Disbursement

MM / DD / YYYY
02 / 21 / 2012

Transaction ID : SB23.24937

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. UPTON FOR ALL OF US

Mailing Address P.O. BOX 490

City ST. JOSEPH State MI Zip Code 49085

Purpose of Disbursement
CONTRIBUTION

Candidate Name

FREDERICK S. UPTON

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MI District: 06

Date of Disbursement

MM / DD / YYYY
02 / 13 / 2012

Transaction ID : SB23.24853

Amount of Each Disbursement this Period

1000.00

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

7000.00

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

19000.00