Image# 14940331999 PAGE 1 / 26

FEC

REPORT OF RECEIPTS AND DISBURSEMENTS

For Otl	her Than An Auth	orized Committe	ee		Office Use Only
1. NAME OF TYPE C	OR PRINT ▼	Example: If typir over the lines.	ng, type	12FE4M5	
THE AMERICAN CONGRES	SS OF OB-GYN	S PAC (OB-G)	/N PAC)	1 1 1 1	
ADDRESS (number and street)	2TH STREET, SW				
Check if different than previously reported. (ACC)	SHINGTON			DC	20024
2. FEC IDENTIFICATION NUMBER	▼ CITY	′ ▲	S	STATE A	ZIP CODE ▲
C C00364158	3. IS RE		IEW N) OR	AM (A)	ENDED
(Choose One)	Report Due On:		May 20 (M5)	-	20 (M8) Nov 20 (M11 (Non-Election Year Only) 20 (M9) Dec 20 (M12 (Non-Election
(a) Quarterly Reports:	Apr 2	0 (M4)	lul 20 (M7)	Oct 2	Year Only) 20 (M10) Jan 31 (YE)
	c) 12-Day	Primary (12P)	General	(12G) Runoff (12R)
July 15 Quarterly Report (Q2)	PRE -Election Report for the:	Convention (12C)	Special (12S)
October 15 Quarterly Report (Q3)				Y	in the
January 31 Year-End Report (YE)	Election	on			State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	d) 30-Day POST-Election Report for the:	General (300	a)	Runoff (3	0R) Special (30S)
Termination Report (TER)	Election	on/	D D /	Y	in the State of
5. Covering Period 01	01 2014	through	01	/ D D /	2014
I certify that I have examined this Repo	rt and to the best of r	my knowledge and b	pelief it is true	e, correct and	I complete.
Type or Print Name of Treasurer STA	CIE MONROE				
Signature of Treasurer STACIE MON	ROE	[Electronically	Filed] Da	ate 02	08 2014
NOTE: Submission of false, erroneous, or	incomplete information	may subject the pers	son signing thi	s Report to th	ne penalties of 2 U.S.C. §437g.
Office Use Only					FEC FORM 3X Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2

Write or Type Committee Name

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

2014 01 2014 Report Covering the Period: 31 From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 300966.48 January 1, 2014 (b) Cash on Hand at 300966.48 Beginning of Reporting Period..... 44492.33 44492.33 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 345458.81 345458.81 6(a) and 6(c) for Column B)..... 98945.82 98945.82 Total Disbursements (from Line 31)...... Cash on Hand at Close of 8. Reporting Period 246512.99 246512.99 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 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 Cove		01 2014	To: 01 31 2014
	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
(a) Indivi	ons (other than loans) From: duals/Persons Other Political Committees		
	emized (use Schedule A)	17885.00	17885.00
٠,	InitemizedOTAL (add	, 26607.33	26607.33
	ines 11(a)(i) and (ii)▶	, 44492.33	44492.33
	cal Party Committeesr Political Committees	0.00	0.00
(such	n as PACs) Contributions (add Lines	0.00	0.00
11(a)	(iii), (b), and (c)) (Carry s to Line 33, page 5)	44492.33	44492.33
12. Transfers	From Affiliated/Other	0.00	0.00
13. All Loans	Received	0.00	0.00
14 Loan Ren	ayments Received	0.00	0.00
15. Offsets To	Operating Expenditures Rebates, etc.)		0.00
(Carry Tot	tals to Line 37, page 5) of Contributions Made	0.00	0.00
Political C	I Candidates and Other	0.00	0.00
,	s, Interest, etc.)	0.00	0.00
(a) Non-F	from Non-Federal and Levin Funds ederal Account		
(from	Schedule H3)	0.00	0.00
(b) Levin	Funds (from Schedule H5)	0.00	0.00
(c) Total 1	Fransfers (add 18(a) and 18(b))	0.00	0.00
19. Total Rec	eipts (add Lines 11(d),		
12, 13, 14	4, 15, 16, 17, and 18(c))▶	44492.33	44492.33
20. Total Fede (subtract	eral Receipts Line 18(c) from Line 19)▶	44492.33	44492.33

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements		Total This Period			
1. O	perating Expenditures: a) Allocated Federal/Non-Federal Activity (from Schedule H4)		Calendar Year-to-Date		
	(i) Federal Share	0.00	0.00		
	(i) Tederal Share				
	(ii) Non-Federal Share	0.00	0.00		
(k	o) Other Federal Operating				
	Expenditures	285.82	285.82		
(0	, , ,				
_	(add 21(a)(i), (a)(ii), and (b))▶	285.82	285.82		
	ransfers to Affiliated/Other Party	0.00	0.00		
С	ommitteesontributions to	0.00	0.00		
F	ederal Candidates/Committees nd Other Political Committees	96500.00	96500.00		
	ndependent Expenditures				
	use Schedule E)	0.00	0.00		
. С	oordinated Party Expenditures				
(ί	2 U.S.C. §441a(d)) use Schedule F)	0.00	0.00		
	ï				
L	oan Repayments Made	0.00	0.00		
		0.00	0.00		
	oans Madeefunds of Contributions To:	0.00	0.00		
	a) Individuals/Persons Other Than Political Committees	160.00	160.00		
	man Political Committees	100.00	7 7 7		
(k	o) Political Party Committees	0.00	0.00		
(0					
,	(such as PACs)	0.00	0.00		
/-	A) Total Cantribution Defined				
(0	d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	160.00	160.00		
	(add Lines 20(a), (b), and (c))				
. О	other Disbursements	2000.00	2000.00		
F	ederal Election Activity (2 U.S.C. §431(20))				
(8	a) Allocated Federal Election Activity				
	(from Schedule H6)	0.00	0.00		
	(i) Federal Share	0.00	0.00		
	(**) III - 1 II Ol	0.00	0.00		
/	(ii) "Levin" Share	0.00	3.00		
(r	b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00		
(0					
(-	Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00		
	() () () () () () () () () ()	7			
To	otal Disbursements (add Lines 21(c), 22,				
2	3, 24, 25, 26, 27, 28(d), 29 and 30(c))	98945.82	98945.82		
	L	7			
	otal Federal Disbursements				
	subtract Line 21(a)(ii) and Line 30(a)(ii)	22245.22	20015.20		
fr	om Line 31)	98945.82	98945.82		

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		
3. Total Contributions (other than loans) (from Line 11(d), page 3)	44492.33	44492.33		
4. Total Contribution Refunds (from Line 28(d))	160.00	160.00		
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	44332.33	44332.33		
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	285.82	285.82		
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00		
3. Net Operating Expenditures (subtract Line 37 from Line 36)	285.82	285.82		

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

					PAGE	6	OF	26		
(check only one)										
		X	11a		11b		11c	12	!	
			13		14		15	16	;	17

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

or for commercial purposes, other than using the	he name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS	S OF OB-GYNS PAC (OB-GYN PA	C)
Full Name (Last, First, Middle Initial) LISA A. ANDERSSON-ZETYE Mailing Address 80 68TH STREET SOUTHE	AST	Date of Receipt
City GRAND RAPIDS	State Zip Code MI 49548	01 16 2014 Transaction ID : SA11AI.12658
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 500.00
Name of Employer SPECTRUM HEALTH Receipt For:	Occupation PHYSICIAN Aggregate Veer to Date	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) 3. RAUL ARTAL Mailing Address 8 SUSSEX DRIVE		Date of Receipt
City BRENTWOOD	State Zip Code MO 63144	01 17 2014 Transaction ID : SA11AI.12673 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer	Occupation	1000.00
ST. LOUIS UNIVERSITY Receipt For: Primary General Other (specify)	PHYSICIAN Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) DOUGLAS AUSTIN Mailing Address 30045 LE BLEU ROAD		Date of Receipt
City EUGENE	State Zip Code OR 97405	01 24 2014 Transaction ID : SA11AI.12963 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer WOMEN'S CARE Receipt For: Primary General Other (specify) ▼	Occupation PHYSICIAN Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional)	>	2500.00
TOTAL This Period (last page this line number	er only)	7

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

FOR LINE NUMBER:					PAGE	7	OF		26
(check only one)									
X	11a		11b		11c	12	2		
	13		14		15	16	6		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	e 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	C)
Full Name (Last, First, Middle Initial) JAMES T. BREEDEN		Date of Receipt
Mailing Address 1775 CHAPARRAL		01 13 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.12641
CARSON CITY	NV 89703	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	5000.00
Name of Employer	Occupation	
CARSON MEDICAL GROUP	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	5000.00	
Full Name (Last, First, Middle Initial) CECILIA L. CALDWELL		Date of Receipt
Mailing Address 107 BEACON STREET		01 31 2014
City	State Zip Code ME 04103	Transaction ID : SA11AI.12805
PORTLAND	ME 04103	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer COASTAL WOMEN'S HEALTH CARE	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) JEANNE A. CONRY		Date of Receipt
Mailing Address 8204 CANTERSHIRE WAY		01 03 2014
City	State Zip Code	Transaction ID : SA11AI.12171
GRANITE BAY	CA 95746	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
PERMANENTE MEDICAL GROUP	PHYSICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)	•	5750.00
TOTAL This Period (last page this line number	only)	

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

	LINE	_		:	PAGE	8	OF	26
(che	ck only	or	ne)					
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or for commercial purposes, other than using t	he name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS	OF OB-GYNS PAC (OB-GYN PA	C)
Full Name (Last, First, Middle Initial) NATHANIEL DENICOLA Mailing Address 2121 PINE STREET		Date of Receipt
City PHILADELPHIA	State Zip Code PA 19103	01 23 2014 Transaction ID : SA11AI.12989 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	209.00
Name of Employer UNIVERSITY OF PENNSYLVANIA	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 209.00	
Full Name (Last, First, Middle Initial) ACI L. DURBIN Mailing Address 12183 EAST HUTCHINSON	IROAD	Date of Receipt 01 242014
City MT. VERNON	State Zip Code IL 62864	Transaction ID : SA11AI.12970 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer HEARTLAND WOMEN'S HEALTH	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) JULIA SCHLAM EDELMAN		Date of Receipt
Mailing Address 3 VIRGINIA DRIVE		01 28 2014
City LAKEVILLE	State Zip Code MA 02347	Transaction ID : SA11AI.12945 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (optional)		759.00
TOTAL This Period (last page this line number	er only)	

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

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or for commercial purposes, other than using the	e name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS	OF OB-GYNS PAC (OB-GYN PA	C)
Full Name (Last, First, Middle Initial) A. DOUGLAS K. FENTON Mailing Address 2921 MANAGUA PLACE		Date of Receipt
City CARLSBAD FEC ID number of contributing	State Zip Code CA 92009	O1 12 2014 Transaction ID : SA11AI.12646 Amount of Each Receipt this Period
federal political committee. Name of Employer SCRIPPS COASTAL MEDICAL GROUP	Occupation PHYSICIAN	209.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 209.00	
Full Name (Last, First, Middle Initial) JOHN J. GALLAGHER Mailing Address 220 CASE AVENUE		Date of Receipt O1 13 2014
City SHARON	State Zip Code PA 16146	Transaction ID : SA11AI.12642 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer PRIMARY HEALTH NETWORK	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) PAMELA GALLUP GAUDRY		Date of Receipt
Mailing Address P.O. BOX 2805	Chata Zin Or di	01 26 2014
City TYBEE ISLAND	State Zip Code GA 31328	Transaction ID : SA11AI.12956 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer MEMORIAL HEALTH MEDICAL CENTER	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)	>	959.00
TOTAL This Period (last page this line number	only)	

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

FOR	PAGE	1	10	OF		26				
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

or for commercial purposes, other than using the	e 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 PAG	C)
Full Name (Last, First, Middle Initial) FRANK N. HARRISON		Date of Receipt
Mailing Address 3741 HEARTHSTONE COUR		01 28 2014
City CHARLOTTE	State Zip Code NC 28211	Transaction ID : SA11AI.12949
		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	
CAROLINAS HEALTH SYSTEM Receipt For:	PHYSICIAN	
Primary General	Aggregate Year-to-Date ▼	
Other (specify)	1000.00	
Full Name (Last, First, Middle Initial) 3. LISA M. JABUSCH		Date of Receipt
Mailing Address 5653 FRIST BOULEVARD	01 24 2014	
City	State Zip Code TN 37076	Transaction ID : SA11AI.12975
HERMITAGE	0.0.0	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer TENNESSEE WOMEN'S CARE	Occupation	
Receipt For:	PHYSICIAN	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) C. ANNE H. KALTER		Date of Receipt
Mailing Address 15 OLD ROLLINSFORD ROA	AD	01 24 2014
City	State Zip Code	Transaction ID : SA11AI.12976
DOVER	NH 03820	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
GYNECOLOGY & INFERTILITY	PHYSICIAN	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify)	250.00	
SUBTOTAL of Receipts This Page (optional)		1550.00
TOTAL This Period (last page this line number	<u> </u>	

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

FOF	PAGE	_ 1	11	OF		26				
(check only one)										
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	13		14		15		16	;		17

or for commercial purposes, other than using	the name and address of any political committee to	solicit contributions from such committee.					
NAME OF COMMITTEE (In Full) THE AMERICAN CONGRES	S OF OB-GYNS PAC (OB-GYN PA	C)					
Full Name (Last, First, Middle Initial) A. BLAIR H. KOKOTEK Mailing Address 1770 GRAND CONCOUR							
City BRONX	State Zip Code NY 10457	01 16 2014 Transaction ID : SA11AI.12666 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	250.00					
Name of Employer BRONX LEBANON HOSPITAL	Occupation PHYSICIAN						
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00						
Full Name (Last, First, Middle Initial) MELANIE KONRADI Mailing Address 2580 KINCAID STREET	Date of Receipt						
City EUGENE	State Zip Code OR 97405	01 24 2014 Transaction ID : SA11AI.12977 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С	500.00					
Name of Employer OREGON MEDICAL GROUP Receipt For:	Occupation PHYSICIAN						
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00						
Full Name (Last, First, Middle Initial) PAMELA G. KRAHL		Date of Receipt					
Mailing Address 1088 HIDDEN SPRINGS I	ROAD State Zip Code	01 17 2014					
City SAN LUIS OBISPO	CA 93401	Transaction ID : SA11AI.12677 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	200.00					
Name of Employer RETIRED	Occupation PHYSICIAN						
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00						
SUBTOTAL of Receipts This Page (optional)		950.00					
TOTAL This Period (last page this line numb	per only)						

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

						PAGE	 12	OF	26
(0	che	ck only	or	ne)					
	X	11a		11b		11c	12		
		13		14		15	16		17

or for commercial purposes, other than using	the name and address of any political committee to	o solicit contributions from such committee.					
NAME OF COMMITTEE (In Full) THE AMERICAN CONGRES	S OF OB-GYNS PAC (OB-GYN PA	C)					
Full Name (Last, First, Middle Initial) DOUGLAS E. MCKEE Mailing Address 1700 SOUTH COURT STR							
City VISALIA	State Zip Code CA 93277	01 28 2014 Transaction ID : SA11Al.12940					
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 500.00					
Name of Employer VISALIA WOMEN'S GROUP	Occupation PHYSICIAN						
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00						
Full Name (Last, First, Middle Initial) MELISSA D. MENDEZ Mailing Address P.O. BOX 220450	Date of Receipt O1						
City EL PASO	State Zip Code TX 79913	Transaction ID : SA11AI.12121 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С	250.00					
Name of Employer TEXAS TECH UNIVERSITY Receipt For:	Occupation PHYSICIAN						
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00						
Full Name (Last, First, Middle Initial) JAMES MIRABILE		Date of Receipt					
Mailing Address 4550 WEST 109TH STREI		01 14 2014					
City OVERLAND PARK	State Zip Code KS 66211	Transaction ID : SA11AI.12635 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С	1000.00					
Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN						
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00						
SUBTOTAL of Receipts This Page (optional)		1750.00					
TOTAL This Period (last page this line numb	er only)						

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

FOR LINE NUMBER:					PAGE	. 1	13	OF	26
(checl	(check only one)								
X	11a		11b		11c		12		
-	13		14		15		16		17

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

Mailing Address 104 LAKESHORE DRIVE City ST. MARY'S GA 31558 FEC ID number of contributing federal political committee. Name of Employer SOUTHWEST GEORGIA HEALTH Receipt For: Primary General Other (specify) ▼ Mailing Address 450 CHAPEL HEIGHTS ROAD City SEWELL NJ 08080 FEC ID number of contributing federal political committee. Name of Employer DREXEL UNIVERSITY Receipt For: Primary General City State Zip Code SEWELL NJ 08080 An FULL Name of Employer DREXEL UNIVERSITY Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) City State Zip Code Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) City State Zip Code SEWELL NAGGREGATE Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) City State Zip Code CA 92103 An FEC ID number of contributing federal political committee. City SAN DIEGO CA 92103 FEC ID number of contributing federal political committee. Name of Employer UC SAN DIEGO PHYSICIAN	te of Receipt 01 24 2014 ransaction ID: SA11AI.12980 nount of Each Receipt this Period 500.00
City State Zip Code GA 31558 FEC ID number of contributing federal political committee. Name of Employer Occupation PHYSICIAN Receipt For: Primary General Other (specify) ▼ State Zip Code SEWELL NJ 08080 City State Zip Code NJ 08080 Full Name of Employer Seweral Other (specify) ▼ State Zip Code SEWELL NJ 08080 FEC ID number of contributing federal political committee. Name of Employer DREXEL UNIVERSITY PHYSICIAN Receipt For: Primary General Other (specify) ▼ State Zip Code NJ 08080 FULL NAME of Employer Occupation PHYSICIAN FEC ID number of contributing federal political committee. Full Name (Last, First, Middle Initial) THOMAS R. MOORE Mailing Address 200 WEST ARBOR DRIVE City State Zip Code Seweral Other (specify) ▼ State Zip Code Seweral Other (specify) ▼ State Seweral	01 24 2014 ransaction ID : SA11AI.12980 rount of Each Receipt this Period
ST. MARY'S FEC ID number of contributing federal political committee. Name of Employer SOUTHWEST GEORGIA HEALTH Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) City State Zip Code NJ 08080 FEC ID number of contributing federal political committee. Name of Employer Occupation PHYSICIAN Date of Employer Occupation PHYSICIAN Aggregate Year-to-Date ▼ The primary General Other (specify) ▼ An Description of Contributing federal political committee. Name of Employer Other (specify) ▼ Full Name (Last, First, Middle Initial) THOMAS R. MOORE Mailing Address 200 WEST ARBOR DRIVE City State Zip Code State Vear-to-Date ▼ Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) THOMAS R. MOORE Mailing Address 200 WEST ARBOR DRIVE City State Zip Code SAN DIEGO FEC ID number of contributing federal political committee. City State Zip Code SAN DIEGO FEC ID number of contributing federal political committee. Cuty State Zip Code SAN DIEGO FEC ID number of contributing federal political committee. Name of Employer UC SAN DIEGO Occupation PHYSICIAN	nount of Each Receipt this Period
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FEC ID number of contributing federal political committee. Name of Employer DREXEL UNIVERSITY Perimary General Other (specify) ▼ Full Name (Last, First, Middle Initial) THOMAS R. MOORE Mailing Address 200 WEST ARBOR DRIVE City State Zip Code CA 92103 FEC ID number of contributing federal political committee. Name of Employer Occupation PHYSICIAN Comparison of Contribution occupation PHYSICIAN	nount of Each Receipt this Period
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Receipt For: Primary Other (specify) Other (specify) Aggregate Year-to-Date 209.00 Full Name (Last, First, Middle Initial) THOMAS R. MOORE Mailing Address 200 WEST ARBOR DRIVE City SAN DIEGO FEC ID number of contributing federal political committee. Name of Employer UC SAN DIEGO Aggregate Year-to-Date Coupation Coupation PHYSICIAN	
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UC SAN DIEGO PHYSICIAN	500.00
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Receipt For: Aggregate Year-to-Date ▼	
Primary General	
Other (specify) ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)	

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

FOR LIN	E NUMBER	: PAGE	14 OF	26					
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or for commercial purposes, other than using t	he name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS	S OF OB-GYNS PAC (OB-GYN PA	C)
Full Name (Last, First, Middle Initial) PATRICIA E. PETERSON Mailing Address 2020 CAPITOL STREET		Date of Receipt
City SALEM FEC ID number of contributing federal political committee. Name of Employer SALEM CLINIC Receipt For: Primary General Other (specify) ▼	State Zip Code OR 97303 C Occupation PHYSICIAN Aggregate Year-to-Date ▼ 250.00	Transaction ID : SA11AI.12981 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) HARTAJ POWELL Mailing Address 229 CHRISTIE STREET City NEW YORK FEC ID number of contributing federal political committee. Name of Employer NEW YORK UNIVERSITY Receipt For: Primary General Other (specify) Other (specify)	State Zip Code NY 10002 C Occupation PHYSICIAN Aggregate Year-to-Date ▼ 250.00	Date of Receipt 01 23 2014 Transaction ID : SA11AI.12991 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) STEVEN W. REMMENGA Mailing Address 16995 PRINCETON ROAD City ADAMS FEC ID number of contributing federal political committee. Name of Employer UNIVERSITY OF NEBRASKA Receipt For: Primary General Other (specify)	State Zip Code NE 68301 C Occupation PHYSICIAN Aggregate Year-to-Date ▼ 250.00	Date of Receipt M M M / D D / 2014 Transaction ID : SA11AI.12168 Amount of Each Receipt this Period 250.00
SUBTOTAL of Receipts This Page (optional).		750.00
TOTAL This Period (last page this line number	er only)	

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or for commercial purposes, other than using	the name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS	S OF OB-GYNS PAC (OB-GYN PA	C)
Full Name (Last, First, Middle Initial) BARBARA B. RHOADS Mailing Address 1229 WEST HILL DRIVE		Date of Receipt
City GATES MILLS FEC ID number of contributing federal political committee. Name of Employer CLEVELAND METROHEALTH Receipt For: Primary General Other (specify)	State Zip Code OH 44040 C Occupation PHYSICIAN Aggregate Year-to-Date ▼	01 24 2014 Transaction ID : SA11AI.12982 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) BARBARA B. RHOADS Mailing Address 1229 WEST HILL DRIVE City	State Zip Code	Date of Receipt 01 30 2014
GATES MILLS FEC ID number of contributing federal political committee. Name of Employer	OH 44040 C Occupation	Transaction ID: SA11AI.13059 Amount of Each Receipt this Period 40.00
CLEVELAND METROHEALTH Receipt For: Primary General Other (specify) ▼	PHYSICIAN Aggregate Year-to-Date ▼ 290.00	
Full Name (Last, First, Middle Initial) JOHN H. SAND Mailing Address 611 SOUTH CHESTNUT S City	State Zip Code	Date of Receipt 01
ELLENSBURG FEC ID number of contributing federal political committee. Name of Employer OB/GYN OF ELLENSBURG Receipt For: □ Primary □ General □ Other (specify) ▼	WA 98926 C Occupation PHYSICIAN Aggregate Year-to-Date ▼ 500.00	Amount of Each Receipt this Period 500.00
SUBTOTAL of Receipts This Page (optional).		790.00
TOTAL This Period (last page this line numb	er only)	

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

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or for commercial purposes, other than using the	he name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS	OF OB-GYNS PAC (OB-GYN PA	C)
Full Name (Last, First, Middle Initial) A. DANA G. STONE Mailing Address 1730 HUNTINGTON AVENU	UE	Date of Receipt
City OKLAHOMA CITY FEC ID number of contributing	State Zip Code OK 73116	01 09 2014 Transaction ID : SA11AI.12657 Amount of Each Receipt this Period
federal political committee. Name of Employer SELF-EMPLOYED Receipt For:	Occupation PHYSICIAN	209.00
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 209.00	
Full Name (Last, First, Middle Initial) MARA S. THUR Mailing Address 201 CLWYD ROAD		Date of Receipt 01 28 2014
City BALA CYNWYD	State Zip Code PA 19004	Transaction ID : SA11AI.12954 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer ABINGTON MEMORIAL HOSPITAL Receipt For:	Occupation PHYSICIAN	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) ERIN E. TRACY		Date of Receipt
Mailing Address 5 HIGH STREET City	State Zip Code	01 12 2014
STONEHAM	MA 02180	Transaction ID : SA11AI.12647 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	209.00
Name of Employer MASS GENERAL PHYSICIANS	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 209.00	
SUBTOTAL of Receipts This Page (optional)	•	668.00
TOTAL This Period (last page this line number	er only)	

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

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or for commercial purposes, other than using t	he name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS	S OF OB-GYNS PAC (OB-GYN PA	C)
Full Name (Last, First, Middle Initial) VALERIE E. WHITEMAN Mailing Address 813 MACDILL AVENUE		Date of Receipt
City TAMPA	State Zip Code FL 33629	01 29 2014 Transaction ID : SA11AI.12938 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer UNIVERSITY OF SOUTH FLORIDA	Occupation PHYSICIAN	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) 3.		Date of Receipt
Mailing Address City	State Zip Code	M = M / D = D / Y = Y = Y
		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	
Name of Employer	Occupation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		M = M / D = D / Y = Y = Y
City	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	
Name of Employer	Occupation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional).		250.00
TOTAL This Period (last page this line number	er only)	17885.00

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SCHEDULE B (FEC Form 3X)				FOR LINE NUMBER: PAGE 18					18	3 OF 26					
	EMIZED DISBURSEMENTS	Use separate schedule(s)		(check onl			I NOMBER.								
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	NAME OF COMMITTEE (In Full)		2 C)	/NI	DΛ	\sim									
/	THE AMERICAN CONGRESS OF	OB-GTNS PAC (OE	5-G	IN	ГА	C,	,								
	Full Name (Last, First, Middle Initial)														
Α.	FIRST NATIONAL MERCHANT SO	DLUTIONS					Date o	f Di	sburse	eme	ent				
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	Mailing Address 1620 DODGE STREET						01	٠.	Ü)2		_ 2	014	_	
	City	State Zip Code					_								
	ОМАНА	NE 68197					Trans	sact	ion ID) : S	SB21E	3.119	98		
	Purpose of Disbursement CREDIT CARD TRANSACTION FEES			-											
	Candidate Name		Ь.				Amoun	t of	Each	Dis	sburse	emen	t this	Peri	iod
	Candidate Name		Cate	egoi ype	ry/		1						22	8.08	
	Office Sought: House Disbursen	nent For:	1;	, ۲6		1			7		- 7				
	Senate	Primary General													
		Other (specify) ▼													
	State: District:														
В.	Full Name (Last, First, Middle Initial)						Date o	f Di	oburos	am.c	ont				
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	Mailing Address					1	IVI - IVI					T = 1	- T	- T	
	City	State Zip Code													
	Purpose of Disbursement				_	-									
			Г.				Amoun	t of	Each	Dis	sburse	emen	t this	Peri	iod
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	Office Sought: House Disbursen Senate														
		Primary General Other (specify) ▼													
	State: District:	Ctrici (opcony)													
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	Mailing Address							4	ш	_	1 1	-	-	_	
	City	State Zip Code													
	Purpose of Disbursement					-									
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	Office Sought: House Disbursen														
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	State: District:	Other (specify) ▼													
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s	SUBTOTAL of Disbursements This Page (optional)								_				22	8.08	
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SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 19		
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)	
	Detailed Summary Page	21b 27	22 X 23 24 25 26 28a 28b 28c 29 30b	
Any information copied from such Reports and State	ments may not be sold or us			
or for commercial purposes, other than using the nar				
NAME OF COMMITTEE (In Full)				
$ \; angle$ THE AMERICAN CONGRESS OF	OB-GYNS PAC (OF	B-GYN PAG	C)	
Full Name (Last, First, Middle Initial)		T		
A. BUCSHON FOR CONGRESS			Date of Disbursement	
			M = M / D = D / Y = Y = Y	
Mailing Address P.O. BOX 250			01 27 2014	
City	State Zip Code			
NEWBURGH	IN 47629		Transaction ID : SB23.12785	
Purpose of Disbursement CONTRIBUTION				
CONTRIBUTION Candidate Name			Amount of Each Disbursement this Period	
LARRY D. BUCSHON		Category/ Type	2500.00	
	ment For: 2014	1,900		
Senate	Primary General			
President	Other (specify) ▼			
State: IN District: 08 Full Name (Last, First, Middle Initial)				
B. COLLINS FOR SENATOR			Date of Disbursement	
			M = M / D = D / Y = Y = Y	
Mailing Address P.O. BOX 1096			01 27 2014	
City BANGOR	State Zip Code ME 04402		Transaction ID : SB23.12786	
Purpose of Disbursement	VIL 04402			
CONTRIBUTION			Amount of Each Disbursement this Period	
Candidate Name		Category/	1500.00	
SUSAN M. COLLINS Office Sought: House Disburse	ment For: 2014	Туре		
Senate	Primary General			
President	Other (specify) ▼			
State: ME District: 00				
Full Name (Last, First, Middle Initial)			Date of Disbursement	
c. DAVID SCOTT FOR CONGRESS			M M / D D / Y Y Y Y	
Mailing Address P.O. BOX 960821			01 27 2014	
0.1	Ohada			
City RIVERDALE	State Zip Code GA 30296		Transaction ID : SB23.12797	
Purpose of Disbursement				
CONTRIBUTION			Amount of Each Disbursement this Period	
Candidate Name DAVID A. SCOTT		Category/	3500.00	
	ment For: 2014	Туре		
Senate Sissais	Primary General			
President	Other (specify) ▼			
State: GA District: 13				
SUPTOTAL of Dishuranmenta This Dags (anti-			7500.00	
SUBTOTAL of Disbursements This Page (optional)		<u> </u>		
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ITEMIZED DISBURSEMENT	for each category of the Detailed Summary Page	CHECK OHLY	7 one) 22 X 23 24 25 26 28a 28b 28c 29 30b		
			on for the purpose of soliciting contributions o solicit contributions from such committee.		
NAME OF COMMITTEE (In Full) THE AMERICAN CONGR					
Full Name (Last, First, Middle Initial) A. DEMOCRATIC CONGRES	SSIONAL CAMPAIGN COI	MMITTEE	Date of Disbursement		
Mailing Address 430 SOUTH CAPITOL	STREET, SE		01 27 2014		
City WASHINGTON	State Zip Code DC 20003		Transaction ID : SB23.12801		
Purpose of Disbursement CONTRIBUTION			Amount of Each Disbursement this Period		
Candidate Name		Category/ Type	15000.00		
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼				
State: District: Full Name (Last, First, Middle Initial) B. DEMOCRATIC SENATOR		TEE	Date of Disbursement		
Mailing Address 120 MARYLAND AVE			01 14 2014		
City WASHINGTON Purpose of Disbursement	State Zip Code DC 20002		Transaction ID: SB23.12007		
CONTRIBUTION Candidate Name			Amount of Each Disbursement this Period		
Office Sought: House	Diahuraamant Ear:	Category/ Type	15000.00		
Senate President State: District:	Disbursement For: Primary General Other (specify) ▼				
Full Name (Last, First, Middle Initial) C. DIRIGO PAC			Date of Disbursement		
Mailing Address P.O. BOX 1355			01 27 2014		
City ALEXANDRIA	State Zip Code VA 22313		Transaction ID : SB23.12799		
Purpose of Disbursement CONTRIBUTION Candidate Name		Category/ Type	Amount of Each Disbursement this Period		
Office Sought: House Senate President State: District:	Disbursement For: Primary General Other (specify) ▼	N. C.			
SUBTOTAL of Disbursements This Page TOTAL This Period (last page this line r	· · · · ·		31000.00		

SCHEDULE B (FEC Form 3X)		FOR LINE N	
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)
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Any information copied from such Reports and Statem	ents may not be sold or use		
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NAME OF COMMITTEE (In Full)			
$ \; angle$ THE AMERICAN CONGRESS OF	OB-GYNS PAC (OE	3-GYN PAC	C)
Full Name (Last, First, Middle Initial)		i i	
A. FRIENDS OF CHERI BUSTOS			Date of Disbursement
			M = M / D = D / Y = Y = Y
Mailing Address P.O. BOX 77			01 31 2014
City	tate Zip Code		
EAST MOLINE	IL 61244		Transaction ID : SB23.12812
Purpose of Disbursement CONTRIBUTION			
CONTRIBUTION Candidate Name			Amount of Each Disbursement this Period
CHERI BUSTOS		Category/ Type	2500.00
	ent For: 2014	1,700	
Senate	Primary General		
	Other (specify) ▼		
State: IL District: 17 Full Name (Last, First, Middle Initial)			
B. FRIENDS OF JOE HECK			Date of Disbursement
			M = M / D = D / Y = Y = Y
Mailing Address P.O. BOX 750114			01 14 2014
	tate Zip Code NV 89136		Transaction ID : SB23.12001
LAS VEGAS Purpose of Disbursement	NV 89136		
CONTRIBUTION			Amount of Each Disbursement this Period
Candidate Name		Category/	2500.00
JOE HECK Office Sought:	ent For: 2014	Туре	2555.55
	Primary General		
	Other (specify) ▼		
State: NV District: 03			
Full Name (Last, First, Middle Initial)	CANADALONI		Data of Dishurasment
c. GENE GREEN CONGRESSIONAL	CAMPAIGN		Date of Disbursement
Mailing Address P.O. BOX 16128			01 27 2014
-			
•	tate Zip Code FX 77222		Transaction ID: SB23.12787
Purpose of Disbursement			
CONTRIBUTION			Amount of Each Disbursement this Period
Candidate Name RAYMOND E. 'GENE' GREEN		Category/	1000.00
	ent For: 2014	Туре	
	Primary General		
	Other (specify)		
State: TX District: 29			
			6000.00
SUBTOTAL of Disbursements This Page (optional)			0000.00

SCHEDULE B (FEC Form 3X)		FOR LINE I	NUMBER:	PAGE 22 OF 26
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(oricolt offiny offic)		
	Detailed Summary Page	21b 27		24 25 26 28c 29 30b
Any information copied from such Reports and State	I ements may not be sold or us			
or for commercial purposes, other than using the na				
NAME OF COMMITTEE (In Full)			2)	
$ \hspace{.05cm} angle$ THE AMERICAN CONGRESS OI	- OB-GYNS PAC (OI	3-GYN PA	(ز	
Full Name (Last, First, Middle Initial)				
A. KEVIN MCCARTHY FOR CONG	RESS		Date of Disbursement	
Mailing Address P.O. BOX 12667			01 / 27	2014
City	State Zip Code		Transaction ID ODG	00.4070.4
BAKERSFIELD	CA 93389		Transaction ID : SB2	3.12794
Purpose of Disbursement CONTRIBUTION			Amount of Each Disbu	rsement this Period
Candidate Name KEVIN MCCARTHY		Category/		1000.00
	ement For: 2014	Туре		
Senate	Primary General			
President	Other (specify) ▼			
State: CA District: 23 Full Name (Last, First, Middle Initial)				
B. KEVIN MCCARTHY FOR CONG	RESS		Date of Disbursement	
Mailing Address P.O. BOX 12667			01 31	2014
City BAKERSFIELD	State Zip Code CA 93389		Transaction ID : SB2	23.12816
Purpose of Disbursement CONTRIBUTION			Amount of Each Disbu	reamont this Pariod
Candidate Name		Catanami	Amount of Each Disbu	isement this Period
KEVIN MCCARTHY		Category/ Type		1000.00
	ement For: 2014			
Senate President	Primary General Other (specify) ▼			
State: CA District: 23	Other (specify)			
Full Name (Last, First, Middle Initial)			D . (D)	
C. LEVIN FOR CONGRESS			Date of Disbursement	
Mailing Address P.O. BOX 37			01 27	2014
City	State Zip Code MI 48066		Transaction ID : SB2	23.12793
Purpose of Disbursement CONTRIBUTION				
Candidate Name			Amount of Each Disbu	rsement this Period
SANDER M. LEVIN		Category/ Type		2500.00
	ement For: 2014 Primary General Other (specify) ▼	.,,,,,		
State: MI District: 09				
SUBTOTAL of Disbursements This Page (optional)		·····		4500.00
TOTAL This Period (last page this line number onl	y)	·····•		

SCHEDULE B (FEC Form 3X)		FOR LINE I	NUMBER: P.	AGE 23 OF 26
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(Gricok Grilly Gric)		
	Detailed Summary Page	21b 27	22 X 23 24 28a 28b 28c	25 26 29 30b
Any information copied from such Reports and Staten	l nents may not be sold or use			
or for commercial purposes, other than using the name				
NAME OF COMMITTEE (In Full)				
$ \; angle$ THE AMERICAN CONGRESS OF	OB-GYNS PAC (OE	3-GYN PAC	C)	
Full Name (Last, First, Middle Initial)				
A. LYNN JENKINS FOR CONGRESS	3		Date of Disbursement	
Matter Address B.O. BOYANA			M M / D D /	Y Y Y Y Y
Mailing Address P.O. BOX 1441			01 27	2014
City	State Zip Code		Transaction ID - CB22	12700
TOPEKA	KS 66601		Transaction ID : SB23.	12790
Purpose of Disbursement CONTRIBUTION			Amount of Each Disburse	ement this Period
Candidate Name		Category/	Amount of Each Biodulos	Silione timo i onod
LYNN JENKINS		Type		5000.00
	nent For: 2014			
Senate President	Primary General Other (specify)			
State: KS District: 02	Office (specify)			
Full Name (Last, First, Middle Initial)				
B. MCCONNELL SENATE COMMITT	EE '14		Date of Disbursement	
Mailing Address D.C. DOV. 1400			M M / D D /	2044
Mailing Address P.O. BOX 1496			01 27	2014
•	State Zip Code		Transaction ID : SB23.	12795
LOUISVILLE Purpose of Disbursement	KY 40201			.=. 00
CONTRIBUTION			Amount of Each Disburse	ement this Period
Candidate Name		Category/		0500.00
MITCH MCCONNELL		Туре		2500.00
	nent For: 2014			
Senate President	Primary General Other (specify) ▼			
State: KY District: 00	Canon (opcony)			
Full Name (Last, First, Middle Initial)				
C. NATIONAL REPUBLICAN CONGR	RESSIONAL COMM	ITTEE	Date of Disbursement	
Mailing Address 320 1ST STREET, SE			01 14	2014
				2011
•	State Zip Code		Transaction ID : SB23.	12008
WASHINGTON Purpose of Disbursement	DC 20003			
CONTRIBUTION			Amount of Each Disburse	ement this Period
Candidate Name		Category/	Amount of Each Biobaro	
		Туре		15000.00
Office Sought: House Disburser				
Senate President	Primary General Other (specify) ▼			
State: District:	Other (apeciny)			
SUBTOTAL of Disbursements This Page (optional)				22500.00
		·		
TOTAL This Period (last page this line number only)				

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 24 OF		
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	one) 22 X 23 24 25 26 28a 28b 28c 29 30b	
Any information copied from such Reports and State or for commercial purposes, other than using the na				
NAME OF COMMITTEE (In Full) THE AMERICAN CONGRESS OF				
Full Name (Last, First, Middle Initial)		_	Date of Disbursement	
A. NATIONAL REPUBLICAN SENATIONAL REPUBLICAN	TORIAL COMMITTEE	=	01 27 2014	
City	State Zip Code			
WASHINGTON	DC 20002		Transaction ID : SB23.12802	
Purpose of Disbursement CONTRIBUTION			Amount of Each Disbursement this Period	
Candidate Name		Category/ Type	5000.00	
Office Sought: House Disburse	ement For: Primary General Other (specify)	Турс		
Full Name (Last, First, Middle Initial)				
B. NEW DEMOCRAT COALITION P	AC		Date of Disbursement	
Mailing Address 700 13TH STREET, NW			01 14 2014	
City WASHINGTON	State Zip Code DC 20005		Transaction ID : SB23.12004	
Purpose of Disbursement CONTRIBUTION		· · · ·	Amount of Each Disbursement this Period	
Candidate Name		Category/ Type	5000.00	
Office Sought: House Disburse Senate President State: District:	ement For: Primary General Other (specify)			
Full Name (Last, First, Middle Initial) C. REPUBLICAN MAINSTREET PAI	RTNERSHIP PAC		Date of Disbursement	
Mailing Address 2201 WISCONSIN AVENUE, NW	1		01 14 2014	
City WASHINGTON	State Zip Code DC 20007		Transaction ID : SB23.12005	
Purpose of Disbursement CONTRIBUTION				
Candidate Name		Category/ Type	Amount of Each Disbursement this Period 5000.00	
Office Sought: House Disburse	ement For: Primary General Other (specify) \	.,,,,,		
SUBTOTAL of Disbursements This Page (optional). TOTAL This Period (last page this line number only			15000.00	

SCHEDULE B (FEC Form 3X)		FOR LINE N	
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(orlook offly offe)	
	Detailed Summary Page	21b 27	22 X 23 24 25 26 28a 28b 28c 29 30
Any information copied from such Reports and Statem	anta may not be cold or use		
or for commercial purposes, other than using the nam			
NAME OF COMMITTEE (In Full)			
THE AMERICAN CONGRESS OF	OB-GYNS PAC (OE	B-GYN PAC	C)
V			<u> </u>
Full Name (Last, First, Middle Initial) A. RICHARD HANNA FOR CONGRES			Date of Disbursement
** RICHARD HANNA FOR CONGRES	33 COMMINITIEE		M M / D D / Y Y Y Y
Mailing Address P.O. BOX 118			01 14 2014
-			
,	tate Zip Code NY 13503		Transaction ID : SB23.12000
Purpose of Disbursement	13303		
CONTRIBUTION			Amount of Each Disbursement this Period
Candidate Name		Category/	2500.00
RICHARD HANNA		Type	2300.00
	ent For: 2014 Primary General		
	Other (specify)		
State: NY District: 22	(-		
Full Name (Last, First, Middle Initial)			
B. SCHOCK FOR CONGRESS			Date of Disbursement
M 11 A L L			M = M / D = D / Y = Y = Y
Mailing Address P.O. BOX 10555			01 27 2014
	tate Zip Code		Transaction ID : SB23.12796
PEORIA Purpose of Disbursement	IL 61612		
CONTRIBUTION		· · · · · ·	Amount of Each Disbursement this Period
Candidate Name		Category/	0500.00
AARON J. SCHOCK		Type	2500.00
	ent For: 2014		
	Primary General Other (specify) ▼		
State: IL District: 18	outer (opeony)		
Full Name (Last, First, Middle Initial)			
C. TUESDAY GROUP POLITICAL AC	TION COMMITTEE		Date of Disbursement
			M M / D D / Y Y Y Y
Mailing Address P. O. BOX 11586			01 14 2014
City	tate Zip Code		Tananatian ID ODGG 40000
	DC 20008		Transaction ID : SB23.12006
Purpose of Disbursement CONTRIBUTION			
Candidate Name			Amount of Each Disbursement this Period
		Category/ Type	5000.00
Office Sought: House Disbursem	ent For:	71.	
	Primary General		
	Other (specify) ▼		
State: District:			
i			
SUBTOTAL of Dishursements This Dags (antional)			10000.00
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SCHEDULE B (FEC Form 3X)			DACE 26 OF 26
ITEMIZED DISBURSEMENTS	Use separate schedule(s)	FOR LINE NUMBER: PAGE 26 OF 26 (check only one)	
II EIVIIZED DIODUKOEMIEN IO	for each category of the	21b	22 23 24 25 26
	Detailed Summary Page	27	28a 28b 28c × 29 30b
Any information copied from such Reports and State	ments may not be sold or us	ed by any nerse	
or for commercial purposes, other than using the nar			
NAME OF COMMITTEE (In Full)			
$ \; angle$ THE AMERICAN CONGRESS OF	OB-GYNS PAC (O	B-GYN PA	C)
	,		<u> </u>
Full Name (Last, First, Middle Initial)			Data of Diskumanust
A. DR. RICHARD PAN FOR SENATE 2014			Date of Disbursement
Mailing Address 915 L STREET			01 13 2014
3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3			
City	State Zip Code		Transaction ID : SB29.11996
SACRAMENTO	CA 95814		11a115action ib . 3b23.11330
Purpose of Disbursement NON-FEDERAL CONTRIBUTION			Amount of Each Diphyraamont this Pariod
Candidata Nama		البيا	Amount of Each Disbursement this Period
233.666		Category/ Type	2000.00
Office Sought: House Disburse	ment For:	.,,,,	
Senate	Primary General		
President	Other (specify) ▼		
State: District:			
Full Name (Last, First, Middle Initial)			
В.			Date of Disbursement
Mailing Address			M M / D D / Y Y Y Y
Mailing Address			
City	State Zip Code		
Purpose of Disbursement			Amount of Each Disbursement this Period
Candidate Name			Amount of Each dispursement this Period
Canadate Name		Category/ Type	
Office Sought: House Disburse	ment For:	.,,,,,	,
Senate	Primary General		
President	Other (specify) ▼		
State: District:			
Full Name (Last, First, Middle Initial)			Data of Dishamanana
C.			Date of Disbursement
Mailing Address			M M / D D / Y Y Y Y
maining / tea. ood			
City	State Zip Code		
Durnage of Dightersoment			
Purpose of Disbursement			Amount of Foot Bill
Candidate Name			Amount of Each Disbursement this Period
		Category/ Type	
Office Sought: House Disburse	ment For:	71	
Senate	Primary General		
President	Other (specify) ▼		
State: District:			
			2000.00
SUBTOTAL of Disbursements This Page (optional)		·····•	2000.00
TOTAL This Period (last page this line number only)		2000.00
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