

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**
American Congress of Obstetricians & Gynecologists 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 / 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 / D D / Y Y Y Y Y Y in the State of

5. Covering Period 04 / 01 / 2017 through 04 / 30 / 2017

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Schilling, Mary, , ,
Type or Print Name of Treasurer

Signature of Treasurer Schilling, Mary, , , [Electronically Filed] Date 05 / 19 / 2017

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

American Congress of Obstetricians & Gynecologists 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="2017"/>	<input type="text" value="272752.40"/>	<input type="text" value="272752.40"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="366821.41"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="16256.39"/>	<input type="text" value="236451.33"/>
(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="383077.80"/>	<input type="text" value="509203.73"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="884.94"/>	<input type="text" value="127010.87"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="382192.86"/>	<input type="text" value="382192.86"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

American Congress of Obstetricians & Gynecologists 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).....	5946.77	142232.76
(ii) Unitemized	10309.62	94218.57
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	16256.39	236451.33
(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)	16256.39	236451.33
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)).....▶	16256.39	236451.33
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	16256.39	236451.33

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

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	884.94	5010.87
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	884.94	5010.87
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	121000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
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	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	1000.00
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)) ..	884.94	127010.87
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	884.94	127010.87

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

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)	16256.39	236451.33
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	16256.39	236451.33
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	884.94	5010.87
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	884.94	5010.87

**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 16
<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)
American Congress of Obstetricians & Gynecologists PAC

A. Cheek, Ben, H., , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 231 Cascade Rd

City Columbus	State GA	Zip Code 31904-2873
------------------	-------------	------------------------

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 ▼
833.32

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		09		2017

Transaction ID : VPF9SMXQEBO

Amount of Each Receipt this Period
83.33

Memo Item

B. Kumar, Saurabh, , , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 597

City Farmington	State MO	Zip Code 63640-0597
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BJC Medical Group	Occupation (for Individual) Physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
440.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		06		2017

Transaction ID : VPF9SN3M5Y0

Amount of Each Receipt this Period
40.00

Memo Item

c. Dardarian, Thomas, S, , DO
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 108 Ceton Ct

City Broomall	State PA	Zip Code 19008-2524
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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 ▼
1700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		17		2017

Transaction ID : VPF9SMYX671

Amount of Each Receipt this Period
425.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	548.33
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 16
	<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)
American Congress of Obstetricians & Gynecologists PAC

A. Brill, Keith, Robert, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 258 Whitewater Village Ct

City Henderson	State NV	Zip Code 89012-3299
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Women's Specialty Care	Occupation (for Individual) Physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	18	/	2017

Transaction ID : VPF9SMZH8G1

Amount of Each Receipt this Period
65.00

Memo Item

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

Mailing Address 2686 Dahlia St

City Denver	State CO	Zip Code 80207-3048
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Rocky Mountain Women's Care	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
04	/	16	/	2017

Transaction ID : VPF9SMYW9M1

Amount of Each Receipt this Period
100.00

Memo Item

C. Stone, Dana, Gail, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1730 Huntington Ave

City Nichols Hills	State OK	Zip Code 73116-5511
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Physician
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
940.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	09	/	2017

Transaction ID : VPF9SMXQEM1

Amount of Each Receipt this Period
210.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	375.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 16
<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)
American Congress of Obstetricians & Gynecologists PAC

A. Tildon-Burton, Janice, E., , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1700 Talley Rd
 City Wilmington State DE Zip Code 19803-3916
 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 ▼ 627.00

Date of Receipt **04 / 08 / 2017**
Transaction ID : VPF9SMXPWN1
 Amount of Each Receipt this Period 209.00
 Memo Item

B. Herde, Christine, Marie, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2507 South Rd
 Mount Kisco Medical Group
 City Poughkeepsie State NY Zip Code 12601-5458
 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 ▼ 700.00

Date of Receipt **04 / 04 / 2017**
Transaction ID : VPF9SMWZ4R1
 Amount of Each Receipt this Period 175.00
 Memo Item

C. Sullivan, Kathleen, T., , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2820 Napoleon Ave
 Ste 520
 City New Orleans State LA Zip Code 70115-8225
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lakeside Women's Specialty Center Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **04 / 27 / 2017**
Transaction ID : VPF9SNOQJ22
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	634.00
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 16
	<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)
American Congress of Obstetricians & Gynecologists PAC

A. Fenton, Douglas, K., , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2921 Managua Pl

City Carlsbad	State CA	Zip Code 92009-7106
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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 ▼
836.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		07		2017

Transaction ID : VPF9SMXJ0F2

Amount of Each Receipt this Period
209.00

Memo Item

B. Arnold, Thomas, Francis, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1145 14th Ave W

City Dickinson	State ND	Zip Code 58601-3669
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Catholic Health Initiatives	Occupation (for Individual) Physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		06		2017

Transaction ID : VPF9SMXFV2

Amount of Each Receipt this Period
625.00

Memo Item

C. Remmenga, Steven, W., , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 16995 Princeton Rd

City Adams	State NE	Zip Code 68301-7785
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) University of Nebraska	Occupation (for Individual) Physician
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
836.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		17		2017

Transaction ID : VPF9SMYWD93

Amount of Each Receipt this Period
209.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1043.00
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 16
	<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)
American Congress of Obstetricians & Gynecologists PAC

A. Powell, Hartaj, K., , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4103 Edgevale Ct
 City Chevy Chase State MD Zip Code 20815-5909
 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 ▼ 675.00

Date of Receipt **04 / 23 / 2017**
Transaction ID : VPF9SN04PA3
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Ring, Brandi, Nicole, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3755 S Emporia Way Unit L-204
 City Aurora State CO Zip Code 80014-8227
 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 ▼ 336.00

Date of Receipt **04 / 11 / 2017**
Transaction ID : VPF9SMY7864
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Packard, Lisa, Kay, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 903 Camille Ln
 City Mountain View State CA Zip Code 94040-2668
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Palo Alto Medical Foundation Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt **04 / 12 / 2017**
Transaction ID : VPF9SMYC3M4
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	434.00
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 16
<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)
American Congress of Obstetricians & Gynecologists PAC

A. Puritz, Holly, Suzanne, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7940 N Shore Rd
 City Norfolk State VA Zip Code 23505-1737
 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 ▼ 836.00

Date of Receipt 04 / 07 / 2017
Transaction ID : VPF9SMXJ095
 Amount of Each Receipt this Period 209.00
 Memo Item

B. Harris, Karen, Eloise, , MD MPH
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2800 NW 29th St
 City Gainesville State FL Zip Code 32605-2708
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) North Florida Women's Physicians Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 725.00

Date of Receipt 04 / 16 / 2017
Transaction ID : VPF9SMYW9J5
 Amount of Each Receipt this Period 100.00
 Memo Item

C. White, Emily, Maureen, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 60 E Manning St
 City Providence State RI Zip Code 02906-4048
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Providence Community Health Center Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 06 / 2017
Transaction ID : VPF9SMXFVY5
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	409.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 16
<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)
American Congress of Obstetricians & Gynecologists PAC

A. Giles, Dobie, Lee, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4302 Goldfinch Cir

City Middleton	State WI	Zip Code 53562-5210
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) University of Wisconsin	Occupation (for Individual) Physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
627.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	14	/	2017

Transaction ID : VPF9SMYMB56

Amount of Each Receipt this Period
209.00

Memo Item

B. Conry, Jeanne, Ann, , MD, PhD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8204 Cantershire Way

City Granite Bay	State CA	Zip Code 95746-9476
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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 ▼
1564.44

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	01	/	2017

Transaction ID : VPF9SMWAPA6

Amount of Each Receipt this Period
391.11

Memo Item

C. Smith, Patricia, Amanda, , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 738 Fontaine St

City Alexandria	State VA	Zip Code 22302-3607
--------------------	-------------	------------------------

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

Name of Employer (for Individual) George Washington University, Medical	Occupation (for Individual) Physician
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
775.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	16	/	2017

Transaction ID : VPF9SMYW9V6

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	650.11
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 13 OF 16
<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)
American Congress of Obstetricians & Gynecologists PAC

A. Lynch, Bernard, A, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 507 Sabine St
 Apt 802
 City Austin State TX Zip Code 78701-4185
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Austin Regional Clinic Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt 04 / 08 / 2017
Transaction ID : VPF9SN3M647
 Amount of Each Receipt this Period 40.00
 Memo Item

B. Mehta, Aasta, Dinesh, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1001 Towamencin Ave
 Apt A210
 City Lansdale State PA Zip Code 19446-5734
 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 ▼ 840.00

Date of Receipt 04 / 12 / 2017
Transaction ID : VPF9SMY8N77
 Amount of Each Receipt this Period 210.00
 Memo Item

C. Yelverton, Robert, Ware, , Jr, MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2821 W Fountain Blvd
 City Tampa State FL Zip Code 33609-4011
 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 ▼ 280.00

Date of Receipt 04 / 16 / 2017
Transaction ID : VPF9SMYW9H7
 Amount of Each Receipt this Period 70.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	320.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 14 OF 16
<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)
American Congress of Obstetricians & Gynecologists PAC

A. Koutrouvelis, Gayle, Olson, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11924 Sportsman Rd
 City Galveston State TX Zip Code 77554-9365
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Texas Medical Branch Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt **04 / 16 / 2017**
Transaction ID : VPF9SMYW9P7
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Alderson, Thomas, L., , DO
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3664 Edinborough Dr
 City Rochester Hills State MI Zip Code 48306-3632
 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 ▼ 400.00

Date of Receipt **04 / 24 / 2017**
Transaction ID : VPF9SN0BNR7
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Asaad, Radwan, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 37261 Fox Gln
 City Farmington Hills State MI Zip Code 48331-1809
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hutzel Women's Specialists Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 333.32

Date of Receipt **04 / 23 / 2017**
Transaction ID : VPF9SN04P88
 Amount of Each Receipt this Period 83.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	283.33
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 15 OF 16
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Congress of Obstetricians & Gynecologists PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
McCracken, Clayton, H, ,

Mailing Address 2914 Glenwood Ln

City Billings	State MT	Zip Code 59102-0913
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Billings Clinic	Occupation (for Individual) Physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		28		2017

Transaction ID : VPF9SN115W8

Amount of Each Receipt this Period
1250.00

Memo Item

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

Mailing Address

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

Name of Employer (for Individual)	Occupation (for Individual)
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
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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
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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

SUBTOTAL of Receipts This Page (optional).....	1250.00
TOTAL This Period (last page this line number only).....	5946.77

**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

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NAME OF COMMITTEE (In Full)

American Congress of Obstetricians & Gynecologists PAC

Full Name (Last, First, Middle Initial)

A. First Data

Mailing Address 5565 Glenridge Connector NE
Ste 2000

City Atlanta State GA Zip Code 30342-1651

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
04 / 06 / 2017

FEC Identification Number

C
Transaction ID : VPEAHA58F
Amount of Each Disbursement this Period
4.95

Memo Item

Full Name (Last, First, Middle Initial)

B. First Data

Mailing Address 5565 Glenridge Connector NE
Ste 2000

City Atlanta State GA Zip Code 30342-1651

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
04 / 03 / 2017

FEC Identification Number

C
Transaction ID : VPEAHA58F
Amount of Each Disbursement this Period
179.76

Memo Item

Full Name (Last, First, Middle Initial)

C. Sage Payment Solutions

Mailing Address 1750 Old Meadow Rd

City Mc Lean State VA Zip Code 22102-4327

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
04 / 03 / 2017

FEC Identification Number

C
Transaction ID : VPEAHA58F
Amount of Each Disbursement this Period
700.23

Memo Item

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

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

884.94
884.94